

Minutes of the meeting of the Pharmacy Practices Committee (PPC) held on Monday,
25 August 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

Mr James Smith

Mr Christopher Hoult

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

Mr Sam Falconer

Mr David Noon

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

Mr Alan McGeer

Secretariat: Ms Tracy Bone, Committee Secretary, National Service Scotland

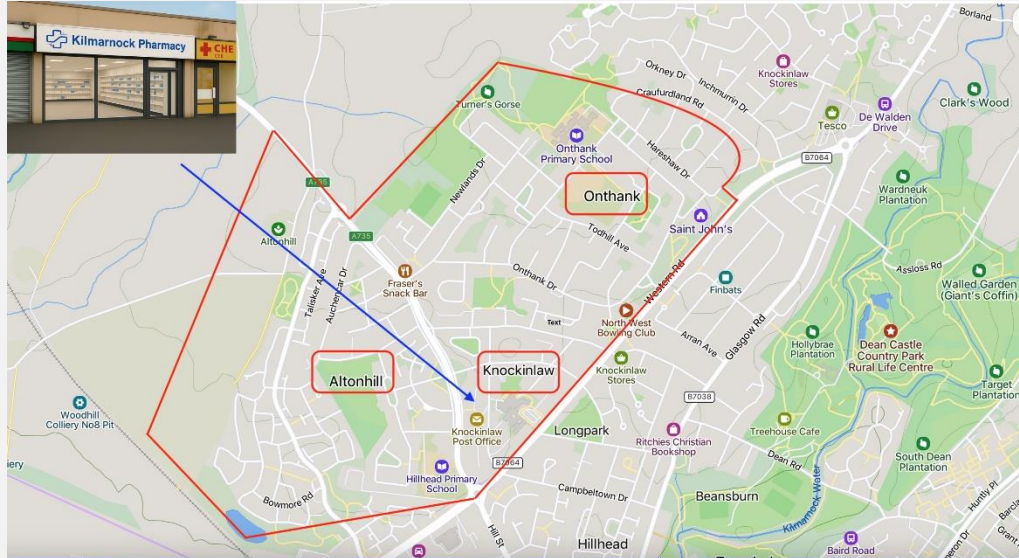
1.	APPLICATION BY MR MOHAMMED HAMEED
1.1	There was submitted an application and supporting documents from Mr Mohammed Hameed received on 26 January 2025, for inclusion in the pharmaceutical list of a new pharmacy at 44 Morven Avenue, Kilmarnock KA3 2AD.
1.2	Submission of Interested Parties
1.3	<p>The following documents were received:</p> <ul style="list-style-type: none"> i. Email dated 2 April 2025 from Mr John Connolly of Deans Pharmacy. ii. Letter dated 4 April 2025 from Ms Ruth Hutchinson of Wm Morrison Supermarkets Limited. iii. Letter dated 9 April 2025 from Mrs Jo Severn of Boots UK Limited. iv. Letter dated 16 April 2025 from Mr Denis Houlihan of Houlihan Pharmacy Group.

	<ul style="list-style-type: none"> v. Email dated 26 April 2025 from Mr Gavin McLaren of Kilmaurs Village Pharmacy. vi. Email dated 28 April 2025 from Elizabeth J Templeton of E J Templeton Limited.
1.4	<p>Correspondence from the wider consultation process undertaken</p> <ul style="list-style-type: none"> I. Consultation Analysis Report (CAR) II. Joint Public Consultation Document and completed questionnaires III. Joint Public Consultation Advert Consultation Analysis Report (CAR)
2	Procedure
2.1	<p>At 1000 hours on 25 August 2025, the Pharmacy Practices Committee (“the Committee”) convened to hear the application by Mr Mohammed Hameed on behalf of Kilmarnock 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>
2.2	<p>The Chair welcomed all to the meeting and introductions were made. When asked by the Chair, members confirmed that the hearing papers had been received and considered. When committee members were asked by the Chair in turn to declare any interest in the application, none were declared.</p>
2.3	<p>Members of the Committee had undertaken individual site visit to Kilmarnock and the surrounding area. During which the location of the premises, pharmacies, general medical practices and other amenities in the area such as, but not limited to schools, sports facilities, community centres, supermarkets, post office, banks and places of worship had been noted.</p>
2.4	<p>The Chair advised that Ms Tracy Bone was independent from the Health Board and was solely responsible for taking the minute of the meeting.</p>
2.5	<p>The Chair outlined the procedure for the hearing. All Members confirmed an understanding of these procedures.</p>
2.6	<p>Having ascertained that all Members understood the procedures, that there were no conflicts of interest or questions from Committee Members the Chair confirmed that the Oral Hearing would be conducted in accordance with the guidance notes contained within the papers circulated. The Applicant and Interested Party were invited to enter the hearing.</p>

	The open session convened at 1005 hrs
3	Attendance of Parties
3.1	<p>The Chair welcomed all and introductions were made. The Applicant, Kilmarnock Pharmacy represented by Mr Mohammed Hameed. From the Interested Parties eligible to attend the hearing, the following accepted the invitation:</p> <ul style="list-style-type: none"> • Mr Scott Jamieson representing Boots UK Limited, accompanied by Ms Eileen Wylie. • Mr David Steel representing E J Templeton Pharmacy, accompanied by Mrs Kerri Steel. • Mr Parvez Aslam representing Kilmaurs Pharmacy, accompanied by Mr Gavin McLaren. • Mr John Connolly representing Deans Pharmacy. • Mr Dennis Houlihan representing Houlihan Pharmacy. <p>It was noted that whilst Morrisons Pharmacy had planned to attend the hearing, apologies had been received at the last minute as they were now unable to attend. Representations from Morrisons Pharmacy had been received and included in the papers circulated and would be considered in due course.</p>
3.2	The Chair advised all present that the meeting was convened to determine the application submitted by Kilmarnock Pharmacy in respect of a proposed new pharmacy at 44 Morven Avenue, Kilmarnock KA3 2AD. The Chair confirmed to all parties present that the decision of the Committee would be based entirely on the evidence submitted in writing as part of the application and consultation process, and the verbal evidence presented at the hearing itself, and according to the statutory test as set out in Regulations 5(10) of the 2009 regulations, as amended, which the Chair read out in part:
3.3	“5(10) an application shall be ... granted by the Board, ... only if it is satisfied that the provision of pharmaceutical services at the premises named in the application is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located...”
3.4	The Chair confirmed that all had received the hearing papers.
3.5	The three components of the statutory test were emphasised. It was explained that the Committee, in making its decision, would consider these in reverse order, i.e. determine the neighbourhood first and then decide if the existing pharmaceutical services within and into that neighbourhood were adequate. Only if the Committee decided that existing services were inadequate would the Committee go on to consider whether the services to be provided by the

	applicant were necessary or desirable in order to secure adequate services. That approach was accepted by all present.
3.6	The Chair asked all parties for confirmation that these procedures had been understood. Having ascertained that all parties understood the procedures the Chair confirmed that the Oral Hearing would be conducted in accordance with the Procedure at Hearings document contained within the papers circulated.
3.7	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.
3.8	The Chair asked for confirmation that all parties fully understood the procedures to be operated during the hearing as explained, had no questions or queries about those procedures and were content to proceed. All confirmed agreement.
4.	Submissions
4.1	The Chair invited Mr Hameed, to speak first in support of the application.
4.2	Mr Hameed read aloud from a pre-prepared presentation.
4.3	Good morning and thank you for the opportunity to present my proposal for a new community pharmacy at 44 Morven Avenue in Kilmarnock. I will outline the local need, the inadequacy of current services, and why this proposal is both necessary and desirable for the community.
4.4	<p>First of all, some information about my professional background:</p> <ul style="list-style-type: none"> • 2011 Graduated from Robert Gordon University with Master of Pharmacy (with Merit). • 2018 Independent Prescribing Qualification, from University of Strathclyde. • Extensive management experience across multiple pharmacy settings. • Experience working in diverse communities across Scotland. • Worked in East Ayrshire for 7 years. • Superintendent Pharmacist roles held. • Current pharmacy contractor with direct responsibility for service delivery and compliance. • Qualified First Aider. • Other Enhanced Qualifications.
4.5	<p>Defined Neighbourhood</p> <p>Knockinlaw, Onthank, and Altonhill are three closely connected housing areas in the north of Kilmarnock. They sit side by side and are usually thought of as one neighbourhood.</p>

4.7



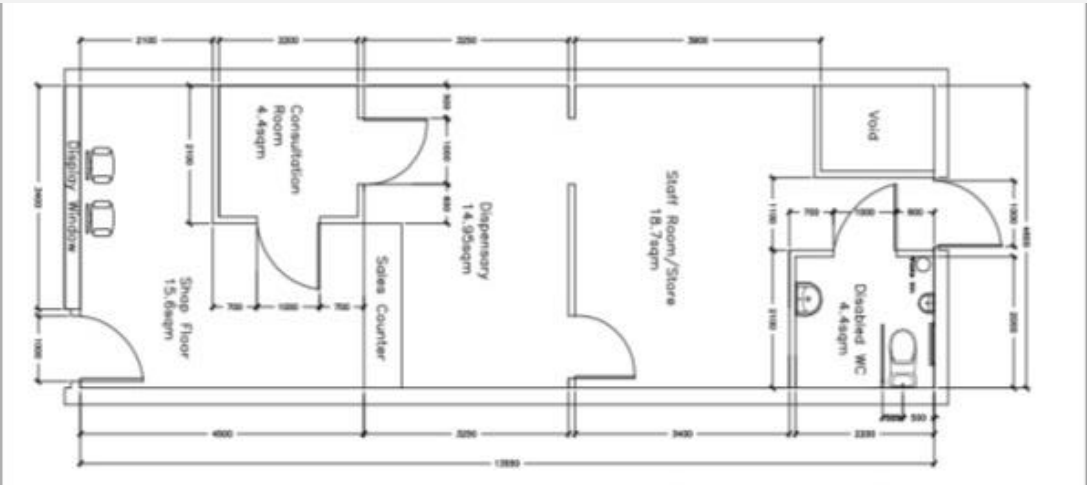
Morven Avenue sits at the heart of this community and the premises is easily accessible for everyone.

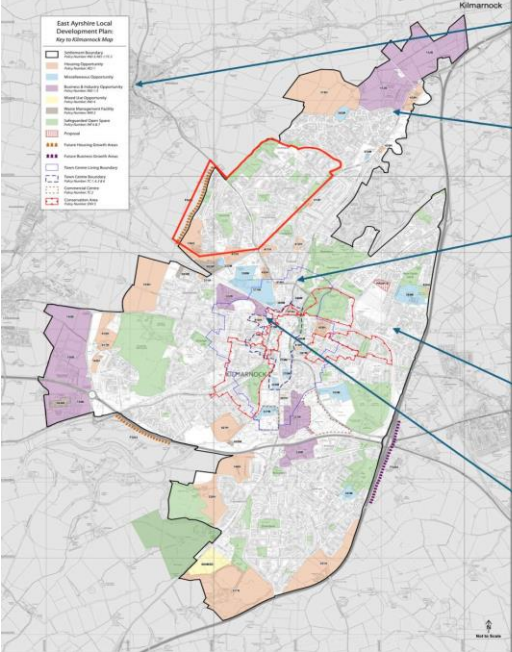
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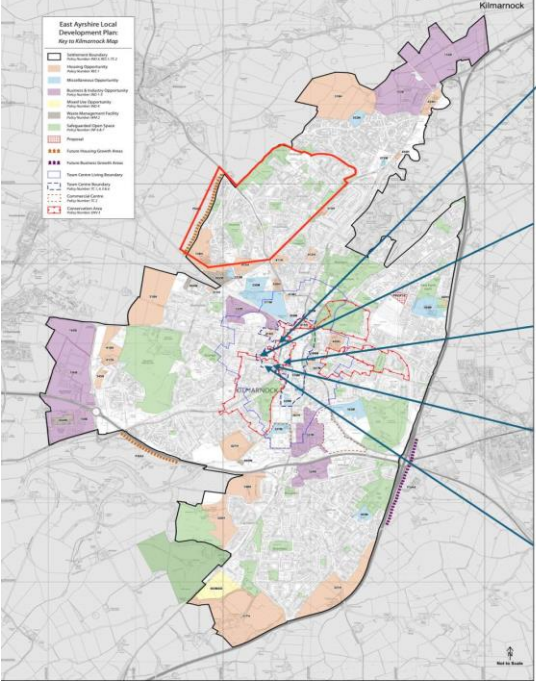
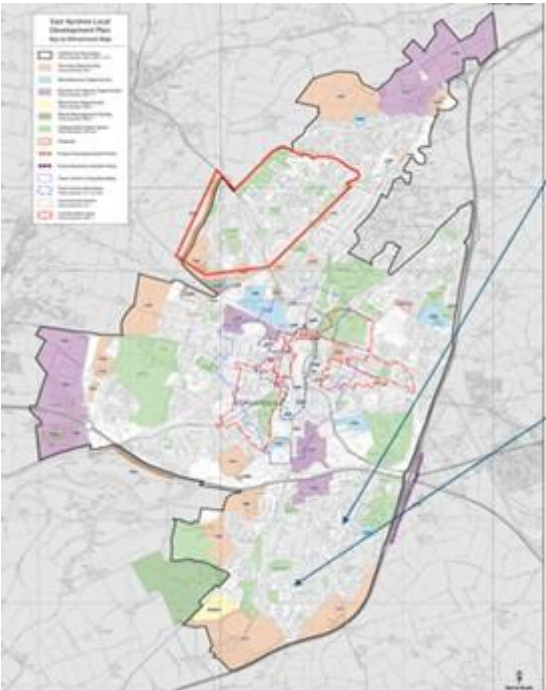
Amenities

North West Kilmarnock Area Centre: GP – Old Irvine Road Surgery, Addiction Services Admin Base, Physiotherapy Suite, Fitness Suite, Dentists, Nursery & Family Centre, Community Lounge.



4.9	<ul style="list-style-type: none"> • Number of Local Convenience Stores (Early Morning 6 a.m. & Late-Night Opening 10 p.m.). • Educational Establishments- 3 Schools. • Community Centre. • Dental Practice. • Morven Day Services Mental Health Recovery Network - Crossreach – directly in front of the proposed pharmacy with 120 users. Unaware of pharmacy application despite being in close proximity. Council pulled funding, now run by The Church of Scotland although a new awaiting response from another council application for funding which is due week beginning 25/08/2025. • Care Home. • Early Learning Centre. • Open Parks. • Fast Food Outlets. • Fitness facility. • Post Office (currently closed). • Nursery
4.10	<p>Proposed Premises – 44 Morven Avenue</p> <p>13.35m x 4.6m = 61.41 SQ/M</p> <ul style="list-style-type: none"> • Situated at the heart of this community, making it an accessible location for a local pharmacy. • Sits on level ground. • Gated access to rear can be used for deliveries, etc. • Good on street parking. • Small public car park directly across the road also for 12 cars. • DDA (Disability Discrimination Act) Compliant. • Equality Act 2010 Compliant. • Fit for purpose. • Potential room for extension.
4.11	<p>Premises Architect Drawing</p> 
4.12	Existing Pharmacy Network

	 <p>Kilmaurs Pharmacy (5 Main Street, Kilmaurs Village) – Village outside Kilmaurs Mon-Fri: 9am-6pm, Sat: 9am- 1pm (Half day, closed in the afternoon) Sunday: Closed</p> <p>Houlihan Pharmacy (120 Glasgow Road, Kilmaurs) Mon-Fri: 9am-6pm Sat: 9am- 2pm (closed for the remainder of the afternoon) Sunday: Closed</p> <p>EJ Templeton (14 Dean Street)- Within town centre living boundary Mon/Tues/Thurs/Fri: 9am-12.30pm, 1.30pm-5.30pm (close 1 hour for lunch every day) Wed: 9am- 1pm (Half day, closed in the afternoon) Sat: 9am- 5pm Sunday: Closed</p> <p>Deans Pharmacy (53 MacPhail Drive, Kilmaurs) Mon-Fri: 9am-6pm Sat: 9am- 2pm (closed for the remainder of the afternoon) Sunday: Closed</p> <p>Morrisons Pharmacy (West Langlands Street, Kilmaurs)- Within town centre living boundary Mon-Fri: 8.30am-8pm Sat: 8am- 6pm Sunday: 10am – 5pm</p> <p>No pharmacies within the defined neighbourhood.</p>
<p>4.13</p>	<p>The nearest pharmacies are outside easy walking distance for many residents with the closest (Templeton being within the town centre as per boundary on the East Ayrshire Map), especially those with mobility issues or no car. Limited extended hours from the pharmacy's closest pharmacies and lack of certain services adds to access barriers.</p> <p>The 2 closest pharmacies to the neighbourhood are Templeton and Houlihan, none of whom give the opportunity for those in employment wishing to speak to a pharmacist during the week to come in before 9 a.m. Templeton closes for lunch during the week for one hour further restricting access and they are completely closed on a Wednesday afternoons.</p>
<p>4.14</p>	<p>Boots clearly have the monopoly with a cluster of 5 pharmacies are all within a couple of minutes walking distance between each.</p>

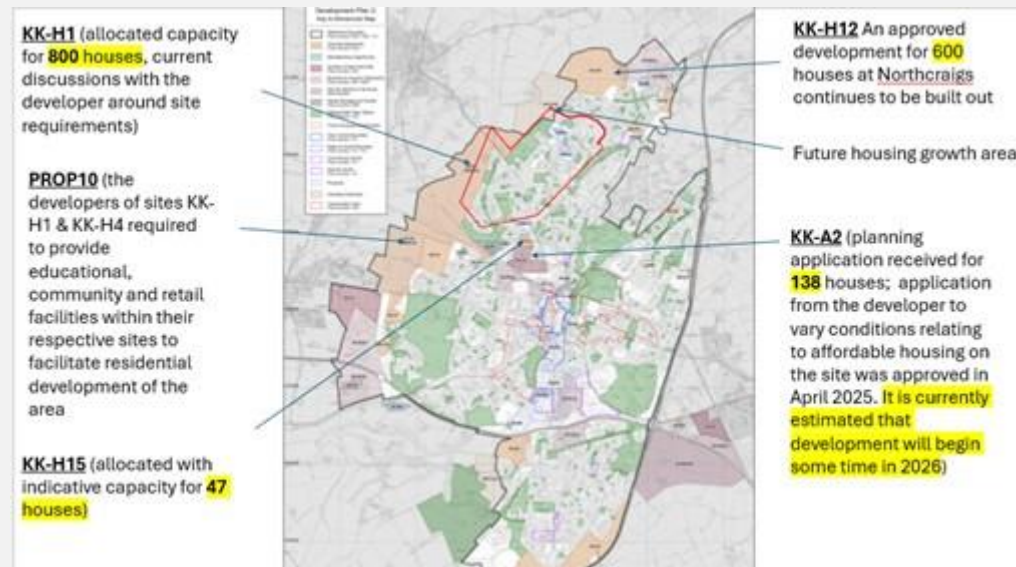
	 <p>Boots Pharmacy Cluster</p> <p>Boots (5 Burns Precint) Within town centre living boundary Mon-Fri: 8.30 am-5.30 pm Sat: 9am- 1pm (closed for the remainder of the afternoon) Sunday: Closed</p> <p>Boots (65 Grange Street) Within town centre living boundary Mon-Fri: 8.30 am-7 pm Sat: 9am- 1pm (closed for the remainder of the afternoon) Sunday: Closed</p> <p>Boots (62/70 King Street) Within town centre living boundary Mon-Fri: 9 am-5.30 pm Sat: 9am- 5.30pm Sunday: 12pm-4pm</p> <p>Boots (9-11 St Marnock Street) Within town centre living boundary Mon-Fri: 9 am-5.30 pm Sat: 9am- 1pm Sunday: Closed</p> <p>Boots (9 Portland Road) Within town centre living boundary Mon-Fri: 9 am-5.30 pm Sat: 9am- 1pm Sunday: Closed</p> <p>No free car parks in the town.</p>
<p>4.15</p>	<p>Unfortunately, this is not beneficial for self-sufficient communities living away from the town centre, especially since town centres within the country are dying with less footfall and extremely limited free parking which is usually utilized by workers. Pharmacy distribution has changed, and it is no longer in town centres or high streets.</p> <p>Health Boards actively focus on delivering services by being in the heart of local communities and targeting areas of greatest need.</p>
<p>4.16</p>	 <p>Other Pharmacies In Kilmarnock- Not Identified As Interested Parties</p> <p>M&D Green - Bellfield Pharmacy, 79 Whattriggs Rd, Kilmarnock (Bellfield Neighbourhood) Population (from 2022 data including Kirkstyle neighbourhood)= 4332 Similar population size and demographics. Also classed as an area of high deprivation. Local pharmacy provides essential access to services, and prescriptions. Residents benefit from adequate access to care, supporting all including vulnerable groups.</p> <p>Shortlees Pharmacy, 16 Central Ave, Shortlees Rd, Kilmarnock (Shortlees Neighbourhood) Population (from 2022 data)= 4383 Comparable socioeconomic profile (deprivation, health inequalities). Local pharmacy embedded within the community, reducing barriers to care. Strong example of how adequate pharmaceutical provisions improves health outcomes in an area of need.</p>

4.19

Housing Developments

Moving onto Housing Developments. East Ayrshire Council's Local Development Plan (LPD) identifies housing, business and Ayrshire Growth Deal (AGD) sites which are considered to provide opportunities for appropriate new development.

The Council are obligated to identify a certain amount of land for new housing development, as per government guidelines. Housing allocations on these maps mean that the Council supports new housing development on these sites.



4.20

The town is extending from all angles putting more pressure on existing services. main site that is of interest to us is site KK-H1 - Altonhill. This site has an indicative capacity for 800 houses; the planning officer has been made aware that an upcoming application is likely to be for a higher number of units:

- KK-H15 (allocated with indicative capacity for 47 houses; no current developer application)
- KK-H3 Fardalehill (already has planning permission for 294 houses, 30+ complete thus far and continues to be built out at a rate of approximately 40 houses per year.
- An approved development for 600 houses at Northcraigs (KK-H12) continues to be built out at a rate of ca. 50 houses per year.
- "PROP10" will the developers of sites KK-H1 and KK-H4 may be required to provide educational, community and retail facilities within their respective sites to facilitate the residential development of the area and ensure that the development of each site will be compliant with the requirements of the 20-minute neighbourhood principle as set out in NPF4

This is the [online housing land audit](#).

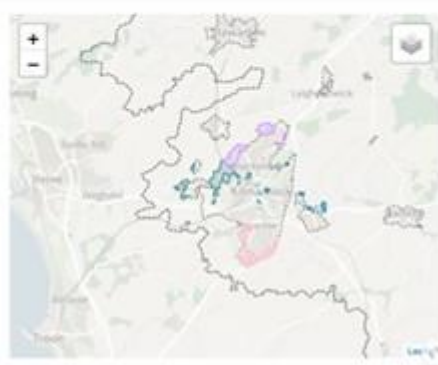
From what we can see there is about to be a population boom soon, especially with recent news articles highlighting that Kilmarnock has the cheapest properties in the countries, local estate agents have seen an influx of queries.

Housing Land Supply: Kilmarnock, East Ayrshire

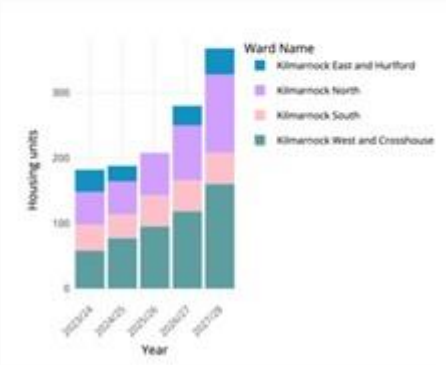


Maps and charts HLA schedule

HLA sites: by Ward



HLA site programming: by Ward ①



Ref: https://improvementservice.shinyapps.io/East_Ayrshire_HLA_mapping/

4.21

Population Statistics and Projections

Kilmarnock population is projected to increase by 3.8%, these population projections in my opinion are conservative and if planning is approved for all the housing allocation sites then I think the increase will be a lot more than 3.8%.

The current population within the neighbourhood is already large and self-contained (Schools, GPs shops, etc) and with projected growth, the adequacy gap will only widen and there is and will be need for pharmaceutical services.

There are extreme levels of deprivation here, residents are left disadvantaged and forced to travel outside their neighbourhood not only to simply collect prescriptions but to also seek advice, and gain access to vital public health services and health campaigns.


Under the NHS (Pharmaceutical Services) Regulations, the test is whether pharmaceutical provision in a neighbourhood is adequate. This is a large, self-sustaining and deprived community, with no pharmacy. Granting this application is therefore both necessary and desirable to secure pharmaceutical services for the neighbourhood.

4.22

Scottish Index of Multiple Deprivation (SIMD)

SIMD is a tool used by the Government, local authorities & NHS Scotland to assess data zones and neighbourhoods. Specifically, they talk about the 15% most deprived so that services can be deployed to those areas of greatest need.

Data Zones are ranked from 1 to 6976 (1 being the worst in the country). More than 1/3 of Kilmaronck residents live in areas of deprivation.

	<p>When considering the 15% rule, this further underscores the heightened health inequalities in Kilmarnock therefore HIGHER health & service access needs.</p> <ul style="list-style-type: none"> SIMD is Scotland's official tool for measuring deprivation, ranking every small area ("data zone") from 1 = most deprived to 6,976 = least deprived. Results are often expressed in percentiles (e.g. "top 15% most deprived"). In NHS Scotland pharmacy needs assessments, the 15% most deprived areas are a key benchmark. If a neighbourhood falls within this group, it is recognised as having greater health inequalities and a higher priority for accessible healthcare services, including community pharmacies. <p>33.8% of Kilmarnock's population lives in areas classified in the most deprived quintile (SIMD 1) - well above the 15% threshold.</p>
4.23	<p>SIMD - Heightened Health Inequalities in Kilmarnock</p> <p>Looking at the key, the dark red shade is the 10% most deprived. Our Proposed pharmacy is directly in the most deprived 10%, actually, it is worse than that. It has an overall ranking of 31 out of 6976 placing it in the most deprived 0.44% in the country! That is worse than the 1% most deprived. And even if we set deprivation aside and look only at the most affluent part of the neighbourhood, access is poor with this area ranking just 2 out of 10 for geographic access decile.</p>
4.24	 <p>The screenshot shows the SIMD 2020 website interface. On the left, there are navigation tabs for '1. MAP OVERVIEW', '2. AREA FINDER', and '3. DOWNLOADING'. The '1. MAP OVERVIEW' tab is active, displaying a map of Kilmarnock with a red overlay indicating the most deprived areas. A key on the right side of the map shows the color coding for deprivation levels: dark red for the most deprived, and lighter shades of red and orange for less deprived areas. The sidebar on the right contains various statistics, including 'Overall rank: 202', 'Health access rank: 10', and 'Geographic access rank: 2'. The map also shows a red dot indicating the location of the proposed pharmacy.</p>
4.25	<p>SIMD Ranking</p> <p>This information is also backed up and available in Appendix 1 of the pack. The extreme levels of health deprivation and socioeconomic & financial deprivation in this neighbourhood, highlights that current provision cannot be considered adequate. This is not your average neighbourhood, and I feel this makes the application significantly different from other applications across the country and would ask the panel to kindly bare this info in mind when making a decision.</p> <ul style="list-style-type: none"> Our neighbourhood covers 9 data zones.

	<ul style="list-style-type: none"> Startling Statistic= The data zone the proposed pharmacy is located in S01008007 has an overall rank of 31 out of 6976 for Scotland, places it in the most deprived 0.44% nationally. Most deprived in income domain. Most deprived in employment domain. Most deprived in health domain. Most deprived in education, skills and training. Most deprived in crime domain. Most deprived in housing domain. Most deaths (all causes) compared to all other Kilmarnock Neighbourhoods. <p>Access is not just geographical, deprivation creates barriers.</p>
4.26	<p>SIMD Data</p> <p>Most recent average employment rate data in Scotland = 75.1%</p> <p>Most recent overall attendance rate across all schools in Scotland for the 2023–24 academic year was 90.3%</p> <p>Nationally, around 3% of Scottish households are categorised as overcrowded.</p> <p>2 data zones: 0% occupants have broadband.</p>

Data Zone	Working Age population	Education Domain Rank	Employment rate	Alcohol (hospital stays related to alcohol)	DRUG (hospital stays related to drug use)	DEPRESSION (Proportion of population being prescribed drugs for anxiety / depression / psychosis)	LBWT (Proportion of low weight babies of low birth weight)	EMERGENCY (Emergency stays in hospital)	Attendance (School pupil attendance) Average School of Scotland school attendance 90.3%	No qualifications	University	Crime rate	Overcrowded rate	Broadband
S01008001	519	139	26%	250	775	25%	6%	217	67%	231	3%	507	15%	0%
S01008002	496	122	26%	261	848	21%	9%	180	65%	209	2%	670	21%	0%
S01008006	366	87	26%	434	736	26%	13%	193	70%	254	1%	419	21%	0%
S01008007	310	10	26%	351	877	24%	17%	190	64%	226	1%	1039	15%	0%

4.27	<ul style="list-style-type: none"> Average employment rate in Scotland = 75.1%, in the data zones closest to our proposed pharmacy employment rates range between 26-31%. Education in the data zone that are pharmacy sits in is ranked 10 out of 6976. Overall attendance rates for schools in Scotland is 90.3%, here we can see it ranges between 64-70%. Between 15-21% of the data zones within the table are overcrowded, Scottish average is 3%. High number of hospital admissions for various reasons such as Alcohol and drugs. Also, emergency admissions and stays are higher than the average. Broadband 0% in 2 data zones.
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4.28**Health Inequalities – Our Neighbourhood vs Rest of Kilmarnock**

Not only is the proposed pharmacy location in the most deprived zone for income, employment, health, education, crime, and housing. This shows, line by line, that this neighbourhood is the most disadvantaged across multiple health measures. Because of these inequalities, the area should be a priority for a community pharmacy. If we tie this into the Legal TEST, this supports the case that current provision is inadequate, and a new pharmacy is both necessary and desirable to reduce inequalities.

<u>Indicator</u>	<u>Our Neighbourhood (Knockinlaw / Onthank / Altonhill)</u>	<u>Other Kilmarnock Neighbourhoods</u>
Life Expectancy	Lowest male & female life expectancy	Higher life expectancy
Cancer Deaths	Highest number of deaths	Lower
Coronary Heart Disease (CHD) Deaths	Highest number of deaths	Lower
Emergency Patient Hospitalisations	Highest rate	Lower
Emergency Hospital Admissions	Highest rate	Lower
Alcohol-Related Hospital Admissions	Highest rate	Lower
COPD (Smoking) Hospitalisations	Highest rate	Lower

4.29**Legal Relevance**

This is not an average neighbourhood. It is one of the most disadvantaged in the country. Health Board must decide if a new pharmacy is ‘necessary or desirable’. Given the extreme deprivation and clear & massive health inequalities compared to the rest of Kilmarnock and the rest of the country, it is clear that without a local pharmacy, provision here is not adequate. Granting this application is therefore not only desirable, but *necessary to secure equitable pharmaceutical services and to address stark health inequalities recognised by the Health Board and the Scottish Government.”

4.30**1. Adequacy of provision**

- In an area of extreme deprivation, “adequate provision” means more than just geographical proximity to another pharmacy.
- Deprivation correlates with higher health needs, higher prescribing volumes, and barriers to travel.
- If there is no pharmacy in the immediate neighbourhood, the current provision is not adequate.

2. Necessity / Desirability

- Because this area ranks among the most deprived in Scotland, the necessity threshold is strengthened, residents are more dependent on accessible healthcare, including pharmacy services.
- Even if alternative pharmacies exist in wider Kilmarnock, requiring patients in this deprived community to travel is undesirable and contrary to the policy aim of tackling health inequalities.

3. Supporting policy context

	<ul style="list-style-type: none"> • The Scottish Government explicitly links SIMD deprivation to health inequalities and emphasises reducing those gaps through accessible local services. • This is also backed by the Pharmaceutical Care Plan. • A new pharmacy directly supports that statutory policy objective.
4.31	<p>NHS Ayrshire & Arran Pharmaceutical Care Services Plan</p> <p>“While these inequalities have been characterised and demonstrated, deprivation itself is hard to measure since people with differing levels of socio-economic disadvantage can live very close together in the community. Thus, when considering the level of socio- economic deprivation present within a defined geographical area, measures of area deprivation are often area-based averages, which may obscure highly polarised patterns of deprivation existing across very diverse communities in one area. This is worth considering when planning a health service in any given area.”</p> <p>The Pharmaceutical Care Plan makes a really important point. Deprivation is not always neat or evenly spread. In many neighbourhoods, families experiencing severe disadvantage can live right beside households that are relatively comfortable.</p> <p>So, when we look at area-level statistics, they can hide those highly deprived pockets where the need for health services is greatest.</p>
4.32	<p>NHS Ayrshire & Arran Pharmaceutical Care Services Plan – Priority Diseases</p> <p>Smoking contributes to lung disease, heart disease, stroke and cancer.</p> <p>Death Rates:</p> <ul style="list-style-type: none"> • COPD (Chronic Obstructive Pulmonary Disease) death rates consistently high in East Ayrshire, mortality rate significantly higher than national comparator. * Our neighbourhood has the worst COPD hospital admission rates in Kilmarnock • CHD (Coronary Heart Disease) hospitalisation East Ayrshire currently in the 3 areas worst in Scotland. * Our neighbourhood stats show it is the worst in Kilmarnock • Asthma hospitalisation East Ayrshire currently in the 4 areas worst in Scotland.
4.33	<p>Legal Relevance (Reg. 5(10)(a))</p> <p>In a neighbourhood with high smoking-related diseases and illnesses, adequate provision must include local access to:</p> <ul style="list-style-type: none"> • Pharmacy-led stop smoking services. • Respiratory health support and monitoring. <p>No local pharmacy, residents are less likely to engage with smoking cessation, meaning current provision is not adequate for level of need.</p>
4.34	<p>A community with complex, overlapping health inequalities</p>

	<p>“A number of critical factors highlighted in this report will impinge heavily on healthcare services, including local pharmacies, going into the future:</p> <ul style="list-style-type: none"> • Comparatively higher levels of limiting long-term illness in the local population, with an ongoing upward trend observed in younger age groups. • Generally higher levels locally of hospitalisation and/or death relating to priority diseases such as cancer, CHD, COPD and asthma, with East, North and South Ayrshire all indicating higher levels of morbidity in these categories compared to other Scottish HSCP areas, particularly with respect to CHD and asthma. • Indications of increasing impact of mental health problems on non-psychiatric healthcare services and year-on-year increase in proportion of the population in receipt of prescribed medications for mental health problems. • A disquieting exponential increase over the last 5 years in drug-related deaths in Ayrshire and Arran, the pace of which is far outstripping the national increase. • Clear signs of significantly poorer diet and lower recommended physical activity. • Levels in Ayrshire and Arran, giving rise to higher levels of adult obesity and child obesity in North Ayrshire”.
4.35	<p>This report highlights several critical health challenges that will heavily affect healthcare services, including local pharmacies, in the years ahead.</p> <p>Firstly, we see higher levels of long-term illness, and these are now appearing in younger age groups.</p> <p>Secondly, hospitalisation and death rates for priority diseases such as cancer, heart disease, COPD and asthma are consistently higher in Ayrshire than the Scottish average. Our neighbourhood has some of the worst stats for these conditions compared to the whole of Kilmarnock.</p> <p>Thirdly, mental health problems are increasingly impacting non-psychiatric services, with more people year on year receiving prescribed medication for conditions like anxiety and depression.</p> <p>Fourth, drug-related deaths have risen at an alarming pace -much faster than the national trend.</p> <p>And finally, lifestyle issues such as poor diet, low physical activity, and obesity remain significantly worse across Ayrshire.</p> <p>Together, these trends point to a community with above-average health needs, and they underline the critical role a local pharmacy can play in prevention, early intervention, and ongoing care.</p>
4.36	<p>NHS Ayrshire & Arran Pharmaceutical Care Services Plan: Pharmacy First Scotland</p> <p>“Consulting and advising on the treatment of minor ailments has always been a core role provided by community pharmacists.”</p>

	<p>“NHS Pharmacy First Scotland allows eligible patients to attend a community pharmacy of their choice for a consultation on a common clinical condition and be provided with advice, supply of a medicine or referral to another healthcare professional (or a combination of these). These interactions are all recorded within the community pharmacy and conveyed electronically to Practitioner Services for collation and, ultimately, payment.”</p> <p>For the avoidance of doubt, the panel may or may not be aware that interactions through the Pharmacy First service include advice and referral, this is recorded and submitted electronically.</p> <p>As per the Service Requirements, the service is designed to be delivered face-to-face. Remote consultations are only allowed under specific exceptions. The exceptions are for example: Housebound, too ill & possibly contagious, if self-isolating, or a resident in a care home. Having worked all over the country and in both independent and multiples, some of which belong to the interested parties sitting in this room, I can confirm that it is rare that any pharmacist does a Pharmacy First consultation over the phone. In fact, I have tried to contact pharmacies in the area myself and it has been a struggle to get through to quite a few of them.</p>
4.37	<p>NHS Ayrshire & Arran Pharmaceutical Care Services Plan: Pharmacy First Plus Scotland</p> <p>“there is an ambition to have pharmacist prescribers in every pharmacy in Scotland.”</p> <p>Successful local pilots in Ayrshire & Arran show how pharmacist prescribers can deliver essential care within the community.</p> <p>A clear ambition: to have pharmacist prescribers in every community pharmacy, particularly the disadvantaged enhancing accessibility, clinical care, and system capacity.</p> <p>Local & National Ambitions</p> <ul style="list-style-type: none"> • NHS Ayrshire & Arran pilots: smoking, hypertension, respiratory, diabetes clinics. • High patient satisfaction + effective clinical outcomes. • RPS policy: Independent Prescribers central to future pharmacy. <p>The Pharmacy First Plus service involves having an independent prescriber in every community pharmacy. As an IP myself, and as per the NHS A&A Pharmaceutical Care Services Plan, we have already seen successful pilots - pharmacists running clinics for hypertension, respiratory disease diabetes etc.</p> <p>These have shown both excellent patient satisfaction and strong clinical outcomes. What this means is that a new pharmacy in this neighbourhood would not just provide dispensing services - it has the potential to prescribing capacity directly into the community, making healthcare more accessible where it is most needed!</p>
4.38	<p>At the moment, from the local interested parties / pharmacies, these are the ones that are offering this service. I have arranged them in order of proximity to proposed pharmacy:</p>

	Pharmacy	Offering NHS Pharmacy First Plus	Notes
	Templetons Pharmacy	No	Pharmacist is not a prescriber
	Houlihan Kilmarnock	No	Pharmacist is not a prescriber
	Morrisons Pharmacy	No	Pharmacist is not a prescriber
	Kilmaurs Pharmacy	No	Pharmacist is not a prescriber
	Deans Kilmarnock	Yes	Pharmacist sees patients between 2.30-4.30pm, bookings as they are busy. Current items dispensed almost double the national average (13,992 items, 6 month average)
	Boots (5 branches in town centre)	Yes/No	Not all branches have an IP. Portland road doesn't, 3 branches that I was able to contact (phones ringing out) do but it appears that they don't all offer it at the one time and scope was limited
	<p>As we can see only Deans based furthest away from our neighbourhood has an independent prescriber but limited hours suggesting the pharmacy is over stretched. Mr Connolly intervened to state that the information was incorrect. The Chair asked that parties ensure any corrections are reflected in their representations/questioning.</p> <p>The only other chain is Boots, not all their branches are offering this service.</p> <p>Given the national ambition for prescribers in every pharmacy, failing to provide a local pharmacy here would mean this community is excluded from a core part of future pharmaceutical services. That makes a local pharmacy not just desirable, but necessary to ensure adequate provision. This is also why I would plan to have pharmacy first plus services running from 0830 in the morning allowing those working access.</p>		
4.39	<p>NHS Ayrshire & Arran Pharmaceutical Care Services Plan: Public Health Service (PHS)</p> <p><i>“one of the 4 essential or core services of the pharmacy contract and will be provided from every community pharmacy”.</i></p> <p>There are a number of services that make up the Public Health Service (PHS), they are namely:</p> <ul style="list-style-type: none"> - Health promotion campaigns. - Sexual Health. - Smoking Cessation. 		
4.40	<p>Starting with Health Promotion Campaigns, NHS Ayrshire & Arran have two tiers for this which are:</p> <p>Tier 1 “provision of proactive and opportunistic advice on healthy living and to support healthy living materials.”</p> <p>Tier 2 “making available window or display space for a range of nationally agreed health promotion campaigns each year.”</p> <p>Kilmarnock Pharmacy would be ideally placed to display and participate in health promotion campaigns.</p> <p>A pharmacy here in our defined neighbourhood would be ideally placed to take part in these campaigns. Having a local pharmacy visibly promoting and</p>		

	<p>supporting health improvement initiatives could have a real impact. Without a pharmacy in this neighbourhood, residents are excluded from these nationally mandated public health services - which means pharmaceutical provision is not adequate.</p>
4.41	<p>Sexual Health</p> <p>“It is known that although it is effective for up to 120 hours following unprotected sexual intercourse (depending on the choice of medication), emergency hormonal contraception (EHC) is most effective when taken within the first 24 hours”.</p> <p style="text-align: right;">NHS A&A Pharmaceutical Care Service Plan</p> <p>“Community pharmacists, following a consultation with a woman, are able to make a free supply to women over the age of 13 years of one of a choice of two medicines as EHC when clinically and professionally appropriate. As part of the consultation following a request for EHC, the community pharmacists may provide written and verbal advice on future contraceptive needs, avoidance of sexually transmitted infections and sign posting to specialist sexual health services where appropriate”.</p> <p style="text-align: right;">NHS A&A Pharmaceutical Care Service Plan</p> <p>Sexual health is another core part of the Public Health Service provided by every community pharmacy.</p> <p>The evidence is clear, EHC it is most effective when taken within the first 24 hours.</p> <p>That makes local access absolutely critical. If women in this neighbourhood have to travel outside the community to another pharmacy, that time delay could significantly reduce effectiveness.</p> <p>In a community with higher teenage pregnancy rates and higher levels of deprivation, local pharmacy access to sexual health services is not just desirable - it is necessary to meet the test of adequate provision. Furthermore, pharmacies can now prescribe regular contraception.</p>
4.42	<p>Smoking Cessation</p> <p>“Smoking is one of the major health issues for the population of Scotland. Community pharmacies are ideally placed to make changes to the health of their local community including offering advice and services to give up smoking.”</p> <p style="text-align: right;">NHS A&A Pharmaceutical Care Service Plan</p> <p>“Community Pharmacists and their staff involved in providing this service provide a structured programme of information, advice and support to patients and supply Nicotine Replacement Therapy or, under a Patient Group Direction, Varenicline (Champix®).”</p> <p style="text-align: right;">NHS A&A Pharmaceutical Care Service Plan</p>

	<p>Smoking Cessation: Weekly, face-to-face programme of support over 12 weeks, with follow-up and monitoring built in.</p> <p>Relevance: High smoking rates + worst COPD admissions in Kilmarnock.</p> <p>In a neighbourhood with high smoking prevalence and the worst COPD hospital admissions in Kilmarnock, the stop smoking service is exactly the type of intervention that needs to be available locally.</p> <p>Without a pharmacy here, current provision cannot be considered adequate.</p> <p>It is designed as a weekly, face-to-face programme of support over 12 weeks, with follow-up and monitoring built in.</p> <p>If residents in this neighbourhood have to travel outside their community every week, often without a car, that creates a real barrier. It means fewer people start the programme, and more people drop out before completing it.</p> <p>So, while the service might technically be 'available' elsewhere, in real terms it is not adequately accessible to this community without a local pharmacy.</p>
4.43	<p>NHS Ayrshire & Arran Pharmaceutical Care Services Plan: Access to Palliative Care Medicines</p> <p>"Many patients in the final stages of terminal illness make the decision to spend this time at home rather than in a hospital or hospice. A small range of medicines is usually required to support these patients but often the sporadic nature of the need for them can lead to an unacceptable delay in acquiring them in a primary care setting."</p> <p>"Community pharmacies are approached to participate to ensure a good geographic cover, as well as including community pharmacies that are open extended hours and weekends to try to ensure access to palliative care medicines is as easy as possible."</p> <p style="text-align: right;">NHS A&A Pharmaceutical Care Service Plan</p> <p>Our pharmacy would be fully willing to participate in the local palliative care network (even without funding), ensuring that a small but vital range of end-of-life medicines is available promptly when needed.</p> <p>We would commit to holding and supplying these medicines, and to working closely with local GPs, district nurses, and hospices to make sure patients and their families receive timely, compassionate support, especially in a neighbourhood where mortality is high.</p>
4.44	<p>NHS Ayrshire & Arran Pharmaceutical Care Services Plan: Injecting Equipment Provision (IEP) and safe disposal</p> <p>Purpose: Reduce spread of blood-borne infections (HIV, Hepatitis B & C) and drug-related harms.</p> <p>What it provides:</p> <ul style="list-style-type: none"> • Sterile injecting equipment & harm-reduction materials. • Equipment to support safer, non-injecting routes. • Robust sharps bins for safe disposal.

Safe disposal: Every IEP service also accepts and safely disposes of used equipment / needles - crucial to have this locally.

Pharmacy role:

- Community pharmacy offers needle exchange.
- Offer advice on safer injecting, harm reduction, overdose risk reduction.
- Support with wider health issues linked to drug use.

With Injecting Equipment Provision, accessibility is everything. Patients rarely travel outside their own neighbourhood to obtain clean needles, so if there is not a local service, they may simply go without. That creates two risks: first, greater spread of blood-borne infections like HIV and Hepatitis; and second, if patients do not have a convenient place to return used equipment, there is a real risk of discarded needles in the community. Given the scale of drug misuse in this neighbourhood, having a local pharmacy offering IEP is not just desirable – it is essential to protect both individual and public health.

The 2 closest pharmacies to the neighbourhood do not offer this service:

1) Templetons 2) Houlihan

Pharmacy	Offering IEP
Templetons Pharmacy	No
Houlihan Kilmarnock	No
Morrisons Pharmacy	No
Kilmaurs Pharmacy	No
Deans Kilmarnock	No
Boots (5 branches in town centre)	Yes







Data from pack, only Boots are offering IEP, the two closest pharmacies to the neighbourhood, do not.

4.45

NHS Ayrshire & Arran Pharmaceutical Care Services Plan: Opioid Substitution Therapy (OST) for Substance Dependence – Methadone and Buprenorphine

- 3,600 patients in Ayrshire and Arran suffer from opioid dependence.
- 33% of patients with opioid dependence in Ayrshire and Arran have not been prescribed treatment within the last year.
- East Ayrshire makes up 1/3 of the population with A&A, so 1200.
- 33% of 1200= approx. 400.
- Kilmarnock holds 39% of East Ayrshire Population.
- Approx 155 opioid dependence patients in Kilmarnock not accessing treatment.
- Current provisions are overstretched with pharmacies at capacity for Methadone.

“Treatment for substance dependence seeks to: reduce the damage and harms of problematic drug use; reduce the risk of death; reduce or stop drug use; address underlying health and social issues; and support personal recovery while shielding the individual from avoidable harm or unnecessary suffering”.

	<p>A community pharmacy is often the first and most regular point of contact for people struggling with drug use. That makes local access crucial for supporting these aims in practice.</p> <p>Current provisions are overstretched with pharmacies at capacity for Methadone, EACHA advised some patients from the neighbourhood travel as far as Ayr to access methadone. This would be another reason for patients not accessing services. This could be contributing to the stats in the slide here, approx. 155 substance dependent patients in Kilmarnock not accessing any treatment.</p>
4.46	<p>Drug-Related Harm & the Case for Local Pharmacy Access</p> <p>With drug-related deaths and hospitalisations far above the national average, pharmacy-based harm reduction services must be delivered locally to ensure provision is adequate.</p> <p>We know from recent data that the Kilmarnock locality had 305 drug-related hospital admissions per 100,000 population between 2020/21 and 2022/23. That is significantly higher than the Scottish average of 202 per 100,000, showing clear evidence of elevated drug-related harm here.</p> <p>At the same time, we also know that hundreds of opioid-dependent individuals in Ayrshire are not currently accessing opioid substitution therapy.</p> <p>These two facts go hand in hand. If there were adequate local access to pharmacy services providing harm reduction, OST, and injecting equipment provision, more people would be supported earlier. That could reduce the level of harm and, importantly, help bring down the number of drug-related hospital admissions in this community.</p> <p>So, when we ask whether provision is adequate, the evidence shows it is not - because the people at greatest need in this neighbourhood are not being reached.</p>
4.47	<p>NHS Ayrshire & Arran Pharmaceutical Care Services Plan: Drug Related Death Prevention and Emergency Availability of Naloxone</p> <p>“The opioid-antidote naloxone is a first aid intervention which can temporarily reverse the effects of opioid drugs in an overdose.” NHS Ayrshire & Arran</p> <p> Opioid Deaths & Community Pharmacy Role.</p> <p> 90% of drug deaths in 2018 involved opioids.</p> <p> Naloxone = first aid antidote for overdose.</p> <p> Pharmacies placed within communities facing these problems.</p> <p> IEP pharmacies trained in overdose response & naloxone use.</p> <p> Local access = lives saved in this community.</p> <p>Naloxone is a medicine that rapidly reverses drug overdose. This is literally a lifesaving first aid intervention, time sensitive.</p> <p>In a neighbourhood like this, with high drug-related hospitalisations and an unmet need for treatment, making naloxone locally available through a</p>

	community pharmacy could prevent deaths. This is an extension of the IEP service which currently only boots are offering.																												
4.48	<p>Consultation Analysis Report (CAR) Statistics</p> <p>Under the legal test, we must first establish the neighbourhood. Here, 94% of respondents agreed with our definition of the neighbourhood. That is a very strong confirmation that the boundaries we have described are correct. 95% of respondents support opening a new pharmacy at Morven Avenue, and 96% agree that the proposed services are appropriate. This demonstrates that local residents believe there is a gap in provision and that our proposal directly addresses it.</p> <table><tr><th>Question</th><th>Yes (%)</th><th>No (%)</th><th>Don't Know (%)</th></tr><tr><td>Do you agree this describes the <u>neighbourhood</u> to be served?</td><td>94.16</td><td>4.38%</td><td>1.46%</td></tr><tr><td>Do you think the proposed location is appropriate?</td><td>92.09</td><td>5.76</td><td>2.16</td></tr><tr><td>Do you live within the above <u>neighbourhood</u>?</td><td>90</td><td>10</td><td></td></tr><tr><td>Do you think the proposed hours are appropriate?</td><td>93.43</td><td>2.92</td><td>2.92</td></tr><tr><td>Do you think that the services listed are appropriate for the proposed new pharmacy?</td><td>95.71</td><td>2.14</td><td>2.14</td></tr><tr><td>Do you support the opening of a new pharmacy at 44 Morven Avenue, Kilmarnock, KA3 2AD?</td><td>95.04</td><td>4.96</td><td></td></tr></table> <p>Finally, in terms of whether granting this application is desirable to secure adequate provision, the overwhelming majority of those who participated shows that the people living within the neighbourhood believe this pharmacy would meet their needs and improve access. Taken together, the survey results strongly support our case that this application meets the legal test.</p>	Question	Yes (%)	No (%)	Don't Know (%)	Do you agree this describes the <u>neighbourhood</u> to be served?	94.16	4.38%	1.46%	Do you think the proposed location is appropriate?	92.09	5.76	2.16	Do you live within the above <u>neighbourhood</u> ?	90	10		Do you think the proposed hours are appropriate?	93.43	2.92	2.92	Do you think that the services listed are appropriate for the proposed new pharmacy?	95.71	2.14	2.14	Do you support the opening of a new pharmacy at 44 Morven Avenue, Kilmarnock, KA3 2AD?	95.04	4.96	
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4.49	<p>Some CAR Comments</p> <p>There were hundreds of comments, but these are some that I found were important to highlight:</p> <p>“It’s needed for families that can’t get to the pharmacies in the town, I have 4 kids and tbh I go into the shop for things like paracetamol and cough bottles but I don’t have the time or energy of dragging a family to get to a pharmacy. There are so many families here plus old people, it makes sense to have something like that here especially when there’s a shop lying. If the government want people to have better health then this is a good start”</p> <p>“Fully support this pharmacy and I believe most of the residents I’ve spoke to are well up for it. This will be a huge asset to the community and is much needed.”</p> <p>“I would say that’s a good statement. I’ve been thinking about stopping smoking but to be honest I don’t have the energy or capacity to go every week and wait in a queue to them be told to come back and so on.”</p> <p>“It’s a community that needs it more than anything.”</p>																												

"I believe it should enhance public health and yes the area is getting busier and there is a demand for pharmacy and chemist services. It's a deprived place with not much money and people just get by and no more. A pharmacy is like a community safe haven and would go nicely here."

"This is an excellent proposition and one that is much needed In Kilmarnock. The town keeps expanding and there are no additional healthcare facilities that are absolutely critical to growing communities. This part of the town is heavily populated and is also the part that probably suffers the most from ill health and social and economic issues. It is practically the only place that needs a pharmacy that doesn't have one yet. It is also part of the council regeneration area and this proposition will be positive for residents and the area and for public health."

"To help facilitate adequate healthcare to our community. Unfortunately, we don't have a community council, I know if we did, this would be high on the agenda. There is an ageing population and a lot of poverty and ill residents who neglect their health due to a shortage of healthcare provisions. Residents are busy surviving and making ends meet that they aren't interested in travelling and waiting to see doctors, nurses or pharmacies. If something was local I think they would utilise it and this would better public health."

"With such pressures on doctors and existing pharmacies in Kilmarnock this will help ease the pressure in a dense area that has many health and social problems. Access to advice, medication, consultations is essential in this day and age."





"Not enough is being done and a pharmacy will help everyone because at the moment it's a nightmare trying to get to one or getting appointments which puts people off going and then they get more ill."

"Recently, we encountered significant challenges with another pharmacy in Kilmarnock when we needed items for minor ailments. We were informed that we could not obtain them without an in-person visit. Given my limited mobility and my partner's housebound status, this was particularly frustrating. We had to push for a home visit through 111 and then coordinate for my son to travel from Glasgow to collect the prescription, as the pharmacy couldn't deliver it that day."

"I do believe there are substantial gaps currently. This area is neglected by the authorities and unfortunately by the NHS. There's a serious need for improved access to pharmacy and healthcare services in the area, the pharmacies in the town are largely clustered in the centre with odd one scattered here and there but not really servicing this area. For a lot of services other than picking up prescriptions you need to go in to see and speak to a pharmacist. This is a big reason why it's now required more than ever."

"One can barely get a doctor's appointment and pharmacies are always busy. Its a hassle getting to one with uncertainty that you'll get what you need. I now don't really bother."

"Difficulty getting to other pharmacies and making repeat trips, from parking issues to lack of stock at the pharmacies or asked to come back. I sometimes neglect myself because of the hassle and difficulties."

	<p>“I tried to get a minor ailment a while back but was told I needed to go in. I was very run down and had aches and pains. This is when I realised we don’t have a service close by that I could have nipped into. Phoned all the pharmacies In Kilmarnock but they advised it was illegal to deliver minor ailments and I had to go for a face to face. It’s quite difficult getting seen by a doctor here as well, the NHS is pretty negligent of this particular part of Kilmarnock even though there have been efforts in the past.”</p> <p>“We often need minor elements and the pharmacies in Kilmarnock don’t deliver that. They always say you have to come in, then you go in and wait for ages to speak to the pharmacist then it’s another wait to actually get the stuff. It’s really hard when you’re unwell so that service is really important. We don’t have a car and pushing the kids in a pram and in and off buses is hard and dangerous, if I’ve got enough money and they need something it’s easier for me to access one of the local newsagents to get calpol etc.”</p>
4.50	<p>CAR Report</p> <p>145 responses, total number of occupants in the households that responded was 421.</p> <p> Typical public consultations achieve response rates of just 1–2%. <small>Ref Sources: Merthyr Tydfil Council Report (2022); LGA 'New Conversations' Guide; Planning Advisory Service Forum</small></p> <p> A response rate of 4–5% is considered high in local government consultations.</p> <p> Our consultation achieved 6% (421 residents out of ~6,900 population).</p> <p> This is above average and demonstrates strong, reliable community engagement.</p>
4.51	<p>We received 145 responses to our consultation, representing 421 residents of the neighbourhood. While opponents may argue this is a small proportion of the total population of around 6,800, in reality this is a 6% response rate, which is far higher than most public consultations achieve. With a 6% response rate, our consultation actually outperforms typical public engagement exercises, which often only achieve 1–2%. This demonstrates that the feedback we have gathered is both robust and highly representative of genuine community sentiment.</p> <p>This shows that those who took the time to respond representing real households in the neighbourhood believe current provision is inadequate and that a pharmacy at Morven Avenue is both appropriate and desirable.</p>
4.52	<p>Test: Adequacy of Current Provision</p> <p>Feedback from residents:</p> <ul style="list-style-type: none"> • Travel times and waiting times. • Difficulty getting to pharmacies in poor weather. • Crowded waiting areas elsewhere. <p>Current provision does not meet needs for:</p> <ul style="list-style-type: none"> • Minor ailments service within walking distance. • Supervised consumption locally.

	<ul style="list-style-type: none"> • Quick prescription access without travel. <p>It is apparent that current provision is inadequate. In particular, there is no local access for those needing urgent prescriptions, Pharmacy First, or substance misuse support.</p>
4.53	<p>Travel vs. Access in Deprived Areas</p> <p>1) Policy context</p> <ul style="list-style-type: none"> • Under the NHS (Pharmaceutical Services) (Scotland) Regulations, the test is about whether provision is “adequate” for the neighbourhood not simply whether a pharmacy can be reached in theory. • Adequacy must be judged in the context of the population served - including deprivation, health needs, and barriers to access. <p>2) Deprivation makes short journeys harder</p> <p>Several robust sources illuminate how travel even when it may not be considered too far can still serve as a significant barrier to healthcare access for deprived communities. These underline why a local pharmacy is needed.</p> <ul style="list-style-type: none"> • For older people, parents with children, or those managing long-term conditions (common in deprived areas), a 15-minute walk can be a real barrier. <p>3) Healthcare access inequality evidence</p> <ul style="list-style-type: none"> • Studies show that people in deprived areas are less likely to travel for healthcare, and that proximity strongly influences uptake of services (especially pharmacies delivering services like smoking cessation, contraception, methadone, or Pharmacy First). • So while travel options exist, actual access and use may remain inadequate without a local pharmacy. <p><i>Evidence: Scottish Gov. 'Socioeconomic Inequality & Barriers to Primary Care in Scotland' (2022); Todd et al., 'The Positive Pharmacy Care Law' (BMJ Open, 2014)</i></p> <p>While there are bus routes and the nearest pharmacy may be a 15-minute walk, this does not equate to adequate provision in a community ranked among the most deprived 0.44% in Scotland. In such neighbourhoods, even short journeys present significant barriers due to poor health, limited finances, caring responsibilities and mobility issues. The Health Board’s duty is not only to consider theoretical access, but real access for this specific population. On that measure, provision is not adequate.</p>
4.54	<p>Legal Test: Viability</p> <p>Even if we take Kilmarnock as a whole, estimated population = 47,000 with 11 pharmacies.</p>

Even if we take Kilmarnock as a whole, estimated population = **47,000 with 11 pharmacies**

Region	Population	Pharmacies	People per Pharmacy
Ayrshire & Arran	~368,000	98	~3,755

*National estimates based on official sources. (https://publichealthscotland.scot/healthcare-system/system-monitoring-accountability-and-quality-of-care/prescribing-data/open-data/community-pharmacy-contractor-activity/?utm_source)

- ✓ Ayrshire & Arran average: **~3,755 people per pharmacy** (368,000 pop. / 98 pharmacies)
- ✓ Kilmarnock town: **~4,279 people per pharmacy** (47,000 pop. / 11 pharmacies)
- ✓ Kilmarnock is above the Ayrshire average → **relative under-provision** further predicted to worsen in coming years

In Ayrshire & Arran, the average is around 3,755 people per pharmacy. Kilmarnock has a population of 47,073. With 11 pharmacies, that is an average of 4,279 people per pharmacy - already above the Ayrshire & Arran average of 3,755.

Given the population of our neighbourhood, the clear health needs, and strong community support, there is no question that the pharmacy will attract sufficient demand to be viable and more importantly, it will fill the current service gap that the Pharmaceutical Care Plan itself recognises. It will also enable access for patients currently not using any services.

Kilmarnock Pharmacy defined neighbourhood approx population: 6900



Within this neighbourhood, a proportion aren't accessing services whatsoever, therefore not affecting other pharmacies' viability but would likely affect viability of the new pharmacy

Furthermore, existing network aren't providing important services like the IEP and Naloxone which are part of NHS A&A Pharmaceutical Care Plan

- Last application in Ayrshire & Arran that was granted in Monkton in 2021, Population= 1130 Demonstrated it is viable
- Prior to this, the last application in Ayrshire & Arran that was granted was in Fenwick in 2017, Population= 1170 Demonstrated it is viable

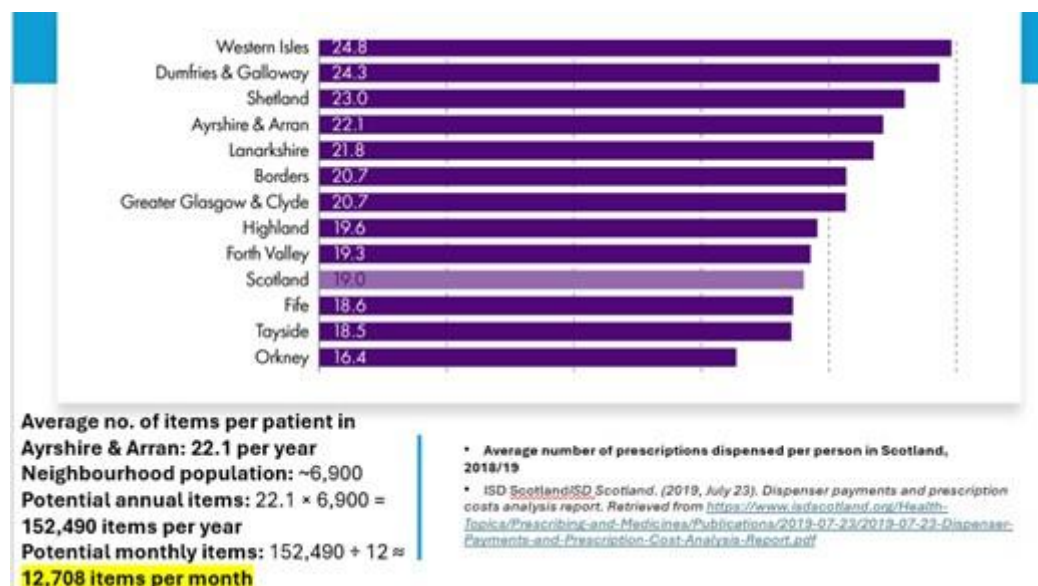
4.55

Kilmarnock has a population of 47,073. With 11 pharmacies, that is an average of 4,279 people per pharmacy - already above the Ayrshire & Arran average of 3,755

Yet our defined neighbourhood has a population of 6,900 and still lacks its own pharmacy — despite having higher health needs and ongoing population growth with new affordable housing on the horizon. This makes local provision not just desirable and needed, but long overdue.

When we apply the Regulation 5(10)(a) test, We must also ask: are the right services available, and are they available where they are most needed?

The answer is no. Services like Injecting Equipment Provision and Naloxone supply, both highlighted as priorities in the NHS Ayrshire & Arran Pharmaceutical Care Plan, are not provided locally. A new pharmacy here would both fill that critical service gap and deliver exactly what the Care Plan says should be in place. That strengthens its viability, and that is just one clear reason why this application meets the legal test.



In Ayrshire & Arran, the average patient receives 22.1 prescriptions per year. If we apply this to the 6,900 residents in our neighbourhood, that equates to over 152,000 items annually, or around 12,700 items per month. This shows clearly that a pharmacy in this neighbourhood would not only be sustainable but would likely operate well. However, pharmacies are not just paid per items, they get paid for giving advice and referring patients, as I previously mentioned, a pharmacy here will without a doubt attract these sorts of interactions.

So, under Regulation 5(10)(a), not only is this pharmacy necessary to secure adequate provision, it is also entirely viable in terms of workload and sustainability.

4.56

Wider NHS & GP Pressures

Cost of hospital admissions per patient in Scotland.

Given the strain on GP practices, pharmacies play a critical role in delivering timely, accessible care. Our service model supports NHS strategy by handling conditions in a deprived and densely populated neighbourhood:

- GP shortages and appointment delays
- Pharmacies act as cornerstones of local care
- Reduce pressure on urgent care and A&E
- NHS policy shift: more clinical services through community pharmacies

4.57

Applying Regulation 5(10)(a)

	<div data-bbox="1257 197 1388 324" data-label="Image"> </div> <h2 style="text-align: center;">Applying Regulation 5(10)(a)</h2> <p>1. Neighbourhood Definition <i>Evidence: 94% of respondents agreed with the neighbourhood definition.</i> <i>This confirms the community recognises the same neighbourhood under Regulation 5(10)(a)</i></p> <p>2. Adequacy of Current Provision</p> <ul style="list-style-type: none"> SIMD ranking of proposed pharmacy data zone (0.44% most deprived). High rates of hospitalisations and health inequalities. Highest no. of alcohol & drug-related admissions <p><i>These statistics demonstrate that existing provision has not addressed local health needs.</i> <i>Therefore, under Regulation 5(10)(a), current provision cannot be considered adequate.</i></p> <p>3. Need or Desirability of New Pharmacy</p> <ul style="list-style-type: none"> 95% participant support for new pharmacy. Serious health inequalities and prevalence & need for face-to-face services. A community with some of the highest health burdens in Ayrshire: smoking-related illness, COPD, mental health prescribing, alcohol and drug-related hospital admissions all well above national levels. <p style="text-align: center;">Aligns with Regulation 5(10)(a) legal test</p> <p>When applying Regulation 5(10)(a), three questions matter:</p> <ol style="list-style-type: none"> What is the neighbourhood? We have defined it and 94% of respondents agree. Is current provision adequate? The evidence on deprivation, hospitalisation, substance misuse, and health inequalities shows clearly that it is not. Would granting this application be desirable to secure adequate provision? With 95% of residents in support, and with the pressing health needs in this community, the answer must be yes. <p>If provision was truly adequate, we would not see these levels of unmet need, nor would residents that participated in the CAR be so overwhelmingly supportive of a new pharmacy.</p> <p>Therefore, granting this application is not only desirable, it is the only realistic way to secure adequacy of pharmaceutical services in this neighbourhood.</p>
4.58	<p>Conclusion</p> <p>Given the purpose of the legal test to secure adequate provision of pharmaceutical services, then in a community like this, deprived, underserved, and in need, how could the answer possibly be anything but yes to granting an application?</p> <p>A community pharmacy in a highly deprived area like Kilmarnock is not just about convenience it is an evidence-based intervention that directly tackles health inequalities by increasing access to prevention, treatment, and support services.</p> <p>New houses!</p> <p>I respectfully ask the Committee to approve this application so we can deliver these much-needed services to the community and to help bridge the gaps.</p>
4.59	<p>This concluded the presentation from Mr Hameed.</p>

5.	The Chair invited questions from the interested parties to the Applicant
5.1	Questions from Mr Connolly, Deans Pharmacy to Mr Hameed
5.1.1	Mr Connolly enquired why the Applicant chose Western Road as a boundary. Mr Hameed responded stating it is a main road.
5.1.2	Mr Connolly noted that Kilmaurs Road also being a main road and enquired why this has not been used. Mr Hameed confirmed that Kilmaurs Road was a main road but noted it was not as wide as Western Road.
5.1.3	Mr Connolly enquired if there were any crossing points on Western Road. Mr Hameed responded that there was one crossing located across from Long Park and noted zebra crossings separating Western Road to Hillside, and Tourhill Road.
5.1.4	Mr Connolly enquired where people within the proposed neighbourhood accessed shopping. Mr Hameed responded stating that a shop was located next door to the proposed premise which he had spent a lot of time in the last year observing due to knowing the owners but noted he was unable to share sensitive data but noted that most residents used this location for day-to-day essentials and had witnessed on a number of occasions staff having to block the door to stop people gaining access at 1000 p.m. to enable the shop to close.
5.1.5	Mr Connolly, noting he grew up and attended school in and around this area stated that locals mainly accessed services at Tesco on a daily basis which Houlihan Pharmacy is located close to and enquired if this surprised the Applicant. Mr Hameed responded that he recalled this about Mr Connolly from the 2023 application also noting Mr Connolly's sister now resides in a more affluent area of the neighbourhood.
5.1.6	Mr Connolly, noting the Applicants reference to provision of needle exchange services enquired how the Applicant would go about this. Mr Hameed responded that he would follow the NHS Service Plan.
5.1.7	Mr Connolly enquired if the Applicant was aware that the provision of needle exchange was determined by the health board and not a local service. Mr Hameed confirmed that he was aware of this.
5.1.8	Mr Connolly noted that the Applicant may be unable to offer the Needle exchange service due to the lack of funding within health boards for extended services and enquired if the Applicant was aware of this. Mr Hameed responded that pharmacies within a neighbourhood of greater need for service would have the funding discussion with the Health Board.
5.1.9	Mr Connolly enquired if the Applicant was aware that it was the local contractors committee and not the health board who would decide these services. Mr Hameed responded to confirm that he was aware of this information.

5.1.10	Mr Connolly referenced the Applicants presentation of substance misuse and enquired if he was aware that provision of this was a local service. Mr Hameed confirmed that he was aware of this.
5.1.11	Mr Connolly enquired if the Applicant was aware of a move away from methadone due to preference of buprenorphine injections. Mr Hameed confirmed that he was aware of this noting despite request for the data for Kilmarnock, high numbers of recovering users being told to travel to Ayr to access these services due to capacity issues with local pharmacies.
5.1.12	Mr Connolly noted health board discussions regarding methadone services in Kilmarnock being plentiful. Mr Hameed noted this was a surprise to him.
5.1.13	Mr Connolly referenced Naloxone services in Kilmarnock and enquired if the Applicant was aware that this service was provided by every pharmacy in Kilmarnock. Mr Hameed responded that he found it difficult to find service information for this despite calls to pharmacies enquiring.
5.1.14	Mr Connolly, referencing the Applicants presentation noting deprivation and enquired if the Applicant would agree that the focus was on a small area of the neighbourhood and not the neighbourhood in its entirety. Mr Hameed responded that he did not agree.
5.1.15	Mr Connolly enquired if the Applicant was aware that a large number of the neighbourhood had purchased their homes and had one or two cars. Mr Hameed responded to state that it is hard to know who had purchased their properties or not but noted he had spent a significant amount of time in the neighbourhood and had noted abandoned furniture in gardens and gardens in disrepair. Mr Hameed referenced his presentation showing the map of deprivation areas in dark red being the most deprived which was 42% of the worst deciles.
5.1.16	Mr Connolly enquired if the Applicant was aware that Pharmacy First Plus was not a core pharmacy service at present. Mr Hameed confirmed he was aware of this at present.
5.1.17	Mr Connolly referencing Pharmacy First Plus prescribing, noted that this was not something that the panel could consider in terms of core service. Mr Hameed agreed that as a core service they could not but as the NHS hopes for every pharmacy to participate in this going forward as a core service.
5.1.18	Mr Connolly enquired what had changed recently in terms of pharmacy degrees. Mr Hameed noted that graduates as of 2026 will be Independent Prescribers (IPs) so the gap would be if existing pharmacy staff have no formal qualifications.
5.1.19	Mr Connolly enquired if the Applicant was aware of the provision in Ayrshire of Pharmacy First Plus. Mr Hameed confirmed that he was aware and noted his shock that only a couple of pharmacies in Kilmarnock offering this service.

5.1.20	Mr Connolly enquired if the Applicants notes / communication with pharmacies was up to date around services being provided. Mr Hameed responded to confirm that his last contact with pharmacies in the area was last week (week beginning 18 th August) as well as the previous 12 months.
5.1.21	Mr Connolly reflected on the 2023 application and it being within the same neighbourhood as defined today where the Committee decided that services were more than adequate, enquired whether anything had changed, or improved, in pharmaceutical services. Mr Hameed responded to state that the 2023 application's neighbourhood was significantly larger and the proposed premise smaller.
5.1.22	Mr Connolly enquired what the size of the proposed premise for this application was. Mr Hameed responded stating that it was approximately 62 square metres.
5.1.23	Mr Connolly enquired if the Applicant was confident in the ability to set up a pharmacy to deliver all services. Mr Hameed noted he was 100% confident and noted additional room at the rear of the premise for extension as well as a possible 20 square metre at the rear of the convenience store next door which was not currently being used.
5.1.24	Mr Connolly enquired why the space at the rear of the convenience store was not being utilised by the owners. Mr Hameed responded to note cashflow was the main reason as it had previously been used for storage of stock.
5.1.25	Mr Connolly noting comment in the Applicants presentation of people accessing the Houlihan pharmacy from the top end of the proposed neighbourhood at Craufurdland Road enquired what would he suggest for those with mobility issues. Mr Hameed responded that the distance between the proposed pharmacy and Houlihan's was six and half a dozen (the same) but noted that they would need to cross Craufurdland Road which is a main road but could walk easily to the proposed premise.
5.1.26	Mr Connolly enquired how someone with mobility issues would access services at the proposed premise. Mr Hameed responded that delivery would be offered to any customer unable to access the site.
5.1.27	Mr Connolly enquired how someone unable to visit the proposed premise could access Pharmacy First services. Mr Hameed responded to state that a telephone consultation would be offered along with delivery of any prescription.
5.1.28	Mr Connolly enquired if the Applicant was aware of any of the other pharmacies in the area offering this. Mr Hameed noted that when he called the pharmacies in the area to enquire if this was possible, he was told that it was not a service being offered.
5.1.29	Mr Connolly enquired if the Applicant was aware that every pharmacy in Scotland was able to offer a telephone consultation to someone unable to

	<p> speak in person. Mr Hameed confirmed that he was aware but noted it was whether or not the other pharmacies did it was the issue. </p>
5.1.30	<p> Mr Connolly suggested if someone was unable to leave their homes, whether it was within the proposed neighbourhood or not then it was irrelevant where they could / would access service on foot. Mr Hameed responded, no comment to the question. </p>
5.1.31	<p> Mr Connolly enquired how someone from Craufurdland Road, using public transport would they access pharmacy service at the proposed pharmacy. Mr Hameed responded that the number 3 bus service cuts across Morven Avenue. </p>
5.1.32	<p> Mr Connolly, noting references to the #3 bus service enquired where the closest bus stop was located by the proposed premise. Mr Hameed responded that the bus stop was located just up from the proposed premise by the green space and noted that, regarding the #3 bus route would check his information and feedback later. </p>
5.2	<p> Questions from Mr Houlihan, Houlihan Pharmacy to Mr Hameed </p>
5.2.1	<p> Mr Houlihan enquired why the Applicant had excluded Houlihan Pharmacy from the proposed neighbourhood. Mr Hameed responded that previous neighbourhood had not been defined by the PPC but by the applicant and he would need to check the definition of their defined neighbourhood. </p>
5.2.2	<p> Mr Houlihan noted that the Applicant in his application had managed to exclude the Houlihan Pharmacy from their proposed neighbourhood also and enquired as to why. Mr Hameed responded that his proposed neighbourhood was based in accessibility and deprivation. </p>
5.2.3	<p> Mr Houlihan noted that Templeton's Pharmacy had been excluded from the Northern Boundary and enquired why. Mr Hameed responded that at the Northern Boundary of Wardneuk Drive you can clearly see housing change at this point from Council housing to privately owned also noting SIMD data zone boundaries which align with this neighbourhood boundary. </p>
5.2.4	<p> Mr Houlihan noted the Applicants reference to access to services as not being available and enquired why this was. Mr Hameed responded that ease of access was for parking but noted it was inaccessible for those walking as at the furthest point being a 37-minute walk at just under 2 miles. </p>
5.2.5	<p> Mr Houlihan enquired if the southern part of the proposed neighbourhood had easier access to pharmaceutical services. Mr Hameed responded stating that it was closer to use the proposed premise than Morrisons which would be a 23-minute walk. </p>
5.2.6	<p> Mr Houlihan noting the Applicants presentation enquired if he would agree that the pharmacy application was all about convenience. Mr Hameed responded to note that he had gone into depth to show it is not about convenience but the </p>

	need and access to service in an area of some of the worst access to services and deprivation.
5.3	Questions from Mr Aslam, Kilmaurs Pharmacy to Mr Hameed
5.3.1	Mr Aslam noting the reference to 12,700 prescription items per month in the Applicants presentation enquired if these were currently being services by other pharmacies. Mr Hameed responded to note that he had not had time to review this previously due to him reducing the size of his presentation from 80+ slides down to 56. Mr Hameed noted a colleague who had worked in the area stated approximately 800 people not accessing service but had been unable to substantiate this figure but noted that around 150 substance misuse items, likely double items, were going uncollected likely due to lack of access to service. Mr Hameed went on to note that it was not necessary (necessarily that) these items were going anywhere but sitting in the area being unclaimed.
5.3.2	Mr Aslam proposed that the 12,700 items per month were being distributed to other pharmacies and therefore needs were being met. Mr Hameed responded that he would not agree with that statement.
5.3.3	Mr Aslam enquired how prescription items could just lie in the pharmacy unclaimed. Mr Hameed responded, speaking from experience as a contractor speaking with people not accessing service, access to services locally is just the start.
5.3.4	Mr Aslam noting been a contractor for a number of years, did not understand how items not being claimed just lying in pharmacy as people who require medicine would be seeking and collecting them and suggest that this is not the case and that items that other pharmacies are issuing are being absorbed without issue. Mr Hameed responded these items would be going to other pharmacies and the CAR says that the people don't bother. People who are at rock bottom are about making ends meet and not worrying about collecting items from pharmacy requiring travel.
5.3.5	Mr Aslam wished to note for clarity that the Independent Prescriber at Kilmaurs Pharmacy was currently off due to health but was expected back imminently and a second IP would be in branch in March 2026. Mr Hameed accepted this confirmation.
5.4	Questions from Mr Steel, E J Templeton Pharmacy to Mr Hameed
5.4.1	Mr Steel referencing the Applicants presentation around accessibility for those with mobility / disabilities noted that Templeton Pharmacy had ramps and space in the pharmacy for those with mobility issues as well as services to aid anyone with needs. Mr Hameed replied by noting that the floor space of Templetons is 2x2 metres with no dispensary as apposed to the proposed premise being more than double this as well as having room for expansion.
5.4.2	Mr Steel noting the Applicants presentation, enquired which pharmacy was closest to the Shortlees and Bellfield areas. Mr Hameed responded that he

	was not aware of this information as he was seeking for the proposed premise within the defined neighbourhood.
5.4.3	Mr Steel suggested that it would be Boots and / or Deans for Bellfield but comparison cannot be made as not local pharmacies. Mr Hameed responded to enquire distances between Bellfield, Shortlees and town noting he had not checked the distance.
5.4.4	Mr Steel noting the Applicants presentation around communication options sought to clarify that Templetons have capacity and excellent comms with the RADAR system for methadose / methadone patients as well as buvidal patients in the future. Mr Steel went on to note the Applicants reference of 12,700 items stating that Templetons do below 6000 items per month and concerned if they could be financially viable at 5500 items and enquired if this was a concern to the applicant on his presentation as expecting just above this number of items if the contract were to be granted. Mr Hameed responded to note that he was not concerned about this as it was how you manage it that matters.
5.4.5	Mr Steel noting the Applicants slides around amenities in the area, a large number of which available at the North West Centre, enquired how a convenience store for day-to-day groceries can be sufficient when people have to leave the neighbourhood for entertainment and groceries. Mr Hameed responded that he disagreed with this statement noting he had spent lot of time in shops within the area, walking the streets and speaking to people. Going on to note having worked in Cumnock and he had seen the same patterns with customer deprivation across this neighbourhood and using the convenience store which was also open later to 2200 hrs and stocking items not expected.
5.4.6	Mr Steel noting the Applicants reference to being one of the most deprived areas how could residents afford to shop in the convenience store due to it being more expensive than grocery stores. Mr Hameed responded that he has worked in a number of communities and residents do not think about spending noting a study regarding this topic which states that people in affluent areas are more careful with money than those living in deprived areas.
5.4.7	Mr Steel enquired if the convenience store owner was the landlord. Mr Hameed responded that they were not.
5.4.8	Mr Steel noted having spent a lot of time speaking with local families was made aware of them disapproving of the pharmacy opening and enquired if the Applicant was aware of this. Mr Hameed responded that he was not aware of this given all the time he has spent there.
5.5	Questions from Mr Jamieson, Boots Pharmacies to Mr Hameed
5.5.1	Mr Jamieson, noting the previous contract application of PPC 126 in 2023 enquired how close the location was to the proposed premise noted by the Applicant. Mr Hameed responded that it was not very close and was not easy

	to get to noting the street of the previous 2023 applicant was in a better data zone and a significantly smaller neighbourhood than that proposed today.
5.5.2	Mr Jamieson enquired if it would surprise the Applicant to note that the previous proposed premise from PPC 126 in 2023 was only 600 metres from the Applicant's proposed site. Mr Hameed confirmed that this would surprise him.
5.5.3	Mr Jamieson enquired if the Applicant had a lease approved. Mr Hameed responded to confirm that he had an agreement in place.
5.5.4	Mr Jamieson enquired if the Panel had seen evidence of the agreement. Mr Hameed noted that information was part of the application process provided to the Health Boards' Pharmacy Team.
5.5.5	Mr Jamieson enquired how the Applicant was planning to manage the pharmacy. Mr Hameed confirmed that he would be in store full-time pharmacist.
5.5.6	Mr Jamieson enquired if the Applicant would be working six days per week. Mr Hameed confirmed that he would be.
5.5.7	Mr Jamieson enquired if the Applicant was aware of the level of car ownership in the proposed neighbourhood. Mr Hameed responded that he did not have this figure to hand.
5.5.8	Mr Jamieson noted the Applicants reference to Pharmacy First and none of the current pharmacies delivering this service and enquired what evidence the Applicant had for this. Mr Hameed responded that he did not have written evidence of this but verbal after calling around asking each pharmacy asking if this service was offered on multiple occasions.
5.5.9	Mr Jamieson noting the Applicants reference to Pharmacy First remote service to Care Homes, enquired what evidence the Applicant had for Boots in King Street. Mr Hameed responded to state that this was a double-edged sword as deliveries to care homes for regular and chronic ailments was part of Boots policy.
5.5.10	Mr Jamieson noting that Pharmacy First as being a National Service with care home patients having full access enquired how this could be possible without deliveries. Mr Hameed responded, no comment to the question.
5.5.11	Mr Jamieson enquired if the Applicant would agree that Boots offer Pharmacy First Plus from four out of their five pharmacies. Mr Hameed responded that this was correct from the information available to him but noted for clarification that they do not offer the service at the same time.
5.5.12	Mr Jamieson noting the Applicants presentation enquired what evidence he had around limits of scope within Boots Pharmacies. Mr Hameed responded this was received by calling the pharmacies.

5.5.13	Mr Jamieson enquired to the Applicant what conditions were covered as part of the NHS Pharmacy First Plus service. Mr Hameed responded that lots were covered but that it was at the discretion of the pharmacist or Independent Prescriber as to what they were confident with. Mr Hameed went on to list the following infections: ear, throat, chest, skin as well as acne, antivirals for cold sores and other conditions.
5.5.14	Mr Jamieson noting the Applicants presentation as specialising in respiratory conditions enquired how Pharmacy First Plus could be implemented. Mr Hameed responded to refer to his presentation that COPD that it would be covered via an antibiotic prescription and steroids for any flare ups.
5.5.15	Mr Jamieson enquired what evidence the Applicant had for COPD issues in the neighbourhood. Mr Hameed responded stating this was obtained from locums in branch.
5.5.16	Mr Jamieson enquired if the Applicant was aware of the Scottish Government's National Naloxone Programme. Mr Hameed confirmed that he was aware of this.
5.5.17	Mr Jamieson enquired what evidence the Applicant had that community pharmacies in Kilmarnock were not meeting the National Naloxone service. Mr Hameed responded to confirm that Boots were delivering this service but understood that other pharmacies in the area were not meeting this service from the calls he had made to the pharmacies.
5.5.18	Mr Jamieson noting the Applicants references to local and national services enquired if he was aware of who commissions palliative care. Mr Hameed responded stating that this was the Health Boards.
5.5.19	Mr Jamieson enquired if the Applicant was aware of who decides which pharmacy provide these services. Mr Hameed responded to confirm that this was the Health Board along with the Panel.
5.5.20	Mr Jamieson noted that the Applicant was aware that he could not decide to offer these services. Mr Hameed responded that he had worked in other areas where delivery of these services had been possible.
5.5.21	Mr Jamieson enquired if the Applicant was a decision maker. Mr Hameed responded that he was not.
5.5.22	Mr Jamieson noting the response rate to the CAR enquired if this was a good. Mr Hameed responded that the usual public response rate achieved was 1-2% so looking at the 140 respondents noted that this was in line with public response rates.
5.5.23	Mr Jamieson noting viability, enquired if the Application was successful whether this had the potential to put other contractors' viability at risk. Mr Hameed responded that he did not believe so.

5.6	This concluded questions from the Interested Parties. The Chair invited questions from the Committee members.
5.7.	Questions from Mr Falconer, Pharmacist included in the Pharmaceutical List to Mr Hameed.
5.7.1	Mr Falconer referencing the Applicant also being the superintendent of the Pharmacy if successful, enquired how he would balance this work. Mr Hameed responded noting that he has been doing this for years. If the application goes through, he has a pharmacist lined up as well as siblings who are also pharmacists who can run other branches.
5.7.2	Mr Falconer noting the Applicants reference to Pharmacy First Plus as well as other conditions enquired how they would obtain funding for these. Mr Hameed responded that they would be no other funding other than the £3,000 monthly payment noting it was not about finances but from experience for keeping stock available from lists provided by district nurses to remain successful.
5.8.	Questions from Mr Noon, Pharmacist included in the Pharmaceutical List to Mr Hameed.
5.8.1	Mr Noon enquired what three primary schools were in the area of the proposed neighbourhood. Mr Hameed noted these as being Hillhead, Onthank and Mount Carmel primary schools.
5.8.2	Mr Noon enquired if the Applicant agreed that the defined neighbourhood and Auchencar were linked. Mr Hameed confirmed this.
5.8.3	Mr Noon referenced that Hillhead Primary being part of the south end of the neighbourhood and three minutes' walk from the proposed premise and one minute walk across the traffic light at the end of the road, noted the Applicant did not believe the communities were linked despite Onthank and Hillhead being in the neighbourhood. Mr Hameed responded to state for the purpose of defining the neighbourhood, he used Western Road as the barrier and not access to pharmaceutical services.
5.8.4	Mr Noon referencing the neighbourhood to the North of Kilmarnock noted that Onthank Primary school was not included and enquired if the Applicant knew which road it was located on. Mr Hameed responded that it was located on Wardneuk Road.
5.8.5	Mr Noon enquired if Craufurdland Road was part of the boundary. Mr Hameed confirmed that Craufurdland Road was within the defined neighbourhood.
5.8.6	Mr Noon noting the Applicant referenced changes of housing as part of the rationale in separating boundary. Mr Hameed responded that housing was more affluent on the other side.

5.8.7	Mr Noon enquired if the same type of housing was located at the top end of Craufurdland Road. Mr Hameed confirmed that the same type of housing appeared on both sides of the road.
5.8.8	Mr Noon referencing changes to housing towards Western Road enquired what the Applications rationale was for not using the differentiation of the boundary given the very similar communities as that around the Southern edge appearing affluent. Mr Hameed responded stating he used local council maps as well as knowledge of the areas and did not go beyond Craufurdland Road nor Assloss Road.
5.8.9	Mr Noon noted new housing around the recycling service at Western Road had been included. Mr Hameed responded that his proposed boundary was intended to run parallel with the railway line to remain with local areas and sub-communities.
5.8.10	Mr Noon noting the new housing, enquired if this would be privately owned. Mr Hameed responded that the HALO project in Ayrshire is where each area is proposed housing for the future. KKH1 development has been discussed at East Ayrshire Council and has the capacity for 800 houses with at least 25% being that of affordable housing.
5.8.11	Mr Noon enquired if the HALO project's affordable housing would be offered to existing resident for relocation or new residents only. Mr Hameed responded to suggest if residents were already in council houses, he did not expect them to be offered the new housing. Mr Hameed went on to add information from a newspaper article that Kilmarnock has the cheapest housing in the area and more people out with are looking to buy in the area.
5.8.12	Mr Noon referencing his site visit and knowledge of the area sought clarification from the Applicant regarding bus stops on Morven Avenue as he had not seen any bus stops and noted only the #3 bus service which stopped on Onthank Drive and then went out onto Western Road which would be some distance from the proposed premise. Mr Hameed responded to state that he disagreed with Mr Noon's comment noting the bus stop on Western Road and that Morven Avenue connects to this and that from the proposed premise was approximately at 30-second walk away.
5.8.13	Mr Noon noting that the proposed premise was on the periphery of the proposed neighbourhood suggested that it would be beneficial to a small area as opposed to something North of Onthank would be easier to access other services. Mr Hameed responded to note that he had reviewed such areas and felt it was much the same with access to all and plenty of parking and retail units within the neighbourhood are occupied and quite busy so decided that Morven Avenue would be ideal.
5.9.	Questions from Mr McGeer, Pharmacist not included in the Pharmaceutical List to Mr Hameed.

5.9.1	Mr McGeer noting the Applicants presentation of offering Pharmacy First Plus and clinical services to be offered, enquired if there was no funding for these if he would be seeking to backfill the pharmacy. Mr Hameed responded that he is aware of some areas presently where Pharmacy First Plus does take additional time and from personal experience has seen it take up to 2100 hrs requiring occasional double cover due to late working.
5.9.2	Mr McGeer referencing the Applicant's presentation of services to be included such as clinical COPD and hypertension asked for confirmation if he planned backfill to ensure pharmacy cover. Mr Hameed confirmed that this was his plan.
5.9.3	Mr McGeer enquired if the Applicant was going to be offering locally enhanced treatments like prostate testing. Mr Hameed responded that this information was included in the original list of services but noticed that some services had been removed by the health board as they fell under the heading Local Enhanced Services.
5.10.	Questions from Mr Smith, Lay Member to Mr Hameed.
5.10.1	Mr Smith noting the Applicants presentation of services offered at the Morven Day Services/Crossreach Centre, enquired if this included GP services. Mr Hameed responded to confirm that there are no services by nurses nor GPs at this location except for Social Work nurses due to a Charity (Church of Scotland) having taken over this site and were in the process of applying for Council funding.
5.10.2	Mr Smith enquired if any prescriptions originated from the Morven Day Services/Crossreach Centre. Mr Hameed responded that no prescriptions came from this site. Mr Hameed expanded on this query to note that during a recent telephone call with the Centre, the Centre had not been notified by the health board of the Pharmacy application being discussed today and were disappointed that they had not been made aware given the number of people visiting the Centre with mental health issues.
5.10.3	Mr Smith enquired if the Applicant expected service users to recommend using the proposed premise for any pharmaceutical needs and advice. Mr Hameed confirmed that this was his expectation and noted that he had requested some letters of support from service users, but this had missed the deadline set by the Health Board Pharmaceutical Team.
5.10.4	Mr Smith referencing the Applicants presentation enquired which pharmacy was located 0.7 miles from the proposed premise. Mr Hameed responded to say if a straight line were drawn from the proposed premise, then it would be Templeton Pharmacy.
5.10.5	Mr Smith noting the Applicants presentation enquired where the distance and 15-minute walking time had been taken from, the centre of the proposed neighbourhood or the proposed premise. Mr Hameed responded that it had

	been taken from the proposed pharmacy which he corrected was 0.9 miles by straight line.
5.10.6	Mr Smith referencing the Applicants presentation sought clarity on what the line reflected between the proposed premise and Templetons. Mr Hameed responded to clarify that the blue line is the Kilmarnock Town Centre's boundary line, which Boots also fall within.
5.11.	Questions from Ms Clark, Lay Member to Mr Hameed.
5.11.1	Ms Clark noting the Applicants presentation enquired if the location would be safe and secure for both staff and service users. Mr Hameed responded to confirm that a full revamp in security systems including three panic buttons in each section of the pharmacy. Mr Hameed noted the rear of the proposed premise has security gates enabling better security also.
5.11.2	Ms Clark referencing her own site visit noted that the gates to the rear of the premise were open and enquired if this was due to the convenience store being open until 2200 hrs daily. Mr Hameed responded to note that the gate should only be open when a delivery is expected.
5.12.	Questions from Mr Hoult, Lay Member to Mr Hameed.
5.12.1	Mr Hoult referencing comments in the CAR of the proposed premise being quite small, enquired if the Applicant was confident of the ability to provide privacy for someone to speak privately with a pharmacist. Mr Hameed responded that he has spoken with a specialist pharmacy design consultants who offer soundproofed consultation areas and was therefore confident confidentiality not being an issue.
5.12.2	Mr Hoult referencing the Applicants presentation noted a large van parked on the pavement outside the proposed premise and was concerned for residents with mobility / sight issues or with young children being put in danger with vehicles parking on pavements. Mr Hameed responded that the image used was coincidental as the picture was taken at 2030 hrs and at a time when the vehicle owner was visiting the Chinese takeaway but confirmed there was still space to walk past.
5.12.3	Mr Hoult noted concern if parking on the pavement may be the norm for people seeking prescriptions. Mr Hameed took note of this and saying that they cannot stop everyone.
5.13.	Questions from Mrs Ford, Chair of the PPC to Mr Hameed
5.13.1	Mrs Ford noting the Applicants' proposed neighbourhood and dealignment with SIMD data zones enquired what the logic was for a smaller neighbourhood. Mr Hameed responded to confirm that the statistics were taken from the Scottish Government's website and referenced which SIMD data zones were not aligned (shared on screen) as well as data from East Ayrshire Council for population figures from the 2022 stats.

5.13.2	Mrs Ford enquired if it was reasonable to define a neighbourhood intentionally based on an assumed need. Mr Hameed confirmed his proposed neighbourhood was 100% in terms of need.
5.14.	The Chair noted that this concluded the Applicants presentation and questioning and moved on to submissions from the Interested Parties.
6.	Interested Parties' Submissions
6.1	Submission from Mr Connolly, Deans Pharmacy read from a pre-prepared statement making adjustments as required.
6.2	I am here today to ask the committee to reject this application as I believe Pharmaceutical Services in the neighbourhood in which the premises are located are more than adequate. A fact that has been established by four previous PPC hearings in 2007, 2008 and 2011 for applications at Morven Avenue in the premises next door and in February 2023 for an application in Auchencar Drive which is in the same neighbourhood of Altonhill.
6.3	I disagree with the applicants' neighbourhood as have the four previous Pharmacy Practice Committees for applications in this neighbourhood.
6.4	<p>In terms of articulating the boundaries of the neighbourhood, I think the 2023 PPC gave a clear description being:</p> <p>North - from foot of unnamed road, along Glasgow Road to meet Fenwick Water.</p> <p>South – Railway line.</p> <p>East – from railway line cutting across countryside to junction A735 and the unnamed road, then cutting across the countryside to the foot of the unnamed road.</p> <p>West – Fenwick water to Dean Castle Country Park following down to Kilmarnock Water to meet B7082, then to A735 to meet the railway line.</p> <p>This is the neighbourhood that each of the four panels has chosen and also ties in the boundaries for other applications in bordering neighbourhoods of Kilmarnock in recent years.</p>
6.5	<p>In terms of the neighbourhood, as I mentioned in the last PPC, I know it well. I went to primary school here and have spent much of my life in and around the neighbourhood. My sister and her family live in Southcraigs at the northern edge of the neighbourhood.</p> <p>I therefore feel pretty well qualified to state that the neighbourhood as I, and the previous PPC's have defined it is indeed a neighbourhood for all purposes.</p>
6.6	Within this neighbourhood there are two existing NHS Community Pharmacies providing all core national services as well as locally negotiated services. All the amenities in the neighbourhood that people require to access as part of everyday life are located close to the two existing NHS Pharmacies.

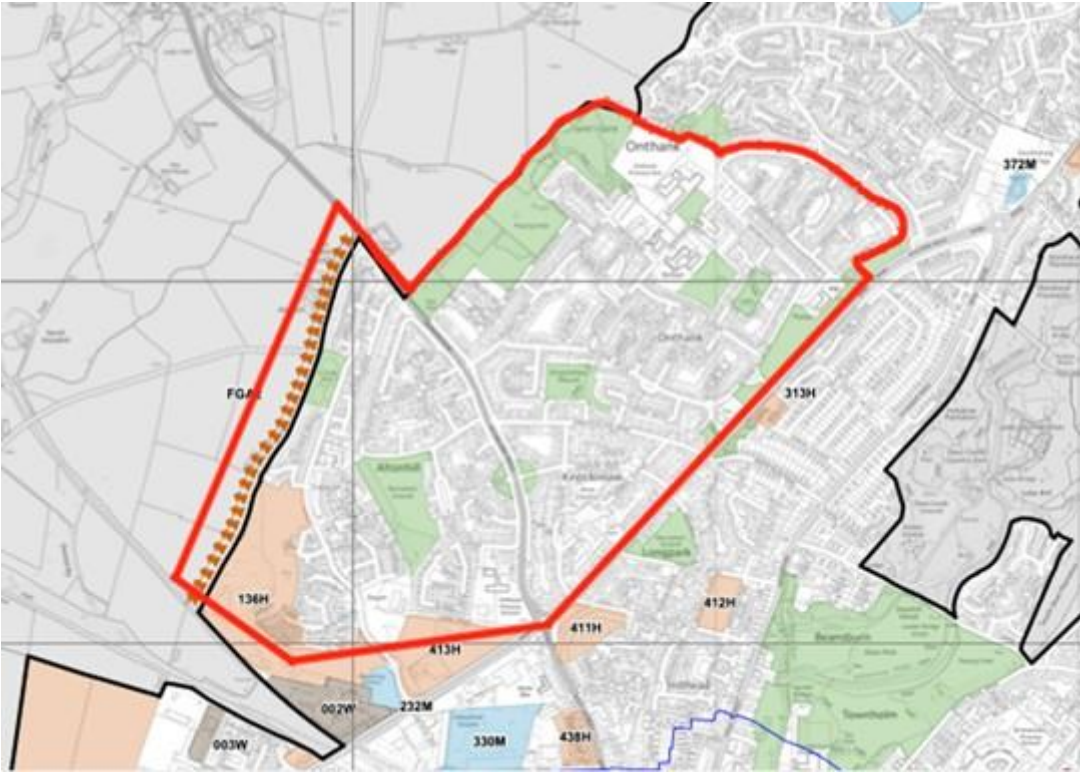
	For everything else, people move freely and easily around Kilmarnock where other services are located around the town centre and its periphery.
6.7	There are a further nine pharmacies in Kilmarnock and one in Kilmaurs that provide services into the neighbourhood. This is absolutely key.
6.8	The vast majority of people in the neighbourhood would never go anywhere near the applicants' proposed premises, because if you know the neighbourhood, you will know that people do not use Morven Avenue as a travel route. They use Tourhill Road, Knockinlaw Road, Onthank Drive and Wardneuk Drive to move around.
6.9	The applicant's premises are not on a bus route, even for people living relatively close by. Houlihan Pharmacy and Templeton's on Dean Street are actually more accessible as people will travel by bus or car. This is not to mention the majority of the population who are actually closer to Houlihan's and Templeton's than the proposed premises.
6.10	Of the three main bus routes, the number 3 (every 15 minutes, previously every 20 minutes at the time of the last PPC) and the number 9 stop very close to Dean Street before going to the town centre where there are five Pharmacies. The 332 bus stops at Houlihan's as do the numbers 4, X71, 76, 77 and 79 services.
6.11	There are eight bus services providing access for residents to amenities they require in the neighbourhood and beyond.
6.12	Everyone in Scotland under the age of 22 and over the age of 60 can travel on these bus services free of charge as can people in receipt of disability benefits and attendance allowance. Those on Job Seekers Allowance, Employment Support Allowance, Income Support and Universal Credit have access to the Job Centre Plus Travel Card, which allows a 50% reduction in the cost of bus travel.
6.13	The full range of Pharmaceutical Services are on offer from these pharmacies as well as Independent Prescriber Pharmacists delivering Pharmacy First Plus and extended opening hours.
6.14	Car ownership is high in the neighbourhood as a whole. The Applicant may seek to portray the neighbourhood as poverty stricken and yes, there are pockets of deprivation (a social issue that Pharmacies will not solve).
6.15	Large parts of the neighbourhood are working class, where many people bought their council house having worked in the industries of Kilmarnock (Massey Ferguson, BMK Carpets, Johnny Walker and Saxone) and retired with good pensions.
6.16	If you drive around the neighbourhood, you will see many cars and many households with two cars, in fact when I gave Mr Houlihan a tour of the

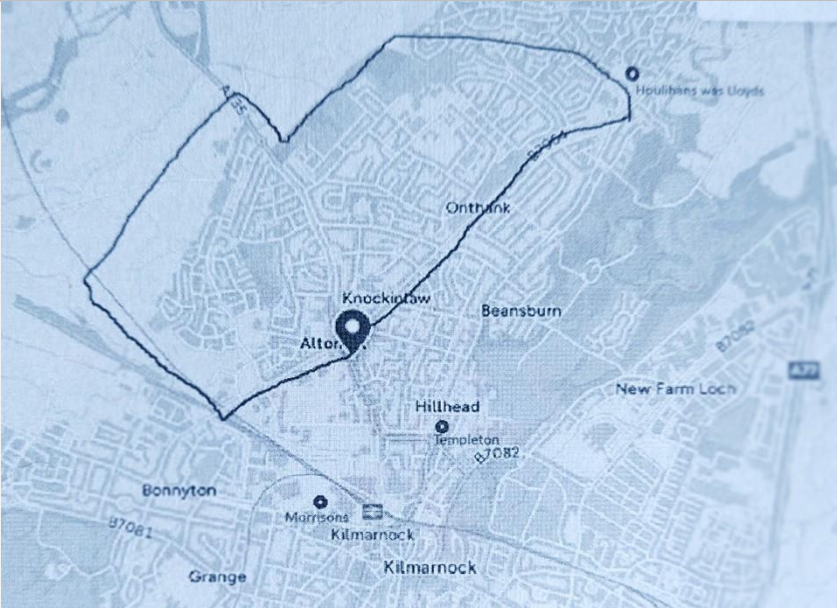
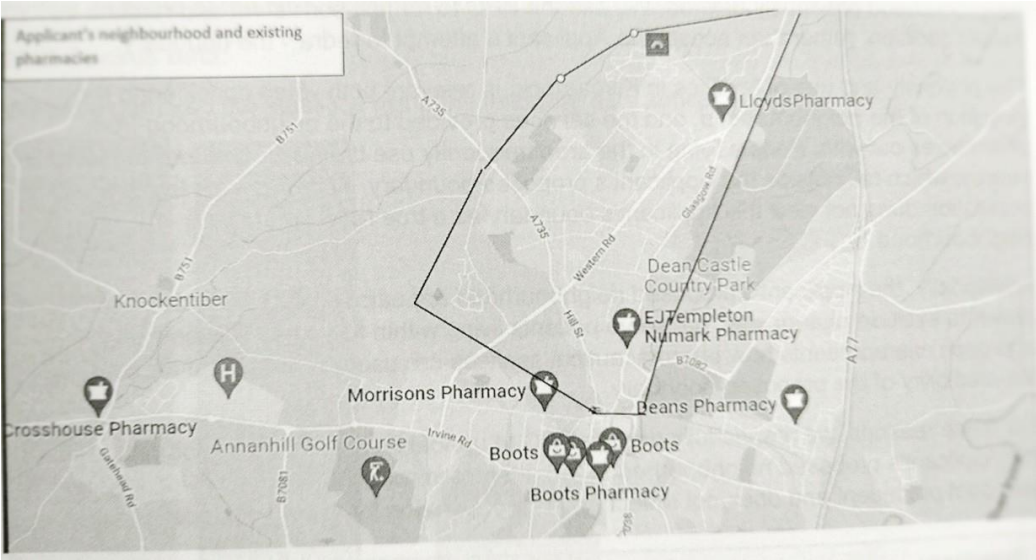
	neighbourhood the other day, we saw a number of houses with campervans parked outside – which contradicts the Applicants narrative of deprivation.
6.17	From the CAR, it is clear that there is no real demand for services.
6.18	Speaking for my own pharmacy, we provide all local and national services, we have an Independent Prescriber Pharmacist and have increased the number of days where we have two pharmacists available. This allows for home visits to be made where necessary. We have a free to all Pharmacy to your door service, which sees our drivers trained to the same level as members of the Pharmacy team in order to offer a better level of service to housebound patients and those who chose to have services delivered to them.
6.19	We have recently installed a 24-hour collection point in the Pharmacy and are progressing plans to extend into the unit next to the Pharmacy.
6.20	I fully believe that the two existing pharmacies located in the neighbourhood and the further ten pharmacies providing services into the neighbourhood mean that the residents of the neighbourhood have a more than adequate service and hence the application fails the legal test.
6.21	For all of the reasons I have mentioned, the application fails the legal test, and I would respectfully ask that the panel refuse it.
6.22	This concluded the representation from Mr Connolly.
6.23	The Chair invited Mr Hameed, the Applicant to question Mr Connolly, Deans Pharmacy.
6.23.1	Mr Hameed enquired if Mr Connolly was able to define the neighbourhood from when the Deans Pharmacy application was granted. Mr Connolly contemplated this after noting it was back in 2005/06 and believed it was New Farm in its entirety.
6.23.2	Mr Hameed enquired how did the Deans pharmacy proposed neighbourhood compare to the Application today. Mr Connolly responded stating this application is very different as the community has two pharmacies in but noted in terms of socio / economically they are very similar with high levels of deprivation, in pockets, with a mix of private and ex-local authority housing. Mr Connolly went on to note that the proposed neighbourhood today having two secondary schools included note some comparisons but the largest difference being that there was no pharmacy in New Farm.
6.23.3	Mr Hameed displaying a map on screen of the defined neighbourhood sought agreement that data zone SO107999 and into its neighbouring zone was a sensible area to define. Mr Connolly noting the hard work the Applicant had done felt this was not a neighbourhood for all purposes with clearly defined boundaries. Noting Wardneuk / Knockinlaw Road are the same neighbourhood despite any arguments to the contrary.

6.23.4	Mr Hameed referencing earlier discussions around Knockinlaw, Onthank, and Altonhill and people collectively referencing this area as Onthank, enquired whether the Council map was sensible for meeting the needs of the community. Mr Connolly responded to disagree with the Applicants statement highlighting that judicial guidance requires a neighbourhood for all purposes and prevent movement as a boundary. Mr Connolly went on to note that everyone north of the red line from the applicant's proposed neighbourhood goes to school south of that daily noting people move from Onthank, down Western Road, Hill Street towards the town Centre and Morrisons and beyond.
6.23.5	Mr Hameed enquired if Mr Connolly was aware of the recent Care Plan for Pharmacies for those in the most need. Mr Connolly confirmed he was aware of the updated Care Plan noting that the two pharmacies in the area are accessible continuing to state that the legal test is to ensure the correct services are available to residents. Mr Connolly believed that Mr Hameed's application is based on convenience and talking about deprived people in a small pocket of the neighbourhood was not a true representation of the neighbourhood overall and that people in the applicants neighbourhood have to travel out with the proposed neighbourhood for daily life.
6.23.6	Mr Hameed enquired if Templeton Pharmacy fall in Onthank and Altonhill. Mr Connolly confirmed it was in the same neighbourhood.
6.23.7	Mr Hameed enquired how far from Deans Pharmacy is the proposed premise. Mr Connolly responded that it was around two miles.
6.23.8	Mr Hameed enquired if Mr Connolly would agree that residents of the proposed premise fall within 10% deprived data zones. Mr Connolly disagreed with this statement.
6.23.9	Mr Hameed enquired what is an independent prescribers' scope of practice. Mr Connolly responded that Pharmacy First Plus use non-chronic conditions quickly and each treatment in pharmacy to free up GP appointment times. Mr Connolly went on to note that from October 2025 Pharmacy First Plus would become more defined around scope of service with focus on common conditions i.e. ear, throat infections.
6.23.10	Mr Hameed referencing the last hearing for Kilmarnock enquired if Mr Connolly had acquired the premise next door. Mr Connolly responded to state that the owner and landlord had passed away and was currently under legal review.
6.23.11	Mr Hameed suggested that Mr Connolly had been trying to acquire the property for a number of years. Mr Connolly responded that this was incorrect noting despite previous discussions with the death of the owner / landlord nothing further had taken place since 2023 due to legal review.
6.23.12	Mr Hameed enquired why Mr Connolly wanted to acquire the property. Mr Connolly responded that it was one of those things when you have a business, you want to do and offer more services, now, demand for private services from pharmacies is also looking for additional services.

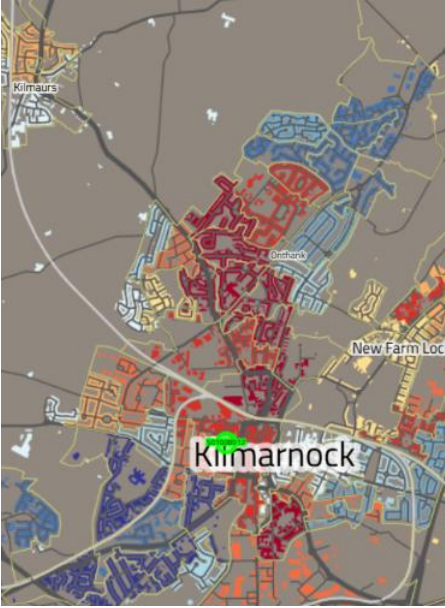

6.23.13	Mr Hameed noting Mr Connolly's comment about offering more services enquired if he would agree that Dean's Pharmacy services were overstretched currently. Mr Connolly strongly disagreed stating that Deans have no capacity issues noting that dosette being manufactured offsite enables capacity for new challenges within Deans.
6.23.14	Mr Hameed enquired what the average six months items to date how does it compare. Mr Connolly responded that he was not aware due to focusing on staffing and servicing to be an above average pharmacy.
6.23.15	Mr Hameed enquired how many GP appointments were available in Kilmarnock and not just proposed neighbourhood. Mr Connolly was unable to answer this query as it has no relevance to pharmacy practice.
6.23.16	Mr Hameed enquired if Mr Connolly believed it was harder to obtain a GP appointment now in East Ayrshire. Mr Connolly had no answer to this question, noting regular meetings with GP practices and change in access to services are necessary for future sustainment of the NHS and although a service may change, it does not stop access to service.
6.23.17	Mr Hameed suggested that members of the public found it easier to access pharmacies instead of GPs. Mr Connolly noted that Pharmacy First Plus is not the same as GP appointments and treat exactly what they are supporting from common clinical conditions.
6.23.18	Mr Hameed enquired if Mr Connolly believed that the scope of practice for pharmacies was increasing. Mr Connolly strongly agreed noting independent prescribers being a large driver of this.
6.23.19	Mr Hameed enquired if Mr Connolly was aware of how many patients the five GP practices may list. Mr Connolly suggested approximately 46,000.
6.23.20	Mr Hameed enquired if it would surprise Mr Connolly that it was 60,004 patients registered with the five GP practices, which he obtained via a Freedom of Information (FOI) request. Mr Connolly responded that this was not a surprise to him.
6.23.21	Mr Hameed noting Mr Connolly's comment of people speaking up around lack of service enquired how he envisaged them doing so when there is no local community council or representation. Mr Connolly responded to confirm that he has thought about this considerably and enquired with colleagues and family also who all noted the same platform which was the Kilmarnock Chat on Facebook.
6.23.22	Mr Hameed enquired if people complained about GP issue on this portal. Mr Connolly confirmed that he had seen posts regarding this but nothing about pharmacies or lack of access to them.
6.23.23	Mr Hameed noted a successful application in 2007. Mr Connolly responded that this was overturned at National Appeals Panel (NAP) who decided

	services were adequate and increases and improvement to services in the neighbourhood continue.
6.23.24	Mr Hameed referencing proposed 800 houses at KKH1 enquired if these would put pressure on services and that pharmacies to the North would benefit the communities. Mr Connolly responded that this would not add pressure as Kilmarnock and Kilmaurs continue to increase with housing at the back of Altonhill where a new road from the recycling centre has three- and four-bedroom houses. These residents are not going to use a pharmacy in Morven Avenue as it is off an arterial route.
6.23.25	Mr Hameed enquired if Mr Connolly would disagree with the SIMD data available that 2% of resident being the most deprived. Mr Connolly responded that he felt the Applicant had focused on the worst part of the proposed neighbourhood focussing on 250-300 people which is not sustainable as these people have access to services.
6.23.26	Mr Hameed noting the four data zones of the most deprived 2800 people enquired if Mr Connolly felt these residents should be neglected. Mr Connolly responded that these were socioeconomic and the panel are not seeking to change the demographics of Kilmarnock but services where people require it. Noting that deprivation and child poverty falls to Government to address.
6.23.27	Mr Hameed noting statistics of the neighbourhood as having the worse life expectancy enquired if Mr Connolly agreed with this health board provided information. Mr Connolly responded that he did not see the relevance of this as is the same for many parts of Kilmarnock noting access to pharmaceutical service is what should be noted as these are not showing any inadequacy.
6.23.28	Mr Hameed noting Mr Connolly's previous response noted this was relevant due to proximity of the neighbourhood. Mr Connolly responded that the Applicant had not provided any proof, services throughout Kilmarnock have access as evidenced by several PPCs noting the level of service has improved.
6.23.29	Mr Hameed noting a longest distance of 2.4 miles between the existing ten pharmacies enquired if these are viable, would Mr Connolly consider amalgamating any branches in close proximity. Mr Connolly responded that this has no relevance for assorted reasons as to why pharmacies have previously been distributed throughout Scotland noting historical disparities in Kilmarnock which have been addressed.
6.23.30	Mr Hameed enquired if it would surprise Mr Connolly that from the Deans Pharmacy at Mauchline Road to Macphail Drive it is 1.14 miles and closer to existing pharmacies to that of Morven Avenue. Mr Connolly responded to state that it has been acquired from family so of no relevance.
6.24	The Chair invited Mr Jamieson, Boots Pharmacies to question Mr Connolly, Deans Pharmacy.


6.24.1	Mr Jamieson enquired if Deans Pharmacy has capacity to grow. Mr Connolly confirmed that it has.
6.25	The Chair invited Mr Steel, Templetons Pharmacy to question Mr Connolly, Deans Pharmacy but this was declined
6.26	The Chair invited Mr Aslam, Kilmaurs Pharmacy to question Mr Connolly, Deans Pharmacy but this was declined
6.27	The Chair invited Mr Houlihan, Houlihan Pharmacy to question Mr Connolly, Deans Pharmacy but this was declined
6.28	The Chair invited question from the Committee to Mr Connolly, Deans Pharmacy but this was declined.
6.29	Following the conclusion of interested party submission and questioning, a break for lunch (30 minutes) was called at 1239 hrs and resumed at 1314 hrs.
7.	Submission from Mr Jamieson, Boots Pharmacies
7.1	Mr Jamieson read from a pre-prepared statement making adjustments as required.
7.2	<p>We disagree with the neighbourhood defined by the Applicant, see below: Applicants' neighbourhood:</p> 
7.3	Below is a visual representation of the Applicant's neighbourhood prepared by us, highlighting nearby pharmacies for illustrative purposes.

	
<p>7.4</p>	<p>Our proposed neighbourhood:</p>  <p>*The Lloyd's Pharmacy is now Houlihan's Pharmacy</p>
<p>7.5</p>	<p>Please see below map which shows the distance between the proposed site in the current application and the proposed site found in PPC126 – this will be discussed in further detail below.</p>

7.6	<p>Boundaries:</p> <p>Northern Boundary – Glasgow Road, ending at Rowallan Business Park.</p> <p>Southern Boundary – Kilmarnock Railway Station.</p> <p>West – A735, where it meets Woodhill Burn.</p> <p>East – Dean Castle Country Park.</p>
7.7	<p>It is important to note that this neighbourhood was previously assessed by the PPC under application PPC126. At the time, the Committee concluded that the neighbourhood boundaries match those we are now proposing. Our current proposal is therefore consistent with the Committee’s earlier decision. The Applicant’s site is located less than 1 km (around 600 m) from the site in the previous application. Given the short distance and no significant changes in local infrastructure or services, we believe this is the same neighbourhood previously defined. We ask the PPC to remain consistent and reaffirm its earlier decision, rather than accept the Applicant’s attempt to redraw the boundary.</p>
7.8	<p>The proximity and use of facilities in Kilmarnock, is relevant both when considering the definition of the neighbourhood, and the services provided to the neighbourhood from pharmacies out with. People living in the area frequently use the Tesco and petrol station nearby, which fall outside the Applicant’s proposed boundary. This suggests that the population does not view the Applicant’s boundary as a true reflection of their neighbourhood.</p>
7.9	<p>Additionally, the Applicant’s proposed neighbourhood appears to have been deliberately drawn to exclude pharmacies that serve patients living within the area. This selective approach misrepresents how pharmaceutical services are used in reality and undermines the credibility of the proposed boundary.</p>
7.10	<p>For these reasons, we respectfully ask the PPC to uphold its previous decision and reject the Applicant’s proposed neighbourhood. The attempt to redefine the area is inconsistent with past precedent and does not reflect how the population interacts with local services.</p>


7.11	<p>Summary</p> <p>We essentially disagree with the neighbourhood defined by the applicant and suggest it is the boundaries of the area we have defined.</p> <p>The proposed premises are only 600 metres from the previous application PPC126.</p> <p>We would ask the panel to consider the neighbourhood agreed in the previous PPC since it is so close to the current proposed premises.</p>
7.12	<p>Kilmarnock Demographics</p> <div data-bbox="352 600 799 1205">  </div> <div data-bbox="836 600 1332 844">  </div>
7.13	<p>Scottish Multiple Index of Deprivation (SIMD) shows that many areas of Kilmarnock are ranked as some of the most deprived (output areas) in Scotland.</p>
7.14	<p>2022 Census data:</p> <p>We have gathered the statistics using the following data zones (21):</p> <p>S01007991 S01007992 S01007993 S01007994 S01007995 S01007996 S01007997 S01007998 S01007999 S01008000 S01008001 S01008002 S01008003 S01008004 S01008005 S01008006 S01008007 S01008008 S01008009 S01008010 S01008011</p> <p>We note that the figures have been calculated by obtaining the data for these data zones, which best reflect our proposed neighbourhood.</p>
7.15	<p>Population</p> <p>We understand the population of our neighbourhood to be approximately 15,046. There are two pharmacies (Houlihan's and E.J.Templeton) located</p>

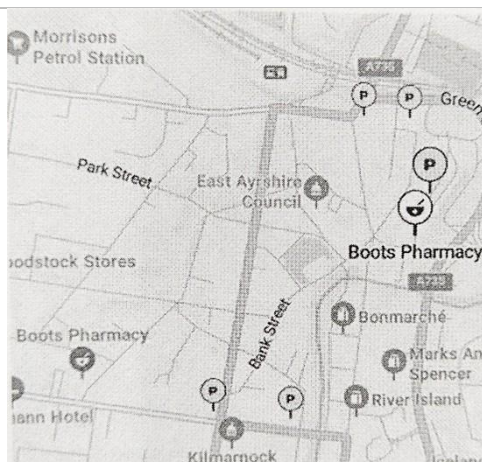
	<p>within the neighbourhood itself and several pharmacies close to the neighbourhood which serve the population contained therein.</p> <p>We believe that this distribution does not accurately represent the manner that the population of Kilmarnock accesses pharmaceutical service. It is our position that the local population moves fluidly across the broader city area and benefits from accessible pharmaceutical provision beyond immediate neighbourhood boundaries. Accordingly, pharmacy access should be assessed in the context of city-wide mobility rather than confined geographic proximity.</p> <p>We understand the population of Kilmarnock to be 47,064. There are fourteen pharmacies located in Kilmarnock (within 2.5 miles of the proposed site) that serve the population of Kilmarnock, including those within the neighbourhood we have proposed. This equates to 3362 patients per pharmacy, which is significantly lower than the national average in Scotland of 4383.</p>																																																								
7.16	<p>Car Ownership</p> <p>Levels of car ownership in the neighbourhood are higher than the national average. 74.32% of households have access to a private vehicle compared to 63.8% of Scotland as a whole. This means that most residents of our proposed neighbourhood are mobile and have the means to access pharmaceutical provision of their choice.</p>																																																								
7.17	<p>Average age of population</p> <p>We note the population of 65 and over is 16% compared to Scotland at 20%.</p> <table><tr><th>Sex</th><th>Age</th><th></th><th></th></tr><tr><td></td><td>Total</td><td>15046</td><td></td></tr><tr><td></td><td>0-15</td><td>2919</td><td>19.40%</td></tr><tr><td></td><td>16-24</td><td>1490</td><td>9.90%</td></tr><tr><td>All people</td><td>25-34</td><td>1921</td><td>12.77%</td></tr><tr><td></td><td>35-49</td><td>3118</td><td>20.72%</td></tr><tr><td></td><td>50-64</td><td>3178</td><td>21.12%</td></tr><tr><td></td><td>65 and over</td><td>2416</td><td>16.06%</td></tr></table> <p>National average:</p> <table><tr><th>Age</th><th>All people</th><th>Percentage</th></tr><tr><td>Total</td><td>5439842</td><td></td></tr><tr><td>0-15</td><td>891248</td><td>16.38%</td></tr><tr><td>16-24</td><td>582489</td><td>10.71%</td></tr><tr><td>25-34</td><td>694181</td><td>12.76%</td></tr><tr><td>35-49</td><td>1009772</td><td>18.56%</td></tr><tr><td>50-64</td><td>1171558</td><td>21.54%</td></tr><tr><td>65 and ove</td><td>1090605</td><td>20.05%</td></tr></table>	Sex	Age				Total	15046			0-15	2919	19.40%		16-24	1490	9.90%	All people	25-34	1921	12.77%		35-49	3118	20.72%		50-64	3178	21.12%		65 and over	2416	16.06%	Age	All people	Percentage	Total	5439842		0-15	891248	16.38%	16-24	582489	10.71%	25-34	694181	12.76%	35-49	1009772	18.56%	50-64	1171558	21.54%	65 and ove	1090605	20.05%
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7.18	<p>Summary</p> <p>A significantly higher proportion of the neighbourhood population have access to a car compared to the national average (74% v's 63%).</p>																																																								

	<p>In addition to the pharmaceutical service provision in the neighbourhood, there are also a number of pharmacies within the wider area of Kilmarnock that are within a reasonable travelling time for any patient wishing to use them.</p> <p>Looking at the population of Kilmarnock as a whole, the average number of patients per pharmacy 3362, which is significantly lower than the national average at 4383.</p>																																																																																																																																																										
7.19	<p>Population Change</p> <p>Extract from the Improvement Service in collaboration with National Records of Scotland (sub council area population projection), clearly states that Kilmarnock North has no population growth between 2025 and 2030.</p> <div><div>2018-based population projections for Scottish sub-council areas, 2018-2030</div><div>East Ayrshire Multi-Member Wards</div><table><tr><th>Area</th><th>2018</th><th>2019</th><th>2020</th><th>2021</th><th>2022</th><th>2023</th><th>2024</th><th>2025</th><th>2026</th><th>2027</th><th>2028</th><th>2029</th><th>2030</th></tr><tr><td>East Ayrshire</td><td>121,840</td><td>121,723</td><td>121,576</td><td>121,382</td><td>121,176</td><td>120,981</td><td>120,754</td><td>120,525</td><td>120,283</td><td>119,993</td><td>119,716</td><td>119,416</td><td>119,091</td></tr><tr><td>Annick</td><td>14,442</td><td>14,527</td><td>14,611</td><td>14,689</td><td>14,765</td><td>14,843</td><td>14,916</td><td>14,989</td><td>15,060</td><td>15,126</td><td>15,193</td><td>15,259</td><td>15,322</td></tr><tr><td>Ballochmyle</td><td>14,033</td><td>13,927</td><td>13,817</td><td>13,701</td><td>13,585</td><td>13,467</td><td>13,343</td><td>13,219</td><td>13,093</td><td>12,960</td><td>12,829</td><td>12,694</td><td>12,554</td></tr><tr><td>Cumnock and New Cumnock</td><td>13,239</td><td>13,146</td><td>13,052</td><td>12,953</td><td>12,854</td><td>12,758</td><td>12,660</td><td>12,562</td><td>12,463</td><td>12,360</td><td>12,259</td><td>12,156</td><td>12,051</td></tr><tr><td>Doon Valley</td><td>11,704</td><td>11,673</td><td>11,640</td><td>11,602</td><td>11,563</td><td>11,524</td><td>11,481</td><td>11,437</td><td>11,391</td><td>11,341</td><td>11,291</td><td>11,239</td><td>11,184</td></tr><tr><td>Inver Valley</td><td>12,304</td><td>12,306</td><td>12,309</td><td>12,306</td><td>12,304</td><td>12,301</td><td>12,296</td><td>12,290</td><td>12,283</td><td>12,272</td><td>12,261</td><td>12,248</td><td>12,231</td></tr><tr><td>Kilmarnock East and Hurlford</td><td>15,713</td><td>15,607</td><td>15,476</td><td>15,338</td><td>15,196</td><td>15,055</td><td>14,908</td><td>14,762</td><td>14,612</td><td>14,455</td><td>14,300</td><td>14,142</td><td>13,981</td></tr><tr><td>Kilmarnock North</td><td>12,458</td><td>12,481</td><td>12,504</td><td>12,520</td><td>12,534</td><td>12,549</td><td>12,559</td><td>12,569</td><td>12,576</td><td>12,577</td><td>12,578</td><td>12,576</td><td>12,569</td></tr><tr><td>Kilmarnock South</td><td>10,786</td><td>10,748</td><td>10,712</td><td>10,675</td><td>10,641</td><td>10,610</td><td>10,579</td><td>10,551</td><td>10,524</td><td>10,497</td><td>10,472</td><td>10,447</td><td>10,422</td></tr><tr><td>Kilmarnock West and Crosshouse</td><td>17,161</td><td>17,308</td><td>17,455</td><td>17,596</td><td>17,735</td><td>17,875</td><td>18,011</td><td>18,147</td><td>18,280</td><td>18,405</td><td>18,533</td><td>18,656</td><td>18,777</td></tr></table></div>	Area	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	East Ayrshire	121,840	121,723	121,576	121,382	121,176	120,981	120,754	120,525	120,283	119,993	119,716	119,416	119,091	Annick	14,442	14,527	14,611	14,689	14,765	14,843	14,916	14,989	15,060	15,126	15,193	15,259	15,322	Ballochmyle	14,033	13,927	13,817	13,701	13,585	13,467	13,343	13,219	13,093	12,960	12,829	12,694	12,554	Cumnock and New Cumnock	13,239	13,146	13,052	12,953	12,854	12,758	12,660	12,562	12,463	12,360	12,259	12,156	12,051	Doon Valley	11,704	11,673	11,640	11,602	11,563	11,524	11,481	11,437	11,391	11,341	11,291	11,239	11,184	Inver Valley	12,304	12,306	12,309	12,306	12,304	12,301	12,296	12,290	12,283	12,272	12,261	12,248	12,231	Kilmarnock East and Hurlford	15,713	15,607	15,476	15,338	15,196	15,055	14,908	14,762	14,612	14,455	14,300	14,142	13,981	Kilmarnock North	12,458	12,481	12,504	12,520	12,534	12,549	12,559	12,569	12,576	12,577	12,578	12,576	12,569	Kilmarnock South	10,786	10,748	10,712	10,675	10,641	10,610	10,579	10,551	10,524	10,497	10,472	10,447	10,422	Kilmarnock West and Crosshouse	17,161	17,308	17,455	17,596	17,735	17,875	18,011	18,147	18,280	18,405	18,533	18,656	18,777
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7.20	<p>The existing pharmacies in Kilmarnock have met any needs arising from recent housing development and have the capacity to meet any future needs. It is also of relevance that the PPC previously concluded that there was no need for a pharmacy in this area. With the population figures remaining static, we believe there is no fundamental change that would now mean that a pharmacy is necessary.</p>																																																																																																																																																										
7.21	<p>Summary</p> <p>Improvement Service in collaboration with National Records for Scotland predict no population growth for Kilmarnock North from 2025 to 2030.</p> <p>The existing pharmacies in Kilmarnock have met already any needs arising from recent developments and have the capacity to meet any future needs arising from new housing developments.</p>																																																																																																																																																										
7.22	<p>The Proposed premises</p> <div></div> <p>The current proposed site contained in PPC126 is located less than 1 km (approximately 600 m) from the proposed site in previous application. Hearing for PPC126 – 1 February 2023.</p>																																																																																																																																																										

	<p>not gone unnoticed by local residents, and we would like to share the following reviews received since the incident, which reflect the level of care and continuity we have maintained in our service provision. We believe this demonstrates that, when operating at full capacity, the existing service provision is sufficient to meet the needs of the local population.</p> <ol style="list-style-type: none"> 1. "Hello, myself and the rest of the nightshift nurses from a local care home would just like to say a huge thank you for the efficiency and hard work of you and your team, during what we are sure was a very hard time. Everything ran smoothly our end and that is thanks to you and your team. I hope that you are all proud of your continuous hard work and dedication. Yours sincerely, Nightshift Nurses. 2. Survey Date: 19/07/2025 – Given the closure of the King Street branch due to a major fire the staff of the branch and the relocated King Street staff were very helpful professional and efficient. In addition, I had to visit the St. Marnock Street branch where I was assisted by both branches staff in as professional and helpful manner. 3. 5762 – Kilmarnock Portland Road – Survey Date: 19/07/2025 05:45 – They are under a great deal of pressure in much smaller branches and coping well with the problems. They identified an issue with one item and were able to resolve the problem immediately and with good manners.
7.29	<p>Further details on services:</p> <ul style="list-style-type: none"> • 6 qualified independent prescribers (IPs) in Kilmarnock and a further three in training. Four stores out of five offer Pharmacy First Plus. • Pharmacy First – great uptake of the service. • Medicines Care and Review with Serial Prescriptions. • Public Health Services <ul style="list-style-type: none"> ○ EHC and Bridging Contraception ○ Stop smoking • Unscheduled Care • Substance Use Services • Multicompartmental Compliance Aids (MCAs) - 260 patients per month with capacity for more • Free Deliveries
7.30	<p>Average wait time approximately 5-10 minutes per prescription (acute). Wait time is 85.4% (85 responses over last year to Pharmacy Customer Care Survey).</p>
7.31	<p>Repeat Rx – We offer repeat prescriptions from all surgeries nearby. When we receive Rx from surgery it will be ready to collect within 24 hours and we text the majority of patients to let them know their prescription is ready.</p>
7.32	<p>Deliveries</p> <p>All our pharmacies in Kilmarnock provide a prescription delivery service and this is provided free of charge to those in need.</p>
7.33	<p>Staffing</p>

	All our pharmacies are fully staffed and there are currently no vacancies in any of our stores.
7.34	<p>Additional Information</p> <p>All pharmacies are fully DDA compliant (Portland needs a ramp for wheelchair access).</p> <p>Our pharmacies have private consultation rooms.</p> <p>Our stores maintain strong relationships with local GP practices, supported through regular engagement. These interactions include both in-store visits and reciprocal meetings, enabling us to provide ongoing support and strengthen collaborative working.</p>
7.35	<p>Summary</p> <ul style="list-style-type: none"> • Boots have five pharmacies in the centre of Kilmarnock, approximately 0.8 miles away from the proposed pharmacy, and are a 15-20-minute walk, 6-minute drive or 10-minute by public transport. • Located close to GP practices. • The pharmacies offer NHS Services with four out of five offering NHS Pharmacy First Plus. • Providing pharmaceutical services until 7 p.m. weekdays and open weekends. • Compliance aid packs available to those in need. • Free deliveries where needed.
7.36	<p>Existing pharmacies in the wider area</p> <p>The Committee will be aware of services provided to the neighbourhood from pharmacies out with and that these should also be taken into consideration when assessing the adequacy of the existing services provided to the neighbourhood.</p> <p>The Committee should not restrict themselves to considering the existing services physically located in the neighbourhood only as the pharmacies based within Kilmarnock service the population as a whole.</p>
7.37	<p>The existing pharmacies within 2.5 miles distance are as follows (all data obtained from NHS Inform):</p> <ol style="list-style-type: none"> 1. E.J Templeton Ltd, 14 Dean Street, Kilmarnock KA3 1EA (0.4 miles) Monday – Friday 0900-1730; Wednesday 0900-1300; Saturday 0900-1700; Sunday closed. 2. Morrisons Pharmacy, West Langlands Street, Kilmarnock KA1 2PY (0.6 miles) Monday – Friday 0830-2000; Saturday 0800-1800; Sunday 1000-1700 3. Boots, 5 Burns Precinct, Kilmarnock KA1 1LT (0.8 miles) Monday – Friday 0900-1730; Saturday 0900-1300 4. Boots, 63-65 Grange Street, Kilmarnock KA1 2DD (0.9 miles) Monday – Friday 0830-1900; Saturday 0900-1300

	<ol style="list-style-type: none"> 5. Boots, 62-70 King Street, Kilmarnock KA1 1PA (0.9 miles) Monday – Saturday 0900-1730; Sunday 1200-1600 6. Boots, 9 Portland Road, Kilmarnock KA1 2BT (0.9 miles) Monday – Friday 0900-1730; Saturday 0900-1300 7. Boots, 9-11 St. Marnock Street, Kilmarnock KA1 1DZ (0.9 miles) Monday – Friday 0900-1730; Saturday 0900-1300 8. Houlihan Pharmacy, 120 Glasgow Road, Kilmarnock KA3 1UT (1 mile) Monday – Friday 0900-1800; Saturday 0900-1400 9. Deans Pharmacy, 53 MacPhail Drive, Kilmarnock KA3 7ET (1.3 miles) Monday – Friday 0900-1800; Saturday 0900-1700 10. Kilmaurs Pharmacy, 5 Main Street, Kilmaurs KA3 2RQ (1.5 miles) Monday – Friday 0900-1800; Saturday 0900-1300 11. Bellfield Pharmacy, 79 Whatriggs Road, Kilmarnock KA1 3RB (2.1 miles) Monday – Friday 0900-1800; Saturday 0900-1300 12. Davidsons Chemist, 4-8 Irvine Road, Crosshouse KA2 0HQ (2.2 miles) Monday – Friday 0900-1800; Saturday 0900-1300 13. Deans Pharmacy, 27 Mauchline Road, Hurlford KA1 5AB (2.4 miles) Monday – Friday 0900-1730; Saturday 0900-1200 14. Shortlees Pharmacy, 16 Central Avenue, Kilmarnock KA1 4PS (2.5 miles) Monday – Friday 0900-1730; Saturday 0900-1300 <p>The existing pharmacies provide NHS core, national and locally negotiated services.</p>
<p>7.38</p>	<p>Access to existing pharmacies:</p> <p>By Car</p> <ul style="list-style-type: none"> Patients wishing to access services by car will have a choice of pharmacies from which to do so.  <ul style="list-style-type: none"> There are five car parks in very close proximity which offer paid parking



This is the main shopping district within Kilmarnock and therefore the population are accessing this area frequently.

7.39

Public Transport

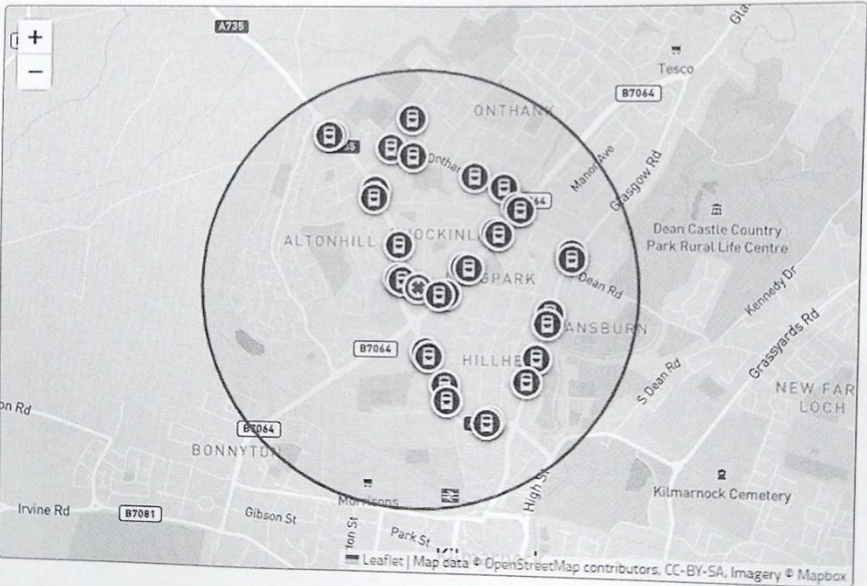
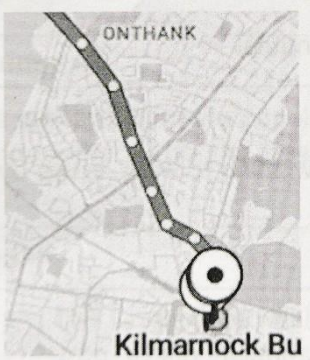
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3 Bus Station 14:30 14:38 14:45 5 New Farm Loch Niven Place 15:11 16:11 17:11 6 Bus Station 14:30 14:53 15:00 7 Bus Station 14:39 14:45 15:09	STWS, Western Buses Ltd 1A Kilmarnock Bus Station 14:54 16:54 17:54 11 Ardrossan Chapelhill Mount Terminus 14:36 14:48 15:00	4 Ayr Bus Station 15:22 16:22 17:22
1b Galston Millands Road 14:30 15:30 16:30 1A Kilmarnock Bus Station 14:55 15:25 15:55 2 Hurlford Richardson Avenue 14:54 15:54 16:54 X79 Irvine Shiel Place 18:18 18:18 18:18 11/07/2025 14/07/2025	9 Stewarton Jubilee Drive Terminus 14:30 15:00 15:30 50 Cumnock Bus Stance 15:15 16:20 17:20 76 Cumnock Bus Stance 14:45 15:45 16:50 X76B Cumnock Bus Stance 19:20 20:20 21:20	

The bus is within a very short walk to our pharmacy in Burns Precinct and our other pharmacies are within close proximity.

7.40

There are several bus stops throughout the centre of Kilmarnock.

	<div data-bbox="371 212 497 250">KA3 2AD</div> <div data-bbox="863 224 1005 253">Show as a List</div> <div data-bbox="1075 217 1225 246">Edit / Go Back</div> <p data-bbox="371 293 1201 347">There are 32 stops within 1km of your search location. Tap on one of the map pins below to see the Live Times for the stop</p>  <p data-bbox="347 963 1455 1037">The bus stops service all of the aforementioned bus routes and therefore provides easy access to the town centre from all of Kilmarnock.</p>
<p data-bbox="204 1070 268 1104">7.41</p>	<p data-bbox="347 1070 1455 1144">The number 9 bus passes through the neighbourhood of the proposed premises.</p> 
<p data-bbox="204 1565 272 1599">7.42</p>	<p data-bbox="347 1565 1455 1639">The number 3 bus also passes through other areas within the neighbourhood. Stops every 8 minutes</p>

	<div><table><tr><td>3</td><td>Kilmarnock Bus Station → Kilmarnock Bus Station</td><td>14:48</td></tr><tr><td>3</td><td>Kilmarnock Bus Station → Kilmarnock Bus Station</td><td>15:03</td></tr><tr><td>3</td><td>Kilmarnock Bus Station → Kilmarnock Bus Station</td><td>15:18</td></tr><tr><td>3</td><td>Kilmarnock Bus Station → Kilmarnock Bus Station</td><td>15:33</td></tr></table></div> <p>£1 - £3 for a ticket with a maximum journey time of 15 minutes.</p>	3	Kilmarnock Bus Station → Kilmarnock Bus Station	14:48	3	Kilmarnock Bus Station → Kilmarnock Bus Station	15:03	3	Kilmarnock Bus Station → Kilmarnock Bus Station	15:18	3	Kilmarnock Bus Station → Kilmarnock Bus Station	15:33
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7.43	<p>Summary</p> <p>The existing pharmacies are reasonably accessible to patients wishing to walk, travel by public transport or drive.</p> <p>The pharmacies offer free delivery service to those in need.</p>												
7.44	<p>The CAR Report and representation</p> <p>The Joint Consultation ran from 19 June 2024 to 25 October 2024.</p>												
7.45	<p>Only 145 responses were received to the CAR, representing less than 1% of the local population. We believe this low level of engagement suggests that the need for a new pharmacy is not a matter of significant public concern, and therefore the PPC should be cautious in attributing substantial weight to these responses. Should the PPC decide to attribute weight to the CAR responses as part of its assessment, we would highlight that several comments oppose the opening of a new pharmacy.</p> <p>Questions 7: Do you agree with the below statement?</p>												

	<p><i>Kilmarnock Pharmacy believes that a new pharmacy is now necessary to secure the adequate provision of community pharmacy services in the area. Residents will gain improved access to community pharmacy services which will enhance public health by ensuring that individuals can easily obtain the advice, care and medicines they need with access to a community pharmacy prescriber as required. As the town rapidly grows, Kilmarnock Pharmacy strongly believes that it will fundamentally change the way community pharmaceutical care is delivered and seeks to work with NHS services and the public in order to secure adequate provision of pharmaceutical services.</i></p> <p>The statement above refers to the area as “rapidly growing”; however, the population figures we have provided above do not support this claim and instead indicate that the population figure remains stagnant. We therefore consider the quote to be misleading, as it may steer respondents toward a favourable view of opening a pharmacy. For this reason, should the PPC decide to attribute weight to the CAR responses, we believe that this particular question should be excluded from consideration in the current application.</p> <p>45 Already a number of chemists nearby 46 I do agree with the statement. 47 Test 3 48 Again I've never heard anyone saying they can't get what they need 49 Improved access?? I can't imagine this new location has better access. Surely any and every pharmacy provides pharmaceutical care to NHS standard. 50 Again, we have enough Boots branded chemists.</p> <p>54 The area does not need another pharmacy</p>
7.46	<p>Summary</p> <p>Less than 1% of the population of the neighbourhood replied to the CAR showing little engagement from the local community regards the opening of a new pharmacy.</p>
7.47	<p>Viability</p> <p>The Committee will be aware of the need to ‘secure’ the adequacy of services in the area, which includes considering the effect granting the application would have on the stability and sustainability of local NHS Pharmaceutical Services. That is the existing services available to patients as well as the long-term viability and security of the new pharmacy, should the application be granted.</p>
7.48	<p>The potential impact on Boots could put services at risk if the proposed pharmacy goes on to open. This could lead to a reduction in staff, notably second pharmacist costs and IP services, and the number of pharmacies in the town centre.</p>
7.49	<p>We submit that should the application be approved, and the proposed pharmacy go on to open, it will at the very least destabilise the provision of NHS Pharmaceutical services in this area.</p>

7.50	We would like to take the opportunity to remind the panel that a pharmacy although private, is NHS funded, and the addition of a new contract would be at an expense to the NHS.
7.51	<p>Summary</p> <p>If the pharmacy goes on to open it is likely to destabilise the existing provision. Which may result in a reduction of services, staff and possibly number of other pharmacies.</p> <p>Additional costs to the NHS.</p>
7.52	This concluded the representation from Mr Jamieson.
7.53	The Chair invited questions from Mr Hameed, the Applicant to Mr Jamieson, Boots Pharmacies
7.53.1	Mr Hameed referencing population statistics enquired how these figures came about for these communities. Mr Jamieson responded that the figure was based on Boots definition of the neighbourhood and related SIMD data of 21 data zones used in the 2023 PPC's defined neighbourhood.
7.53.2	Mr Hameed enquired if the percentage referenced for vehicle ownership was based on the population of 15,000. Mr Jamieson confirmed this information noting it was based on SIMD data.
7.53.3	Mr Hameed noting his application and his neighbourhood enquired if Mr Jamieson agreed this was the case. Mr Jamieson responded that the Applicant put forward his neighbourhood which the Committee would agree or disagreed with.
7.53.4	Mr Hameed enquired if Boots offer free delivery from their store to customers. Mr Jamieson confirmed this.
7.53.5	Mr Hameed enquired if there were any criteria imposed for free delivery. Mr Jamieson responded that there were no criteria.
7.53.6	Mr Hameed noting interactions with Boots colleagues as well as comments raised in the CAR and via Google suggested that a £5.00 delivery charge was imposed due to pharmacies being too busy, enquired if Mr Jamieson was sure there was no delivery fee imposed. Mr Jamieson responded that he was 100% sure there was no fee put on customers for delivery of items.
7.53.7	Mr Hameed noting references to 5–10-minute waiting times enquired how this had been calculated. Mr Jamieson responded that Boots have a scoring system where five is very satisfied and 1 is very dissatisfied.
7.53.8	Mr Hameed read out a comment: "staff were OK but paid for delivery and it did not arrive, when called was told that the delivery had been delayed and would arrive tomorrow, still one week on and no delivery". Mr Hameed enquired if

	this comment, posted on Google, was fake. Mr Jamieson responded that he was unable to answer as Google could be inaccurate.
7.53.9	Mr Hameed noted comments in the CAR and Google of poor waiting times and issues with reliability of prescription items. Mr Jamieson interjected that the Applicant could pull comments from social media but these are not necessarily accurate or recent and Boots have been unable to substantiate these.
7.53.10	Mr Hameed noting comments in the CAR around Boots always telling clients to come back for prescription items enquired if this was acceptable. Mr Jamieson responded that he was unaware of any specific issues and was unable to comment due to having to investigate these allegations within the stores.
7.53.11	Mr Hameed enquired how many deliveries per day Boots made. Mr Jamieson responded to note that if an item is out of stock then it is unavailable in the marketplace / wholesalers.
7.53.12	Mr Hameed noting comments regarding atrocious service by Boots “when just wanting to see / speak to someone” enquired what Mr Jamieson thought of the note of atrocious service. Mr Jamieson responded to enquire if this was Boots and other services or just Boots as a contractor how could anyone respond or investigate these issues.
7.53.13	Mr Hameed suggested that current pharmacy service is stretched, noting staff not being replaced resulting in pressure on the system. Mr Jamieson responded stating that was fundamentally untrue stating staff are contracted to services and very well staffed in stores.
7.53.14	Mr Hameed noted dispensing staff shortages in the Boots workforce suggested that Boots were having difficulty recruiting. Mr Jamieson responded that there were no vacancies in stores and enquired where the evidence that Boots are not invested in staff had come from noting that no staff had been removed in the implementation of automation technology services.
7.53.15	Mr Hameed enquired how many Boots branches offered compliance aid packs. Mr Jamieson responded all branches offer these as they are processed at a central hub.
7.53.16	Mr Hameed noted contact the previous week with Boots on Grange Road regarding a compliance aid enquiry and was told that the service was not offered. Mr Jamieson responded to confirm that all compliance aid packs were processed at a central hub and anyone requiring these would be offered this post prescription submission.
7.53.17	Mr Hameed enquired how many prescription items Boots Grange Street did monthly. Mr Jamieson responded approximately 8,000 items per month.

7.53.18	Mr Hameed enquired how this compared with other Boots pharmacies. Mr Jamieson responded that this was perhaps over average.
7.53.19	Mr Hameed noting independent prescribers enquired which Boots stores have these and what they covered. Mr Jamieson responded that four out of the five Boots pharmacies in the area had an independent prescriber, and they covered ear, nose, throat and skin conditions.
7.53.20	Mr Hameed enquired if Mr Jamieson had read the minutes of the 2023 PPC hearing which were being alluded to. Mr Jamieson confirmed he had read these previously.
7.53.21	Mr Hameed noting council data for the defined neighbourhood in relation to population growth enquired if Mr Jamieson agreed with the increase assessment. Mr Jamieson responded that he did not agree with the information in relation to population growth.
7.53.22	Mr Hameed noted comment of the proposed premise being 0.8 miles away from the nearest pharmacy and enquired which branch was this from, Boots or other providers. Mr Jamieson responded to note that he had reviewed five pharmacies and all very close with very little distance between them.
7.53.23	Mr Hameed noted from Google Maps to Grange Street as being 1.1 miles and enquired where Mr Jamieson got this information from. Mr Jamieson responded stating Precinct Street 0.8 miles; Portland, Kilmarnock 0.9 miles all via NHS Inform.
7.53.24	Mr Hameed referencing the north of the defined neighbourhood as being a 39-minute walk to Boots Pharmacy enquired if this was agreeable. Mr Jamieson responded that it was not just about Boots pharmacies but other pharmacies closer and less than one mile away.
7.53.25	Mr Hameed noting some restrictions in pharmacy data enquired if it was true that Boots were looking to amalgamate some stores included in Kilmarnock. Mr Jamieson responded that this was not something he was aware of.
7.54	The Chair invited Mr Houlihan, Houlihan Pharmacy to question Mr Jamieson, Boots Pharmacies but the opportunity was declined.
7.55	The Chair invited Mr Connolly, Dean's Pharmacy to question Mr Jamieson, Boots Pharmacies.
7.55.1	Mr Connolly enquired if Boots had any capacity issues. Mr Jamieson responded that there were no capacity issues whatsoever in any Boots pharmacies.
7.56	The Chair invited Mr Aslam, Kilmaurs Pharmacy to question Mr Jamieson, Boots Pharmacies but the opportunity was declined.

7.57	The Chair invited Mr Steel, E.J Templeton Pharmacy to question Mr Jamieson, Boots Pharmacies.
7.57.1	Mr Steel enquired if Boots had to reallocate or bring in additional staff during the fire. Mr Jamieson responded that Boots redeployed the staff from King Street to other stores.
7.58	This concluded questions from the Interested Parties. The Chair invited questions from the Committee members, but this was declined.
8.	Submission from Mr Steel, E J Templeton Pharmacy
8.1	Mr Steel read from a pre-prepared statement making adjustments as required.
8.2	We would like to pass on our thanks to the panel for allowing myself and my wife, Kerry, to represent E J Templeton Ltd at today's hearing.
8.3	We are in the fortunate position to have recently exchanged contracts with Mrs Templeton for the ownership of the pharmacy and the sale should be completed in the coming days. We have lived in Kilmarnock for over twenty years, raised our family here, and this is the realisation of a dream for us and the start of an exciting chapter. Forgive me for speaking emotionally today.
8.4	Mrs Templeton has been the owner of the shop for around fifty years and during that time it has become an integral part of the location community. The shop supports staff that not only all live within a few miles of the shop but of the five regular staff members, three have been employed for around twenty years, and one fifteen.
8.5	Granting this application would be a threat to the sustainability of E J Templeton. In the neighbourhood proposed by the applicant there are around forty postcodes; we have countless customers with these postcodes. I had a staff member research and count how many customers for over three hours, and we were nowhere near going through a third of this locale. This is not only a threat to any future improvements for the shop, but a threat to the staffing status quo. Dispensing under 6000 items makes viability a concern.
8.6	I have worked as a locum and then manager in the shop for several years and in that time, I have come to realise how important this shop is to a demographic that requires not only pharmaceutical advice, but in some cases reassuring and counselling about a wide range of subjects. We are sometimes the only people that people can turn to and with many of our delivery patients, the only people they see in a day or week. The longevity of these relationships is important.
8.7	During my time in the shop, we have been able to make small changes to improve the efficiency and diversity of the shop but now stepping up to ownership allows us to use our experience and expertise to take the shop to another level. It is evident to those that enter the premises that the shop needs

	modernisation and redesigning; we have been in talks with local workmen about starting work on another consultation area and larger dispensary soon.
8.8	We have enquired about using empty business units across the road from the shop as a company office. We have improved accessibility to the pharmacy as I spend a lot of time in the front shop, and it was nice to hear Mr Hameed saying he was able to speak to me without me knowing who he was.
8.9	We have increased the hours of our delivery service to meet the way services are provided post-COVID with more telephone consultations. We have engaged in a new pilot service to provide HIV / Hepatitis testing in the pharmacy to help combat rising numbers and spread by those that are not aware they are infected. We have contributed to local enhanced services with customers receiving Hepatitis and prostate treatment. Needle exchange signposting patients to locations as well as telephone and delivery services being available.
8.10	We have plans to collaborate with the local college to create a new webpage, and we employ three students all from the town that are studying pharmacy and medicine at university.
8.11	Kerry was one of the first Independent Prescribers to qualify in Scotland over fifteen years ago and has helped in the training of numerous independent prescribers, and she will be joining me in the shop to add a new dimension. She will draw on her experience not only as a community pharmacist, but as an IP in many pharmacies, surgeries and health boards. She has expertise in all facets of the prescribing spectrum, has worked within addictions, and will start an “enhanced service” sexual health clinic and be available for the Pharmacy First Plus service soon now that her prescribing pads have arrived. She will be available all day on Saturdays which is when there will be the greatest need for a prescriber.
8.12	As we will have two pharmacists within the pharmacy, we will be in a fortunate position of being able to take exclusive pharmacist services out to people’s homes, when needed.
8.13	Looking at the neighbourhood that has been proposed for the application, we would have a few queries; the plan is not particularly clear, but it seems to include the Johnnie Walker estate. We know several families in this area, and they have minimal, if any, pharmaceutical needs. Furthermore, if they did require a pharmacy they would not travel to Morven Avenue, but likely a shop close to a supermarket. The neighbourhood also includes the whole of Onthank almost up to Tesco, which is next to Houlihan’s Pharmacy. I would suggest that half of Onthank would find it easier to access Houlihan's Pharmacy than the one proposed.
8.14	The Houlihan’s branch at Glasgow Road, was relocated just before the year 2000 as a Lloyds Pharmacy to service the people of the Onthank area and the Southcraigs Estate – now that shops neighbourhood is challenged. The Altonhill area is also included, but any prospective customer would not cross

	the busy Kilmaurs Road. The unit allows easy access from Western Road but, I would suggest, does not allow easier access to a pharmacy for the vast majority of the proposed neighbourhood.
8.15	Few people walk, there will be little passing trade in this neighbourhood. Many residents of areas of this neighbourhood will not visit the shop and find it easier to access services from the other four shops close by that already provide their pharmaceutical services. There are no amenities in this neighbourhood so almost all residents will leave to do groceries and to go to entertainment attractions. Most likely they will fill their pharmaceutical needs at those times when it is convenient. The applicant's business may therefore not be viable and may not achieve the aim of securing adequate provision of pharmaceutical services therefore the application should be refused.
8.16	This was covered by Mr Hoult but having visited Morven Avenue several times since this application was made, I am struck by the parking issues that blight the shop units and also the residential area around it. Many cars and delivery trucks are parked illegally on the pavement as there is not enough room to park. If the cars on the street were legally parked, it would be testing to pass. As a pharmacy may have four or five delivery trucks within a half hour or hour slot, there would struggle to get parked or allow proper access to customers. The rear of the unit does not look spacious enough at this time to accept deliveries.
8.17	As in the previous application that was heard in 2023 and in others before, it would seem that a more defined neighbourhood using physical boundaries would be more in keeping with the legal test, i.e. using Dean Park, the railway line and rivers. This neighbourhood would include Houlihan's and Templeton's pharmacies and would have no inadequacies of pharmaceutical service.
8.18	Having worked in many Lloyds Pharmacy branches, including Glasgow Road, around that time the staff were failed by their company with lack of support, a desire to offload branches, and a totally incomprehensible and pedestrian new PMR system. Houlihan's has been a significant upgrade on the standard that Lloyd's were providing towards the end of their tenure.
8.19	As well as the two shops in this neighbourhood, which offer all core services and we are open all-day Saturday, there are another fourteen within two and a half miles of the proposed contract. The Morrison's shop is just over a mile away and offers longer hours and Sunday opening.
8.20	I have worked as a locum in six pharmacies represented here today, and another four in the close outlying villages of Kilmarnock and at no point did I ever feel that any shop was at capacity – I am sure other representatives can clarify.
8.21	There is a paucity of qualified support staff within community pharmacy due to health board recruitment and granting a new contract in a town that is already saturated with pharmacies will just add to that.

8.22	There are four shops on the cardinal directions of a compass of this proposed neighbourhood, and the application does not provide any new services or extra hours to those that are already open. The consultation process had a very low response despite a large number of premises and social media being available and as this is now the fourth application in this area, third in this street, since 2007; possibly the residents within the area are a bit weary, and maybe wary.
8.23	A new contract cannot be granted on how much a person wants a shop, or the convenience to a small number of prospective customers within the proposed neighbourhood.
8.24	We strongly urge the panel to reject the application as it does not pass the legal test, and it is neither necessary nor desirable.
8.25	This concluded the representation from Mr Steel.
8.26	The Chair invited Mr Hameed, the Applicant, to questions Mr Steel, E J Templeton Pharmacy.
8.26.1	Mr Hameed enquired if E J Templeton were looking to increase the size of their premise. Mr Steel responded to clarify they were looking at business units across the road to house an office only at present.
8.26.2	Mr Hameed noting the size of the premise, enquired if it could be agreed that it was quite small. Mr Steel responded that the pharmacy had been in its premise for 50 years and has worked well noting temporary adjustments to enable increased capacity to ensure it will be fit for purpose.
8.26.3	Mr Hameed noting the shop front noted it seemed limited in terms of space with no waiting area. Mr Steel responded that there is a consultation area.
8.26.4	Mr Hameed noted reference to a consultation area enquired if there was a waiting area. Mr Steel responded to confirm that seating was available.
8.26.5	Mr Hameed enquired if there was room to expand. Mr Steel responded to confirmed that expansion of this premise was not possible
8.26.6	Mr Hameed noting closure on Wednesday afternoons enquired if the half day closing was providing adequate service for someone seeking pharmacy access. Mr Steel responded that it has been this way for a number of years noting it was usual business practice know as the Kilmarnock Way and noted the pharmacy was open all-day Saturdays with timings logged on Google.
8.26.7	Mr Hameed enquired how Templetons were providing service on Wednesday afternoons. Mr Steel responded that there are a number of pharmacies in the areas including Houlihan.
8.26.8	Mr Hameed noting closure for lunch enquired why this is when a number of pharmacies remain open if a pharmacist is on site and affects access. Mr

	Steel responded that no one has ever noted issue with this and closing for lunch enables all staff the same time for break enabling full access to staffing.
8.26.9	Mr Hameed enquired if clients had to return to pharmacy due to lunch closures. Mr Steel responded to confirm that patients were aware of opening times including substance misuse patients.
8.26.10	Mr Hameed enquired if it was 12 parking spaces at the premise. Mr Steel confirmed that was correct.
8.26.11	Mr Hameed noting parking at the proposed pharmacy, confirmed that there was a small area off the road for parking. Mr Steel responded that trying to go around this area would result in crossing the road.
8.26.12	Mr Hameed enquired if there were any double yellow lines on Morven Avenue. Mr Steel noted there were none.
8.26.13	Mr Hameed enquired how many shops were located on the Road by Templeton Pharmacy. Mr Steel responded there were eight.
8.26.14	Mr Hameed enquired how many shops were located at the proposed site. Mr Steel responded there were two, a takeaway and a convenience store.
8.26.15	Mr Hameed enquired how many parking spaces were available at the North West Centre. Mr Steel responded more than twenty.
8.26.16	Mr Hameed enquired how far the North West Centre was to the proposed premise. Mr Steel responded perhaps twenty to thirty metres.
8.26.17	Mr Hameed noting statistics of chronic respiratory issues in the area enquired if smoking cessation was a service that Templetons would support. Mr Steel responded that this service was provided.
8.26.18	Mr Hameed enquired if an average of ten patients seeking to access smoking cessation services was significantly low and possibly due to non-engagement by pharmacy staff. Mr Steel responded to clarify that NHS communications, posters and leaflets, were very visible in the pharmacy but noted very few people sought to engage access to the service.
8.26.19	Mr Hameed suggested that for a pharmacy within a neighbourhood within Kilmarnock it would be necessary to promote smoking cessation. Mr Steel reiterated that they do promote these services noting that patients need to be motivated to quit and when they are, Templeton staff support them with this.
8.26.20	Mr Hameed enquired what Templetons average methadone items were. Mr Steel responded that it was 35 items and noted seeing a decrease over the last few years.
8.26.21	Mr Hameed noted over the previous six months that Kilmarnock pharmacies were the busiest for methadone items totalling 885 and enquired if Mr Steel agreed with this. Mr Steel responded to state that Templetons have capacity

	to support more and noted they have regular people which they assist with difficulties in their lives.
8.26.22	Mr Hameed enquired if Templetons would accept that with the highest number of methadone patients being serviced in the smallest location would be inaccurate. Mr Steel responded to state that he believed this was incorrect as Templetons have capacity.
8.26.23	Mr Hameed relating to viability and detrimental effects enquired how much money methadone contributes to other services. Mr Steel responded significant.
8.26.24	Mr Hameed noting Johnnie Walker Drive and lack of access to Morven Avenue, enquired if people travelling down Western Road would drive past a pharmacy to reach Morrisons. Mr Steel responded that people were not going to walk or drive to the proposed premise or even perhaps Templetons Pharmacy.
8.26.25	Mr Hameed enquired if Mr Steel was aware that his shop was within Kilmarnock town centre borders. Mr Steel responded that he does not pay attention to borders.
8.26.26	Mr Hameed enquired if Mr Steel was aware of negative comments regarding Morrisons. Mr Steel responded to confirm that he was aware of some reviews for some shops.
8.26.27	Mr Hameed referencing comments in the presentation of lack of amenities around Morven Avenue enquired if Mr Steel was aware of three schools in the neighbourhood as well as services provided at the North West Centre. Mr Steel responded to confirm he was aware of the schools but was referencing entertainment amenities as the North West Centre is healthcare only.
8.26.28	Mr Hameed referencing capacity and methadone service enquired if Mr Steel was aware of the following review "patronising pharmacist mentioning website being able to help, as long as not a Saturday morning with queue of methadone patients waiting". Mr Steel confirmed that he was aware of this review and noted that the client still comes to the pharmacy.
8.26.29	Mr Hameed noting a number of applications for pharmacy service in the area now enquired if Mr Steel believed the low response rate was due to residents being fed up of applications in the area. Mr Steel responded to state that he believed it was due to the lack of requirement resulting in the low response rate.
8.27	The Chair invited Mr Houlihan, Houlihan Pharmacy, to questions Mr Steel, E J Templeton Pharmacy.
8.27.1	Mr Houlihan referencing the acquisition of the pharmacy enquired if this would improve services. Mr Steel responded to state it definitely would improve services as they were planning on modernising the shop and with the addition of Mrs Steel coming into the pharmacy would be adding private and sexual

	health services in the area in addition to health board work including flu, buvidal and taking bloods resulting in increased consultation to enable these services to be undertaken.
8.27.2	Mr Houlihan enquired if Mr Steel was aware of out-of-stock items being available from Houlihan. Mr Steel confirmed he was aware of this noting that independent pharmacists have the ability to use a number of wholesalers as well as liaise with other pharmacies for items before going back to GPs asking for amendments to prescriptions.
8.28	The Chair invited Mr Connolly, Dean Pharmacy, to questions Mr Steel, E J Templeton Pharmacy.
8.28.1	Mr Connolly, noting Templetons closing on Wednesday afternoons enquired if this may change. Mr Steel responded that this may be reviewed going forward.
8.28.2	Mr Connolly sought to clarify if Templetons had offered smoking cessation services but stopped due to lack of uptake. Mr Steel confirmed that uptake was not as anticipated, and the call of the service had decreased.
8.28.3	Mr Connolly suggested vaping may have affected this. Mr Steel agreed with this comment.
8.29	The Chair invited Mr Jamieson, Boots Pharmacies, to questions Mr Steel, E J Templeton Pharmacy.
8.29.1	Mr Jamieson enquired if Templetons worked to the Ayrshire & Arran NHS Pharmaceutical Scheme for pharmacy opening times and meeting this is therefore able to close for lunch in line with the model hours of service scheme. Mr Steel confirmed that this was the case.
8.29.2	Mr Jamieson enquired if Templetons had seen a decline in methadone services. Mr Steel confirmed that there has been a decline with a number of clients moved to other treatment options resulting in additional capacity for this as required.
8.29.3	Mr Jamieson referencing viability if the contract application is granted, enquired what impact this would have on Templetons going forward. Mr Steel responded stating that it would slow down progression on design of the pharmacy and would have to review taking on a second pharmacist.
8.30	This concluded questions for the Interested Parties. The Chair invited questions from Committee members.
8.31	The Chair invited questions from Mr Falconer, Pharmacists Member Included in Pharmaceutical List to Mr Steel but this was declined.
8.32	The Chair invited questions from Mr Noon, Pharmacist Member Included in Pharmaceutical List to Mr Steel.

8.32.1	Mr Noon enquired if Templetons has any contacts at the North West Centre. Mr Steel responded any contact he has with them is via the central email address.
8.32.2	Mr Noon noting Mrs Steels Independent Prescriber background enquired what additional services were envisaged. Mr Steel responded that an addictions clinic is run on Wednesdays and has done for 15 years so his wife has great experience in this field.
8.32.3	Mr Noon enquired if patients felt the benefit of this clinic. Mr Steel confirmed that patients felt the benefit of not only relationship building but also access to alternative treatments and therapies.
8.33	The Chair invited questions from Mr McGeer, Pharmacist Member Not Included in Pharmaceutical List or Employee of a Contractor to Mr Steel but this was declined.
8.34	The Chair invited questions from Lay Members to Mr Steel but this was declined.
9.	Submission from Mr Houlihan, Houlihan's Pharmacy
9.1	Mr Houlihan read from a pre-prepared statement making adjustments as required.
9.2	I disagree with the proposed neighbourhood.
9.3	I would agree with the neighbourhood outlined by the last committee that deliberated on a new pharmacy contact in this part of Kilmarnock.
9.4	I believe that the applicant has engineered the proposed neighbourhood to exclude our pharmacy at 120 Glasgow Road and Templeton's pharmacy.
9.5	<p>I believe the previously agreed neighbourhood is the one that our pharmacy services and although not all the resident of this neighbourhood will use our pharmacy, the vast majority of our client will reside there.</p> <p>North: from the foot of the unnamed road, along Glasgow Road to meet Fenwick Road.</p> <p>East: from railway line cutting across countryside to Junction A735 and the unnamed road, then cutting across countryside to foot of unnamed road.</p> <p>South: Railway line.</p> <p>West: Fenwick Water to Dean Castle Country Park following down to Kilmarnock water to meet B7082 then to A735 to meet the railway line.</p> <p>These are the natural boundaries and roads that define the neighbourhood.</p>
9.6	I consider this to be a neighbourhood because of the free and easy movement of the population within and beyond as it is well connected with three main

	thoroughfares: Kilmaurs Road, Western Road and Glasgow Road supporting access around the neighbourhood.
9.7	The area is well services by public transport and the MyBus service. There is also a higher-than-average number of car ownership.
9.8	There are three primary school, Mount Carmel, Hillhead and Onthank located within the neighbourhood. These pupils will be friends with and neighbours of other students within this catchment area. On leaving primary school they will continue their education as neighbours and friends at local secondary schools.
9.9	I believe that the vast majority of the residents of the neighbourhood will do their shopping at the Tesco located next to our pharmacy or the Morrison supermarket which also has a pharmacy. As a normal part of their day people will attend our pharmacy.
9.10	I would suggest that both our pharmacy and Templeton Pharmacy provide a more than adequate service to the residents of the neighbourhood supported by the extensive network of pharmacies located within a 2.5-mile radius.
9.11	Since the previous committee hearing for an application for a pharmacy within the neighbourhood, I believe that our acquisition of the previously owned Lloyd's branch has seen significant improvements to the levels of service that were provided by Lloyds. Whilst they may have been adequate previously, I strongly believe that we have raised the bar significantly.
9.12	<p>Following on from a comprehensive refit of the premises we are in a much better position to deliver the core pharmacy services as well as the locally enhanced services:</p> <p>Pharmacy First – we have significantly increased the numbers of patients using this service through education and training.</p> <p>Serial Prescriptions and Medicines Care and Review – Again we have had a significant improvement in the delivery of this service, we use a hub and spoke model to dispense and check these items freeing up the pharmacists' time for review and intervention if appropriate.</p> <p>Public Health Service – Our refit has allowed a greater area for display of information through posters and leaflets. Our staff are encouraged and incentivised to continue with further education, certified courses and online modules to better deliver this service.</p> <p>EHC – We have a discreet confidential area for patients to access this, smoking cessation and other services.</p> <p>Unscheduled Care – I believe that we are in a better position to address any challenges that present themselves to us and we have the backup of other trained pharmacists within the group to help support and advise their peers.</p> <p>Substance misuse – We have a MethaMeasure for methadone which provides an extra layer of security for patients. We also provide buvidal services, a monthly injection. Needle exchange is a service that our staff are trained to</p>

	<p>deliver and if this service was to be required, we would happily provide this service. Naloxone, we are looking into this service.</p> <p>Dosette boxes – We provide this service for patients that have been identified as needing assistance with compliance. We use an automated process for the production of these trays which provides an extremely accurate assembly of these trays. We do not have a limit on the number of patients using this service</p>
9.13	We have a full-time driver who delivers prescriptions to patients who have difficulty accessing the pharmacy and a 24/7 collection point for patients who cannot access the pharmacy within normal working hours.
9.14	Since we have taken over, we have not had any complaints about our service but have had many letters of support and thanks from our patients.
9.15	We have great capacity for growth and look forward to continuously improving on the service we provide to our community.
9.16	As a group, we support the community we serve through sponsorship of local sports clubs and charities, albeit we are looking for a club in Kilmarnock. We are currently actively Cancer through all our branches.
9.17	We are excited to have an Independent Prescriber join our team who will be providing this service in branch, and we have regular meetings with Dr Sanjay Dhillon as he tries to coordinate an inclusive approach to health care in the neighbourhood. We are building good relationships with all the surgeries within our area and have informed the practice managers of our willingness to take on any new patients and will be participating with the practice manager from all five surgeries in a cluster meeting.
9.18	Our company vision is to provide an all-encompassing pharmacy service for our patients, where everyone is treated equally and fairly and that anyone who uses our service believes that we have done our utmost to be of assistance to them and in doing so, hope that we can improve the health of our neighbourhood.
9.19	<p>The CAR Report</p> <p>147 replies from a population of 6000 within the designated area which would equate to 2.45%. This would suggest that the vast majority of the population are more than happy with the service being provided, but we would hope to reach out to this minority and try and help them.</p>
9.20	<p>Staffing Levels</p> <p>1 technician with 15 years' experience.</p> <p>5 dispensers with over 55 years combined experience.</p> <p>2 Counter Staff.</p> <p>For 7000 items per month</p>

9.21	Impact upon viability There is a pot of money that funds pharmacy and is diluted whenever a pharmacy contract is granted.
9.22	There is no doubt that the granting of a new contract would have a serious impact on our pharmacy and our team. We have well qualified staff whose jobs could be at risk, there is nothing pleasant about the redundancy process and having to tell staff with 20+ years' service that their position is being made redundant but that is a potential outcome.
9.23	In conclusion I believe that we provide a more than adequate service to the neighbourhood backed up by the local pharmacy network.
9.24	This concluded the representation from Mr Houlihan.
9.25	The Chair invited questions from Mr Hameed, the Applicant, to Mr Houlihan, Houlihan Pharmacy.
9.25.1	Mr Hameed noting information included in his presentation enquired if the figures regarding car ownership were taken from previous application and defined neighbourhoods. Mr Houlihan confirmed that they were as well as own observations.
9.25.2	Mr Hameed reflecting on comments around pupils from schools mingling together and NHS Ayrshire & Arran Care Plan help in deprived areas those people living around people with affluent background enquired why this was included. Mr Houlihan responded to say that he believed that people living above Craufurdland Road are neighbours and friends to those living across the road and by excluding this was to exclude Houlihan pharmacy.
9.25.3	Mr Hameed enquired if Houlihan Pharmacy came under the proposed neighbourhood. Mr Houlihan responded to state that his pharmacy comes under the neighbourhood he defined in his presentation.
9.25.4	Mr Hameed suggested reviewing Council plans of Auchencar and other areas. Mr Houlihan interjected that he believed Houlihan's are within a neighbourhood and providing service into the neighbourhoods.
9.25.5	Mr Hameed referencing viability enquired how many items were currently being serviced. Mr Houlihan responded noting approximately 7,000 items.
9.25.6	Mr Hameed responded to state it was 7,871 items and enquired how this compared to national average numbers. Mr Houlihan responded that if a new pharmacy was to open and 70% of it comes from that area, how can any pharmacy be viable.
9.25.7	Mr Hameed enquired how this was calculated. Mr Houlihan responded to note that he asked his store manager who reflected on improvements to services

	and the neighbourhood with clients coming back to use Houlihan's Pharmacy repeatedly.
9.25.8	Mr Hameed enquired if Houlihan's had approached the health board regarding needle exchange services. Mr Houlihan responded to state that it was not up to contractor but noted if he could offer the service, he would be.
9.25.9	Mr Hameed referencing needle exchange enquired if there was a payment for offering this service. Mr Houlihan responded that he did not know if there was or what it was.
9.25.10	Mr Hameed enquired if Houlihan Pharmacy was not offering this service due to the payment being low. Mr Houlihan strongly disagreed responding it is not a money-making service but to get needles off the street and should be reviewed as a strong advocate of needle exchange.
9.25.11	Mr Hameed noting reference to a 24/7 collection point enquired if this provided all core pharmacy services. Mr Houlihan responded that it is an extra tool which enables someone who is unable to attend the pharmacy during opening hours to access medicines.
9.25.12	Mr Hameed enquired what would happen if someone needed advice or were looking to speak to a pharmacist. Mr Houlihan responded that if it was after 1800 hrs they could go to or call Morrison Pharmacy who are open to 2000 hrs Monday - Friday.
9.25.13	Mr Hameed enquired due to absence of a Community Council representing the community directly, how could people express their opinions regarding pharmacies with the neighbourhood. Mr Houlihan responded that he had no answer to this question other than to note that it would be up to the PPC to come up with any changes to the process.
9.26	The Chair invited questions from Mr Jamieson, Boots Pharmacies to Mr Houlihan, Houlihan Pharmacy.
9.26.1	Mr Jamieson enquired if NHS Ayrshire & Arran were to approach Houlihan Pharmacy to request them to offer needle care system would this be accepted. Mr Houlihan responded that he believed this system was very important and would absolutely provide this service.
9.26.2	Mr Jamieson enquired if the contract were to be granted and go on to open, would it effect viability of Houlihan Pharmacy. Mr Houlihan responded that even 50% reduction in business numbers, regardless of services, they would have to look at cost reductions noting staffing and other liabilities as well as a 20-year lease.
9.26.3	Mr Jamieson enquired if Houlihan Pharmacy had capacity for growth. Mr Houlihan confirmed they had capacity for growth.

9.27	The Chair invited questions from Mr Steel, E J Templeton Pharmacy to Mr Houlihan, Houlihan Pharmacy but this was declined.
9.28	The Chair invited questions from Mr Aslam, Kilmaurs Pharmacy to Mr Houlihan, Houlihan Pharmacy but this was declined.
9.29	The Chair invited questions from Mr Connolly, Deans Pharmacy to Mr Houlihan, Houlihan Pharmacy.
9.29.1	Mr Connolly queried if he was to approach the health board asking to provide a service, what would be their response. Mr Houlihan responded that he would expect them to say no.
9.29.2	Mr Connolly enquired if Houlihan Pharmacy had capacity with technology. Mr Houlihan responded noting that automation could be the way forward as it improves accuracy especially for dosette.
9.29.3	Mr Connolly enquired if during the site visit Mr Houlihan noted any deprivation as depicted by the Applicant. Mr Houlihan responded to note that there were pockets of deprivation that he had observed.
9.30	This concluded questions from the Interested Parties. The Chair invites questions from the Committee Members.
9.31	The Chair invited questions from Mr McGeer, Pharmacist Member not Included in Pharmaceutical List or Employee of a Contractor to Mr Houlihan, Houlihan Pharmacy
9.31.1	Mr McGeer, noting queries around needle exchange and other services wished to provide clarity that the Health Board review services within strategic pharmacies throughout the network to ensure fit for purpose, population changes being addressed, etc. Individual requests can be made and may be reviewed but if the network is fit for purpose then requests can be rejected for services. Mr Houlihan thanked Mr McGeer for this information.
9.32	The Chair invited questions from Mr Falconer, Pharmacist Member Included in Pharmaceutical List to Mr Houlihan, Houlihan Pharmacy but this was declined.
9.33	The Chair invited questions from Mr Noon, Pharmacist Member Included in Pharmaceutical List to Mr Houlihan, Houlihan Pharmacy but this was declined.
9.34	The Chair invited questions from Mr Smith, Lay Member to Mr Houlihan, Houlihan Pharmacy but this was declined.
9.35	The Chair invited questions from Ms Clark, Lay Member to Mr Houlihan, Houlihan Pharmacy.

9.35.1	Ms Clark enquired what radius was imposed for deliveries from Houlihan Pharmacy. Mr Houlihan responded they would not deliver as far as Glasgow but noted no restrictions.
9.36	The Chair invited questions from Mr Hoult Clark, Lay Member to Mr Houlihan, Houlihan Pharmacy.
9.36.1	Mr Hoult noting 2% responses in the CAR being unsatisfied with services, would not be the limit of why people did not respond as it is human nature to respond or not regardless of the number of places information is displayed, including social media. Mr Houlihan acknowledged this information.
10.	Submission from Mr Aslam, Kilmaurs Pharmacy
10.1	Mr Aslam read from a pre-prepared statement making adjustments as required.
10.2	Thank you for the opportunity to present our objection to the application for an additional pharmacy opening in Morven Avenue, Kilmarnock. My name is Parvez Aslam the Superintendent Pharmacist of Kilmaurs Pharmacy.
10.3	<p>Introduction</p> <p>Kilmaurs Village Pharmacy oppose the application by “Kilmarnock Pharmacy” for inclusion in the NHS Ayrshire & Arran pharmaceutical list at 44 Morven Avenue, Kilmarnock as we feel this is neither necessary nor desirable.</p>
10.4	<p>Neighbourhood Definition and Proximity to existing Pharmacies</p> <p>We respectfully disagree with the applicant’s definition of neighbourhood and would define the neighbourhood as:</p> <p>North – from foot of the unnamed road, along Glasgow Road to meet Fenwick Water.</p> <p>East – from railway line cutting across countryside to junction A735 and unnamed road, then cutting across countryside to foot of the unnamed road.</p> <p>South – Railway Line.</p> <p>West – Fenwick Water to Dean Castle Country Park following down to Kilmarnock Water to meet B7082 then to A735 to meet railway line.</p> <p>This definition has been used at previous PPC hearings and in the past National Appeals Panel decisions</p>
10.5	We would submit the neighbourhood has good access to the two existing community pharmacies within, the closest being Templeton Pharmacy at 0.7 mile (a three-minute drive or 13-minute walk as detailed via Google).
10.6	In addition, there are a further 10 community pharmacies out with the neighbourhood.

10.7	We do not believe there has been any material change since the 2023 PPC hearing that would necessitate the opening of an additional Pharmacy.
10.8	<p>The Onthank area is well-connected by public transport with stops quite accessible.</p> <p>The Stagecoach Route 3 bus service already provides:</p> <ul style="list-style-type: none"> • Frequent and reliable public transport. • Direct links between Morven Avenue and established pharmacies in Kilmarnock • Accessible travel at convenience times.
10.9	Given these factors, a new pharmacy on Morven Avenue would likely duplicate existing, easily accessible services – making it unnecessary.
10.10	Services such as home delivery further reduce the need for physical proximity and in many cases would be the preference of many patients.
10.11	<p>Adequacy of Existing Services</p> <p>Pharmacies within Kilmarnock and Kilmaurs already provide full and comprehensive NHS and private services.</p> <p>Kilmaurs Pharmacy offers all core and further additional services:</p> <ul style="list-style-type: none"> • Minor Ailments (Pharmacy First) • Acute and chronic medication reviews • Smoking Cessation • Home Delivery • Sexual Health / Emergency Contraception • Supervised Consumption • Compliance Aids / MDS • Vaccination Flu and Travel • Blood Pressure Testing / Monitoring <p>In addition</p> <p>Doorstep delivery and dosette box support accessibility for patients that require.</p>
10.12	In a previous application in 2023, relating to more or less the same neighbourhood, the Committee found no evidence of inadequacy in current pharmaceutical services, existing providers confirmed they have capacity for more demand and no dispensing issues or service concerns were identified.
10.13	In previous applications for this neighbourhood both viability and impact on existing providers were questioned. It was found that residents tend to travel elsewhere due to limited local amenities.
10.14	The Committee concluded there was no evidence that current services are inadequate.

10.15	Furthermore, since Lloyds Pharmacy in Glasgow Road has been taken over by an experience independent operator we would suggest that access to and service levels have actually improved substantially since the previous PPC hearing for this neighbourhood in March 2023.
10.16	<p>Potential Detriment to existing Community Pharmacies</p> <ul style="list-style-type: none"> • Dispensing Volume and Viability: existing Pharmacies would potentially see a significant drop in prescription numbers, may have to consider a reduction in opening hours and staffing. • Duplication of Services: The proposed pharmacy would not offer anything beyond the current service mix which are available at the majority of the nearby pharmacies. • Continuity and Trust: Kilmaurs Pharmacy has built lasting relationships with patients, GPs and healthcare professionals. Fragmentation could reduce continuity of care.
10.17	<p>Public Consultation Feedback and Community Views</p> <p>Public support for a pharmacy does not prove need. In previous cases, PPCs distinguish between convenience and inadequacy. Many residents in Onthank already use delivery services or nearby pharmacies. Comments in the consultation largely reflect desire for convenience, not a lack of access.</p>
10.18	<p>Conclusion</p> <p>The existing pharmacy network in Kilmarnock and Kilmaurs is comprehensive, accessible and sustainable.</p> <p>Granting an additional contract at 44 Morven Avenue would duplicate services, destabilize existing Pharmacies and risk harming continuity of patient care.</p> <p>Kilmaurs Pharmacy therefore urge the Committee to reject this application in the best interests of patients and the wider community.</p> <p>Thank you.</p>
10.19	This concluded the representation from Mr Aslam.
10.20	The Chair invited Mr Hameed, the Applicant, to question Mr Aslam, Kilmaurs Pharmacy.
10.20.1	Mr Hameed enquired if Kilmaurs was a village in its own entity. Mr Aslam responded to confirm this.
10.20.2	Mr Hameed asked clarification as to when the Kilmaurs application was submitted and what the defined area was. Mr Aslam responded to say he believed the Application was in 2003 and believed that the defined area was Kilmaurs Village and upper Kilmarnock.
10.20.3	Mr Hameed enquired how many patients in the proposed neighbourhood were being served by Kilmaurs Pharmacy. Mr Aslam responded that he was

	aware of Kilmaurs Pharmacy servicing clients in the proposed neighbourhood but was unable to clarify how many.
10.20.4	Mr Hameed enquired if the Independent Prescriber would be returning to branch. Mr Aslam confirmed that they would be returning in the next couple of months.
10.21	The Chair invited Mr Houlihan, Houlihan Pharmacy, to question Mr Aslam, Kilmaurs Pharmacy.
10.21.1	Mr Houlihan enquired what effect a new pharmacy opening in the area would have. Mr Aslam responded that existing pharmacy network is already there and noted if the application was granted it would have a detrimental effect to existing pharmacies due to some clients being in the area.
10.22	The Chair invited Mr Connolly, Deans Pharmacy, to question Mr Aslam, Kilmaurs Pharmacy but this was declined.
10.23	The Chair invited Mr Jamieson, Boots Pharmacies, to question Mr Aslam, Kilmaurs Pharmacy but this was declined.
10.24	The Chair invited Mr Steel, E J Templeton Pharmacy, to question Mr Aslam, Kilmaurs Pharmacy but this was declined.
10.25	The Chair invited questions from the Committee to Mr Aslam, Kilmaurs Pharmacy but none were asked.
10.26	Mrs Ford, Committee Chair, to Mr Aslam, Kilmaurs Pharmacy.
10.26.1	Mrs Ford noting Kilmaurs having been without their Independent Prescriber enquired if there was any impact of levels of complaints. Mr Aslam responded that to his knowledge, there had been no complaints noting as when pharmacists are unwell or colleagues require surgery these are out with anyone's control.
10.27	This concluded the submissions and questioning of the Interested Parties.
11.	Summing Up
11.1	The Chair asked all parties to provide a succinct summary of the points made during the submissions.
11.2	Mr Jamieson, Boots Pharmacies
11.2.1	<p>We disagree with the neighbourhood defined by the applicant and suggest it is the boundaries of the area we have defined.</p> <p>The Applicant's site is located approximately 600 m from the proposed site in previous applications, we note there is minimal distance between the previous applicants proposed premises and the current proposed premises and there is a lack of substantive change in surrounding infrastructure or service</p>

	<p>provision since the last hearing to warrant a new pharmacy contract application hearing.</p> <p>A significantly higher proportion of the neighbourhood population have access to a car compared to national averages (74% v's 42%).</p> <p>In addition to the pharmaceutical service provision in the neighbourhood, there are also a number of pharmacies within the wider area of Kilmarnock that are within a reasonable travelling time for any patient wishing to use them.</p> <p>Looking at the population of Kilmarnock as a whole, the average number of patients per pharmacy 3362, which is significantly lower than the national average of 4383.</p> <p>Improvement Service in collaboration with National Records for Scotland predict no population growth for Kilmarnock North from 2025 to 2030.</p> <p>Boots have five pharmacies in the centre of Kilmarnock, approximately 0.8 miles away from the proposed pharmacy, and are a 15–20-minute walk, 6-minute drive or 10-minutes by public transport, located close to GP practices.</p> <p>Boots pharmacies offer NHS Services with four out of five offering NHS Pharmacy First Plus, providing pharmaceutical services until 7 p.m. weekdays and open weekends.</p> <p>Boots offer compliance aid packs available to those in need and free deliveries.</p> <p>The existing pharmacies provide NHS core, national and locally negotiated services.</p> <p>The existing pharmacies are reasonably accessible to patients wishing to walk, travel by public transport or drive.</p> <p>Less than 1% of the population of the neighbourhood replied to the CAR showing little engagement from the local community regards the opening of a new pharmacy.</p> <p>If the pharmacy goes on to open, it will destabilise the existing provision.</p> <p>A reduction in staff and services likely and possible reduction in the overall number of pharmacies within Kilmarnock.</p> <p>Additional costs to the NHS.</p> <p>Respectfully request the panel refuse the application as neither necessary nor desirable.</p>
11.3	Mr Steel, E J Templeton Pharmacy
11.3.1	<p>We do not believe the application passes the legal test.</p> <p>Pharmaceutical needs are being met by existing providers.</p> <p>If granted Templetons on scaled back services and would have to backtrack Pharmacy plans.</p> <p>Reject in the strongest terms.</p>

11.4	Mr Aslam, Kilmaurs Pharmacy
11.4.1	<p>We do not believe the applicant has made a case to prove that existing pharmaceutical services are inadequate.</p> <p>The population in the neighbourhood are adequately served by the existing two pharmacies within the neighbourhood and the additional 10 sitting out with.</p> <p>This application is more of convenience rather than necessity or desirability.</p> <p>We believe this application fails the legal test.</p>
11.5	Mr Connolly, Deans Pharmacy
11.5.1	<p>Like other interested parties, disagree with the defined neighbourhood. More accepted for neighbourhood for all purposed with clearly defined boundaries and offering not just national services but locally enhanced also.</p> <p>Previous PPC has noted levels of service as being adequate and since that, increase in service with change in Lloyds and Templetons. Further 12 pharmacies within the 2.5-mile radius, one of the highest numbers of pharmacies you would like in Kilmarnock being very well serviced in pharmaceutical services and those into the neighbourhood.</p> <p>References in the CAR are convenience, at one point referencing convenience, would be for a small number of people, people don't travel down to Morven Avenue but other main thoroughfares, more convenience is not a reason to grant a pharmacy contract.</p> <p>The Board have not had any complaints about local pharmacy services. The CAR has a relatively low number and when people are unhappy with service, they speak up and unfortunately the Applicant has been unable to provide any proof and request reject this application.</p>
11.6	Mr Houlihan, Houlihan Pharmacy
11.6.1	<p>Disagree with neighbourhood as proposed.</p> <p>Previously supplied by Lloyds has significantly increased since taking over.</p> <p>Have capacity for new services.</p> <p>Needle and palliative Care can be access via Darnley Branch which is approximately 20-minutes away and adequate provision of service into the Neighbourhood</p>
11.7	Mr Hameed, the Applicant
11.7.1	<p>When I first expressed interest in opening a pharmacy in Kilmarnock back in March 2020, I was 11th in line in Ayrshire & Arran's queue. It has taken five years to reach this point, slowed further by Covid. The Health Board tells me they process three – four applications a year. Today there are 61 expressions of interest across Ayrshire & Arran, but not a single one for Kilmarnock. If someone expressed interested today, at that rate, it would take 15 years to</p>

	<p>reach a hearing. With the growth and the health needs I have demonstrated, in 15 years it will be far too late.</p> <p>From my 18 years working in community pharmacy, and after investing significant time, money and resources studying this neighbourhood, I can say with certainty - If I had any doubt that a pharmacy was not needed here, I would not be standing before you today.</p> <p>To sum up, let me return to the Legal Test under Regulation 5(10)(a).</p> <p>First, the neighbourhood: It is clearly defined, with 94% of respondents in agreement.</p> <p>Second, the adequacy of provision: It is not adequate. This is one of Scotland's most deprived areas, with the highest burdens of smoking, COPD, mental health prescribing, drug and alcohol harms. Yet there is no local pharmacy. Existing ones that are offering the missing services like IEP or Naloxone, are clustered in the town centre, despite these being NHS Ayrshire & Arran priorities. Even if you set deprivation aside, the most affluent part of the neighbourhood still ranks 2 out of 10 for geographic access and is the furthest away from other pharmacies.</p> <p>Third, the desirability of a new pharmacy: 95% of respondents support it. Our viability calculations show it would be sustainable and responsive to need without threatening existing pharmacies. This does not take into account the new housing developments. And MSP Willie Coffey has added his support, highlighting from his own knowledge the clear shortfall of healthcare provision here.</p> <p>So when you apply Regulation 5(10)(a), the conclusion is undeniable: The neighbourhood is defined, current provision is not adequate, and granting this application is both necessary and desirable to secure adequate provision of pharmaceutical services. This is not about convenience, it is about adequacy, it is about equity, and it is about delivering care to a community that needs it most</p>
12.	Retiral of Parties
12.1	<p>The Chair then invited each of the parties present that had participated in the hearing to individually and separately confirm that a fair hearing had been received and that there was nothing further to be added. Having been advised that all parties were satisfied, the Chair advised that the Committee would consider the application and representations prior to making a determination, 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>
12.2	<p>The Chair advised the Applicant and Interested Party that it was in their interest 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 the parties would be invited to come back to hear</p>

	the advice and to question and comment on that advice. All parties present acknowledged an understanding of that possible situation.
12.3	The hearing adjourned at 1505 hours to allow the Committee to deliberate on the written and verbal submissions.
13.	Supplementary Information
13.1	Following consideration of the oral evidence, the Committee noted:
13.2	<ul style="list-style-type: none"> i. That they had undertaken individual site visits of proposed neighbourhood within Kilmarnock and the surrounding area noting the location of the proposed premises, the pharmacies, general medical practices and the facilities and amenities within. ii. Digital maps showing the location of the proposed Pharmacy in relation to existing Pharmacies and GP surgeries within Kilmarnock and the surrounding area. iii. Extracts from East Ayrshire Local Development Plan. iv. Further information including details about the existing Provision of Pharmaceutical and Medical Services in / to Kilmarnock and population figures for Kilmarnock as indicated by Scottish Neighbourhood Statistics and General Register Office Statistics. v. Report on Pharmaceutical Services provided by existing pharmaceutical contractors to the neighbourhood. vi. NHS Ayrshire & Arran Pharmaceutical Care Services Plan 2024. vii. The application and supporting documentation including the Consultation Analysis Report provided by the Applicant. viii. Local Bus Timetables. ix. Complaint returns for 2024/2025 x. Prescription Numbers for January 2025 to June 2025
14.	Summary of Consultation Analysis Report (CAR)
14.1	Introduction
14.2	NHS Ayrshire & Arran undertook a joint consultation exercise with Mr Hameed regarding the application for a new pharmacy at 44 Morven Avenue. Kilmarnock, KA3 2AD.
14.3	The purpose of the consultation was to seek views of local people who may be affected by this or use the pharmacy at its proposed new location. The consultation also aimed to gauge local opinion on whether people felt access to pharmacy services in the area was adequate.
14.4	Method of Engagement to Undertake Consultation
14.5	The consultation was conducted by placing an advertisement in the Kilmarnock Standard Paper; notifications being placed on the Health Board X (formerly Twitter) and Facebook pages; a link to the consultation document on NHS Ayrshire & Arran website (www.nhsaaa.net); Posters advertising the

	<p>Joint Consultation questionnaire were issued to various locations and asked to be displayed to highlight the Joint Consultation at the following sites:</p> <ul style="list-style-type: none"> i. GP Practice, North West Kilmarnock Area Centre, Western Road, Kilmarnock KA3 1NQ ii. Holmhead Medical Practice, 31 Portland Road, Kilmarnock. KA1 2DJ iii. Portland Medical Practice, 24 Portland Road, Kilmarnock KA1 2DL iv. Old Irvine Road Surgery, 4/6 Old Irvine Road, Kilmarnock KA1 2BD v. The Wards Medical Practice, 25 Dundonald Road, Kilmarnock KA1 1RU vi. Marnock Medical Group, 12 London Road, Kilmarnock KA3 7AE vii. Urquhart Opticians, 14 Portland Road, Kilmarnock KA1 2BS viii. Optical Express, 82 King Street, Kilmarnock KA1 1PD ix. Specsavers, 35/37 King Street, Kilmarnock KA1 1PT x. J L Lindsay Opticians, 59 The Foregate, Kilmarnock KA1 1LU xi. Vision Express (UK) Ltd, West Shaw Street, Kilmarnock KA1 1LU xii. Boots Opticians, 54 King Street, Kilmarnock KA1 1NP xiii. Dental Clinic, North West Kilmarnock Area Centre, Western Road, Kilmarnock KA3 1NQ xiv. Corner Dental Practice, 1 Portland Road, Kilmarnock KA1 2BT xv. Kilmarnock Smile Studio, 77-79 King Street, Kilmarnock KA1 1PT xvi. Trinity Dental Care, 37 Bank Street, Kilmarnock KA1 1ER xvii. Rooted Dental Practice, 5 East Netherton Street, Kilmarnock KA1 4AX xviii. Craigie Road Dental Practice, 25 Craigie Road, Kilmarnock KA1 4EE xix. Portland Dental Practice, 13 Portland Road, Kilmarnock KA1 2BT xx. Park Dental Care, Unit 12, 15 Portland Gate, Portland Street, Kilmarnock KA1 1JN <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>
14.6	The Consultation Period lasted for 90 working days and ran from 19 June 2024 until 25 October 2024.
14.7	Summary of Questions and Analysis of Responses
14.8	Questions covered: the neighbourhood; location of the proposed pharmacy; opening times; services to be provided; perceived gaps/deficiencies in existing services; wider impact; impact on other NHS services and optional questions on respondents' postcode and number of occupants in the household.

Question	Response Percent			Response Count			
	Yes	No	Don't know	Yes	No	Don't know	Skipped
1. Do you agree this describes the neighbourhood to be served?	94.16%	4.38%	1.46%	129	6	2	8

2. Do you think the proposed location is appropriate?	92.09%	5.76%	2.16%	128	8	3	6
3. Do you live within this neighbourhood?	90.00%	10.00%		126	14		5

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?	93.43%	2.92%	0.73%	2.92%	128	4	1	4	8

Question	Response Percent			Response Count			
	Yes	No	Don't know	Yes	No	Don't know	Skipped
5. Do you think that the services listed are appropriate for the proposed new pharmacy?	95.71%	2.14%	2.14%	134	3	3	5
6. Do you believe there are any gaps/deficiencies in the existing provision of pharmaceutical services provided to the neighbourhood?	63.50%	11.68%	24.82%	87	16	34	8
7. Wider Impact – Kilmarnock Pharmacy believes that a new pharmacy is now necessary to secure the adequate provision of community pharmacy services in the area. Residents will gain improved access to community pharmacy services which will enhance public health by ensuring that individuals can easily obtain the advice, care and medicines they need with access to a community pharmacy prescriber as required. As the town rapidly grows, Kilmarnock Pharmacy strongly believes that it will fundamentally change the way community pharmaceutical care is delivered and seeks to work with NHS services and the public in order to secure adequate provision of pharmaceutical services. Do you agree with the above statement?	94.29%	5.00%	0.71%	132	7	1	5
8. Do you believe this proposal would have any impact on other NHS Services?	34.31%	21.17%	44.53%	47	29	61	8
9. Do you support the opening of a new pharmacy at 44 Morven Avenue, Kilmarnock KA3 2AD?	95.04%	4.96%	0.00%	134	7	0	4

Question	Response Percent (%)		Response Count		
	Individual	Organisation	Individual	Organisation	Skipped
10. Please indicate whether you are responding as an individual or organisation	99.27%	0.73%	136	1	8

Question	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)	100%	100%	137	137	8

14.9	In total 145 responses were received. All submissions were made and received within the required timescale, thus all were included in the Consultation Analysis Report.
14.10	From the responses 136 were identified as individual responses and 1 responded on behalf of a group/organisation. 8 respondents did not provide

	an indication as to whether the response was individual or on behalf of an organisation.
14.11	Consultation Outcome and Conclusion
14.12	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.
15.	Decision
15.1	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.
15.2	Neighbourhood
15.3	The Committee noted the neighbourhood as defined by the Applicant, the disagreement with it by all Interested Parties and that what should be defined is a neighbourhood for all purposes. A number of factors require to be taken into account when defining the neighbourhood, including those resident in it, natural and physical boundaries, general amenities such as schools/shopping areas, the mixture of public and private housing, the provision of parks and other recreational facilities, the distances residents had to travel to obtain pharmaceutical and other services and also the availability of public transport.
15.4	<p>The Committee did not agree with the boundary as proposed by the Applicant due to this not being a natural community but rather one defined based on a selection of SIMD zones. This was deemed to be inappropriate and not reflective of the natural flow of people within the areas to schools, shops etc and indeed many residents will travel away from the area to access GPS, shopping and other services on a day to day basis.</p> <p>The following comments from the CAR were noted:</p> <p>Q. 1 Whilst 94.16% of respondents felt that definition of the neighbourhood to be served was appropriate, the following comments were noted:</p> <p>“If it could cover the housing across the main road that would serve more people”</p> <p>“The north part of the town has no pharmacy!”</p> <p>“Overlaps several communities that all need it”</p> <p>“Doesn’t include shops at Tesco at top of the town”</p> <p>“What about the houses on the other side of Glasgow Road and the adjacent areas to the north and south which are part of the same neighbourhood?”</p> <p>“I would say members of longpark would be able to readily access this”</p> <p>Q2. “No one goes here”</p>

15.5	<p>The Applicants neighbourhood was not a natural community as noted by all Interested Parties as well as the Committee suggesting the wider neighbourhood as decided in PPC#126 (2023) was more appropriate. Contractors confirmed that there had been no material change since the last hearing.</p> <p>The Committee noted Hillpark, Longpark, Beansburn all being linked intrinsically to each other. People and traffic flow fully through the North of Kilmarnock via Glasgow Road, Auchencar Road and Western Road.</p>
15.6	<p>Committee agreed that the neighbourhood as defined by PPC#126 should be applied to this case also as a community as a whole with people travelling freely through.</p> <p>North: From the foot of the unnamed Road, along Glasgow Road to meet Fenwick Water.</p> <p>East: Fenwick Water to Dean Castle Country Park following down to Kilmarnock.</p> <p>West: From Railway line cutting across countryside to Junction to A735 and Unnamed Road, then cutting across Countryside to the Unnamed Road.</p> <p>South: Railway.</p>
15.7	<p>Dean Castle Country Park, Fenwick Water, Kilmarnock Water and areas of countryside provided natural boundaries whilst the railway line and A735 provided physical boundaries. There were a number of amenities in this area</p>
15.8	<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>
15.9	<p>Adequacy of existing provision of pharmaceutical services and necessity or desirability</p>
15.10	<p>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.</p>
15.11	<p>The Committee noted there were two pharmacies within the extended neighbourhood and the location of the eight existing pharmacies in Kilmarnock / Kilmaurs. The existing ten pharmacy's as per the Applicant's proposed neighbourhood, all show adequate provision of service to both existing and suggested re-defined boundaries.</p>
15.12	<p>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</p>

	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.
15.13	The information provided by the Health Board on the ten existing pharmacies deemed Interested Parties was consulted. This showed that these ten pharmacies offered all core services and a range of additional services. There were no services being offered by Kilmarnock Pharmacy that were not already offered at the existing pharmacies. It was noted that there is 7 days a week adequate service to both the proposed and revised neighbourhoods.
15.14	<p>The Committee considered the following:</p> <ul style="list-style-type: none"> • Effective opening hours, 7 days a week service, all core services and extended NHS Services. • No evidence of capacity issues with existing providers which was confirmed with all interested parties present some noting continued expansion to investment in pharmacy contracts and amenities to future proofing if increase in provision to population. • No volume of complaints. • Public opinion, despite small amount of respondents to CAR 90% being within the neighbourhood as described by the Applicant, 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. • New housing developments are not in the proposed neighbourhood. 800 houses with an average of 2 people per house is not going to boost pharmacy numbers significantly noting Craufurdland Road was the Applicants boundary. • The population of Kilmarnock is predicted to increase in next 5/10 years. • Availability of services to the small population unable to travel. • Unavailability of GP services in area generating need to travel to access these. <p>The following comments from the CAR were noted:</p> <p>Q.2 92.09% of respondents replied that the proposed location is appropriate the following comments were noted:</p> <p>“There are already a number of chemists nearby”</p> <p>“Crime in that area would be a worry”</p> <p>There are numerous pharmacies in the area, 2 very close at hand”</p> <p>“There are already pharmacies at Dean street Kilmarnock and Glasgow road. As well as multiple pharmacies in the town centre. I do not see how it would benefit the area to have another pharmacy”</p>

	<p>Q.4. 93.43% of respondents replied that the proposed hours were appropriate the following comments were noted:</p> <p>“Don’t need another chemist here”</p> <p>“These are in line with every pharmacy”</p> <p>Q5. 95.71% of respondents replied that the services listed were appropriate the following comments were noted:</p> <p>“Because it’s what’s expected”</p> <p>“We already have them through existing chemists”</p> <p>“Again these are in line with all pharmacies”</p> <p>“Don’t all pharmacies provide some or all of these services”</p> <p>Q6. 63.50% of respondents replied that there are gaps/deficiencies in the existing provision of pharmaceutical services the following comments noted:</p> <p>“All of the services listed are already available from a number of local chemists”</p> <p>“I haven’t heard anyone saying the have problems getting there medicine”</p> <p>“Living in the surrounding area, I can’t imagine there are any deficiencies. Never had a problem obtain medicine”</p>
15.15	<p>Despite being advertised extensively, the response rate (145) for the public consultation was considered very low at less than 1% (0.020) of the 6912 noted population. The information contained within the CAR was taken into account by the Committee.</p> <p>It was considered by the Committee that supportive comments were generally related to convenience for the proposed pharmacy as opposed to a need for services or inadequacy in service.</p> <p>The following comments from the CAR were noted:</p> <p>Q1. “We stay in front of Morven Avenue”</p> <p>“Good if you are elderly saves me going down town”</p> <p>Q2. “Makes good use of an empty space and looks I it will be in the middle of the neighbourhood”</p> <p>“We always go to the shop next door so it’s perfect”</p> <p>“Normally go ti Dean St but more handy, ideal”</p> <p>“Handy for people”</p> <p>“Very handy”</p> <p>“Conveniently located and could serve the other side of the town as its v accessible”</p>

	<p>“Nice for the neighbourhood for it to be somewhere everywhere can get to”</p> <p>The Committee considered that the lack of response to the CAR was indicative that there was little support for the proposed pharmacy and could therefore not be used to draw any meaningful conclusions because it was not statistically representative.</p>
15.16	The Panel noted car ownership in the whole neighbourhood was above the national average at 74%.
15.17	The Panel noted concerns raised during the Hearing about the parking at the proposed premises. Committee members and Interested Parties had experienced obstructive pavement parking during their site visits. The Committee had concerns over deliveries and the risk presented with these to members of the public and other road users.
15.18	The Panel noted the prescription numbers for the two nearest pharmacies per month and noted many of which are dispensed to people in the Applicant’s proposed neighbourhood. It is unlikely that all would transfer to a new pharmacy and therefore there was concern that it may not be viable and indeed in the event that this did happen the viability of existing services would be impacted and destabilised, each in a neighbourhood of 6900 applicant focused on SIMD1 of which 44%.
15.19	The Panel discussed the other services and consider current services to be adequate.
15.20	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 businesses.
15.21	With regard to desirability, whilst the community find it desirable and the Applicant has made a case based on SIMD statistics of their proposed neighbourhood, existing services are plentiful and accessible and could be destabilised from a new entrant therefore a new a new entrant would not be appropriate.
15.22	The Panel noted that since the previous application, services have improved, Landscape is changing for the better and pharmacies are keeping up and managing the local community needs with capacity for more.
15.23	The Committee concluded that there was no evidence provided to demonstrate any inadequacy of the existing pharmaceutical services to the defined neighbourhood.
15.24	Following the withdrawal of Mr Falconer, Mr Noon and Mr McGeer in accordance with the procedure on applications contained within Paragraph 6, Schedule 4 of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, as amended, the Committee, for the reasons

	set out above, considered that the pharmaceutical service into the neighbourhood to be adequate.
15.25	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.
	The meeting closed at 1653 hrs

Signed: 

Mrs Jean Ford
Chair – Pharmacy Practices Committee

Date: 15 September 2025