

PPC/122 (3)

**Minutes of the meeting of the Pharmacy Practices Committee (PPC) held on
Tuesday 29 May 2018 at 13:30 hours in the Park Hotel, Kilmarnock**

The composition of the PPC at this hearing was:

Chair: Dr Martin Cheyne, Chair, NHS Ayrshire & Arran (Chair)

Present: Lay Members Appointed by NHS Ayrshire & Arran

Mr Stewart Daniels
Mr John Woods

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

Ms Catherine Stitt (non-voting)

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

Mr Scott Bryson (non-voting)

In attendance: Ms Susan Murray, Central Legal Office

Secretariat: Ms Jenna Stone, NHS National Services Scotland, Scottish
Health Service Centre (SHSC)

1. APPLICATION BY MR ASHFAQ AHMED

1.1. There was submitted an application and supporting documents from Mr Ashfaq Ahmed received on 3 November 2017, for inclusion in the pharmaceutical list of a new pharmacy at 77 Main Road, Fenwick, KA3 6DU

1.2. Submission of Interested Parties

1.2.1. The following documents were received:

- (i) Letter dated 30 November from Mr Gavin McLaren and Ms Faiza Yousaf of Central Pharmacies (UK) Ltd ("Kilmaurs Village Pharmacy")

- (ii) Letter dated 28 November 2017 from Mr Matthew Cox of Lloyds Pharmacy
- (iii) Letter dated 29 November 2017 from Mr Roisin Kavanagh of the NHS Ayrshire & Arran Area Pharmaceutical Professional Committee
- (iv) Letter dated 30 November 2017 from Irene Wilson of Fenwick Community Council

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

- 1.3.1. i) Consultation Analysis Report (CAR)
- ii) Consultation Document and completed questionnaires

2. **Procedure**

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

2.2. At 13:30 hours on Tuesday 29 May, the Pharmacy Practices Committee ("the Committee") convened to hear the application by Ashfaq Ahmed ("the Applicant"). The hearing was convened under Paragraph 2 of Schedule 3 of The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, as amended, (S.S.I. 2009 No.183) ("the Regulations"). In terms of paragraph 2(2) of Schedule 4 of the Regulations, the Committee, exercising the function on behalf of the Board, shall "determine any application in such manner as it thinks fit". In terms of Regulation 5(10) of the Regulations, the question for the Committee was whether "the provision of pharmaceutical services at the premises named in the application is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located by persons whose names are included in the Pharmaceutical List".

2.3. The Chairman welcomed all to the meeting and introductions were made.

2.4. When asked by the Chairman, all parties confirmed that the hearing papers had been received and considered.

2.5. When committee members were asked by the Chairman in turn to declare any interest in the application, none were declared.

2.6. Members of the Committee had undertaken a joint site visit to the proposed new pharmacy premises at 77 Main Road, Fenwick, and a tour of the other medical practices and pharmacies: Lloyds Pharmacy in Kilmaronock, Central Pharmacies (UK) Ltd in Kilmaurs (known as Kilmaurs Village Pharmacy), Kilmaurs Medical Practice in Kilmaurs and a tour of Waterside and Moscow, in order to understand better the issues

arising from this application. For the avoidance of doubt neither the Applicant nor any of the Interested Parties accompanied the Committee but the Applicant was present at the proposed premises, and Ms Yousaf was present at Kilmaurs Village Pharmacy. During the site visit the location of the premises, pharmacies, general medical practices and other amenities in the area such as, but not limited to schools, sports facilities, community centres, supermarkets, post office, banks and churches had been noted.

- 2.7. The Chairman outlined the procedure for the hearing. All confirmed an understanding of these procedures.
- 2.8. Having ascertained that all parties understood the procedures, that there were no conflicts of interest or any questions the Chairman confirmed that the Oral Hearing would be conducted in accordance with the guidance notes contained within the papers circulated and emphasised that only one person would be permitted to speak.
- 2.9. The Chair advised all parties that following the completion of the evidence and questions, the Applicant and Interested Parties would be asked to withdraw, and asked to remain in the building in case the Committee had any further questions for the Applicant or Interested Parties or required any additional information or points of clarity on any matter from Health Board Officers or Central Legal Office ("CLO"). Should any of the Interested Parties or Applicant choose not to remain in the building, this would be noted in the Report of the Hearing.

3. Attendance of Parties

- 3.1. The Applicant, Mr Ashfaq Ahmed was unaccompanied. From the Interested Parties eligible to attend the hearing, the following accepted the invitation: Ms Faiza Yousaf from Central Pharmacies (UK) Ltd (known as Kilmaurs Village Pharmacy) in Kilmaurs accompanied by Mr Gavin McLaren, and Ms Irene Wilson, Secretary of Fenwick Community Council accompanied by Mrs Jean Brown of Moscow & Waterside Community Council.
- 3.2. The Chairman 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 was set out in the Role and Function of the Committee which the Chairman 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 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.

4. **The Applicant's Submission**

- 4.1. The Chairman invited the Applicant, to speak first in support of the application who read from a pre-prepared statement.

- 4.2. "Firstly, I would like to thank the committee for providing me with the opportunity to present my case.

4.3. Background

I qualified at an early age from the University of Strathclyde over 10 years ago. I have successfully managed independent pharmacies and also locumed for all major high street chains throughout the country. This wealth of experience has given me a great understanding of the aspects of healthcare which are most important for a neighbourhood. Today I shall do my best to provide facts and figures to highlight the challenges faced by residents in accessing local healthcare and why there is an urgent need for a pharmacy within Fenwick.

4.4. Neighbourhood

As per my application, the neighbourhood is defined as the whole village of Fenwick and the surrounding areas (Moscow, Waterside and local farms). Boundaries are as follows:

To the North M77

To the East M77 A719 intersection following road all the way down to Moscow

To the South From Moscow travelling North on A719, turning left and taking unnamed road towards Sunny Side

Cottage Gardens, then travelling West and taking a series of (unnamed) roads until B7038 Main Road roundabout reached.

To the West M77

4.5. The proposed pharmacy will be located in the heart of the village at 77 Main Road and will allow for very easy local access. Fenwick has a very rich history. It is actually the very place where the first reported co-operative movement started. The village has its own community council, and for many years, has been holding the very vibrant and eagerly anticipated Fenwick Gala day. Clearly, Fenwick has its own identity.

4.6. In general, Fenwick is a self-containing neighbourhood comprising of the following amenities:

A primary school, pre-5's nursery, pub, church, car garage, decorators, hairdressers, bowling club, deli and coffee shop and around half a dozen B&Bs. A cash withdrawal service is available within the pub. The previous surgery premises are now very successfully being used to provide a range of facilities, including, holistic services, beauty treatments, embroidery work and alterations. A recently closed retail unit within the village which will soon be trading as a hairdressers and beauty salon.

4.7. The village is also home to:-

Fenwick Hotel and restaurant, Craufurdland (which is a large, family run estate and castle and features accommodation, fisheries, outdoor activities and a cafe), a multipurpose community hall, a small children's playpark, a sheltered housing complex and a care home.

It is important to note that when the surgery premises closed, it was snapped up very quickly. The same can be said for the local hairdressers. There was also a lot competition recently for a retail unit after its closure, which is about to open for business very soon. The owner of the pharmacy unit has stated that there has been continued interest for his shop too. There are extensions taking place at Fenwick Hotel car park and the local cafe has also had to expand. These developments are good indicators of how the demand for business and services is very much on the increase within the village.

4.8. Existing Pharmacies and Inadequacies

Presently there is no pharmacy within the villages of Fenwick, Waterside and Moscow. The distance to all the pharmacies makes it virtually impossible to get there by foot. I'll begin with Fenwick. The nearest pharmacy is located on Glasgow Rd and for many residents is well over 3 miles (3.2) away.

4.9. The bus service (Number 4) is every 30 minutes. The total time for a patient using public transport to get to the nearest pharmacy and back is over an hour and a half. It could easily be longer for the elderly or parents travelling with a pushchair. Patients have to repeat this lengthy journey when they are required to return to the pharmacy e.g. for a balance or a weekly smoking cessation consultation.

4.10. I have taken this journey several times during quiet periods. I am a fairly healthy individual but still found it demanding, for the following reasons: from the bus stop, the extremely busy Glasgow road has to be negotiated with cars travelling in both directions at high speeds. There are absolutely no traffic lights to assist with crossing and only a small platform in the middle of this road separates the pedestrians from the passing traffic. From personal visits, it was observed that the traffic didn't always stop to give way and many were forced to look for gaps to cross.

4.11. In addition, once the road has been crossed, the walk to the pharmacy itself provides its own problems. For reference, I have submitted photos and explanations as evidence of this. The pharmacy in Kilmaurs is almost 4.5 miles away (4.3 miles) and with no direct bus service, a total of four buses are required for a return journey.

4.12. An adult return of £4.90 from Fenwick to Lloyds pharmacy on Glasgow Road is an extremely high cost. An adult travelling with a child under 16 would pay £7.35. These costs will no doubt act as a massive deterrent for those seeking medical advice, especially so on a regular basis. Even some car owners will have to travel a round trip of 6.5 miles just to access the nearest pharmacy.

4.13. The situation is actually worse when considering other parts of the neighbourhood. For example, the distance to the nearest pharmacy

from Waterside is at least 4.3 miles to Lloyds and 6 miles to Kilmaurs. Depending on the pharmacy, this is close to a range of 9 to 12 miles just to get a script dispensed or speak to a pharmacist in person. The public transport is provided by a bus that only stops there at around 10.15am, 12.45pm and at 3pm leaving many with no realistic access to a pharmacy for long periods of the day.

4.14. Again, even those with personal transport in Waterside have to travel a total distance of about 12 miles. The fuel expenses, the journey through narrow unlit country roads and parking difficulties at some of these pharmacies all add to the obstacles faced by locals. Let's not forget the impact of these long drives on the environment, especially at a time when the government is strongly encouraging everyone to cut down on carbon emissions.

4.15. Parents with children who need access to eMAS as well as other situations where a face to face consultation is necessary e.g. supply of EHC or antibiotic cream for impetigo should not have to travel miles outside their neighbourhood.

4.16. This difficulty in access is also the reason why a delivery service from pharmacies so far out can never replace full pharmaceutical services. In addition, as a delivery service is not a core service it can be withdrawn at any time and therefore it would be naive to have patients totally dependent on it. This is underlined by the fact over the past few months I have worked at several independent pharmacies who have now started to cut down on the number of deliveries. Most recently, Lloyds, one of the biggest multiples in the country, have introduced charges for the delivery service.

4.17. Next, I would like to read the following paragraph taken from "Application to provide NHS Pharmaceutical Services: A consultation on the Control of Entry Arrangements and Dispensing GP Practices, December 2013".

- *"It is for the NHS Board to determine whether any patients will have serious difficulty in obtaining their medicines and to take steps to ensure they can receive that medication. Where a patient would have serious difficulty in having their prescribed medicines dispensed, NHS Boards can instruct GP practices to dispense medication to patients."*

Therefore, given that until last year, Fenwick surgery, which was located at the heart of the village and for more than half a century was a

dispensing medical practice, this clearly confirms that the Health Board are aware of the difficulties with access to a pharmacy within this neighbourhood.

4.18. When Kilmaurs Village Pharmacy opened over a decade ago, I believe the Doctor's practice in that village was required to cease dispensing. However, Fenwick Surgery did not lose its status and was required to continue dispensing by the Health Board due to inadequate provision of pharmaceutical services locally. There has been no significant change to suggest otherwise. After the Surgery's closure, the healthcare needs of the neighbourhood have not suddenly evaporated into thin air. In fact, with a major increase in population (and growing) the demand for a healthcare facility has never been greater. Admittedly some have made other arrangements but that's because they have been left with no choice. I have worked all over the country as a locum and have never, ever, been to a village with a such a significant population in which some residents have to travel a total of 12 miles to a pharmacy - it's unheard of.

4.19. Moreover, for the application in Kilmaurs, the Committee had clearly stated that it was not reasonable to expect the residents to travel two miles or further to access a pharmacy. The distance just for a single journey is much more than double for many residents in the case today.

4.20. Similarly, for one of the latest applications been granted, in Springside, pharmacies were about 1 mile away with a bus service every 7-8 minutes, much lower bus fare costs, and a delivery service to the area, but the committee decided the neighbourhood was not adequately served.

4.21. Based on the above, the people of Fenwick cannot be forgotten or discriminated against as they too have every right to local healthcare. It is imperative that difficulties in access to healthcare do not force people to delay treatment or ignore their health. This is emphasised by the Scottish Government who want pharmacists to be placed at the heart of community.

4.22. I would like to refer to the Scottish Government's new strategy called "Achieving Excellence in Pharmaceutical Care: A Strategy for Scotland", in which Commitment 1 states:

"Increasing access to community pharmacy as the first port of call for managing self-limiting illnesses and supporting self-management of stable long-term conditions, in-hours and out-of-hours".

- 4.23. This statement clearly underlines a shift in priorities for primary care. A great example of this is in the recently introduced national service called Pharmacy First, whereby patients can access treatments (including antibiotics) for Urinary Tract Infections and Impetigo at the pharmacy rather than visiting the GP. Ultimately in order for this government strategy to work, the community pharmacy has to be truly accessible and local.

4.24. Population and Statistics

The neighbourhood includes Fenwick as well as surrounding hamlets of Waterside and Moscow. Due to a lack of amenities, the residents in these local villages depend heavily on the facilities within Fenwick. The catchment area of Fenwick primary school actually includes Waterside and extends towards Moscow. The Council has also grouped Fenwick, Waterside and Moscow together in the electoral register. In addition, both community councils work very closely together.

- 4.25. Therefore, the population is as follows:

Fenwick in 2016 had a mid-year population estimate of 1200. Waterside and Moscow have an approximate population estimate of 500, resulting in an overall total of 1700.

<http://www.eastayrshirecommunityplan.org>

- 4.26. Recently around a hundred, 3- 5 bedroom homes have been built and occupied in Fenwick, raising the number of residents by a conservative estimate of 300. There are plans for more development, including an additional 40 houses in Fenwick and 16 in Waterside, increasing the resident levels further by approx. 170. So, the overall population to be served is more accurately expected to be at 2,170. This is not including a significant proportion of people living in nearby farms right along the M77 who will look to be served by the village pharmacy.

- 4.27. This calculated population of 2,170 could actually still be very conservative because the electoral registers which includes the

village, hamlets and surrounding rural areas have estimated the number of adults (aged 18 or-over) as 2,028. Add to this the number of children and the increase due to the new developments and this could easily push the population towards 3000.

- 4.28. Furthermore, according to the NHS circular on securing Pharmaceutical provision, among the factors which PPCs should consider are (and I quote):

"The likely demand for pharmaceutical services in the neighbourhood from both the resident and any transient population..."

Which is actually very significant in the case today and to confirm this I would like to give a few examples:

- 4.28.1. "Fenwick hotel is a busy and popular venue which regularly holds conferences and functions. The Armas suite has a capacity of 510. The hotel has 29 bedrooms with a high level of occupancy."
- 4.28.2. "D and D Decorators employs 40 people who operate daily from the company base within the village of Fenwick."
- 4.28.3. "Fenwick primary school has many children who are registered on a placement request and the parents along with the teachers and support workers all travel to Fenwick on a daily basis during term time."
- 4.28.4. "Mcfadzean's garage operates 16 appointments a day and more than half are usually taken up by drivers living outside the defined neighbourhood."
- 4.29. It is also well-documented that commuters to Glasgow and further afield use Fenwick as a "park and ride facility". Many of these commuters would probably use the pharmacy on their way home. These are just some examples which highlight the potential demand for services from the significant transient population.
- 4.30. A few important statistics - the following was taken from the Statistics.Gov.Scot website: Fenwick was placed within the top 25% and Waterside & Moscow were placed within the top 4% with regards to the most deprived areas for access to services.

4.31. Some statistics taken from the Scotland census website are as follows:

- 30% (same) of people had one or more long term health condition
- 19% were unemployed
- 17% of household had one or more carers resident
- 47% of the population was under 16 and over 60

4.32. The National Records for Scotland projections predict the population over 75 years in East Ayrshire as a whole to rise by a staggering 36% from 2015-2025.

4.33. The above data goes a long way to highlight the healthcare requirements of the neighbourhood and underlines why the uptake of services e.g eMAS is certain to be very high. Fenwick may not be the most deprived neighbourhood out there or have the absolute lowest levels of car ownership but essentially these factors can be ignored today. If it's a very short distance to a pharmacy then it perhaps could be argued that having a car maybe sufficient but here we are talking about distances sometimes touching the 12-mile mark. There is no question about convenience, it is, whichever angle it's analysed from, without a shadow of a doubt, an absolute necessity. Again, I will reiterate that the people of Fenwick cannot be forgotten or discriminated against and have every right to local healthcare.

4.34. Viability

Pharmacy contracts for a much smaller population have been granted in Logan, Ochiltree and Springside - years later all are still operating.

4.35. Ochiltree, which is by no means a deprived area, had a new pharmacy open there a few years back. Unlike Fenwick, it was against the residents wishes, so would have had minimal local support. In 2014, it was dispensing 800 to 900 items per month and now regularly exceeds 2000 items per month. Similarly, the recently opened pharmacy in Springside, faced very tough competition from nearby pharmacies. In 2017 it also exceeded the 2500 items per month barrier.

4.36. In addition, an NHS Circular states that, in determining a decision, PPCs should consider:

"the estimated number of NHS prescribed items that will require

dispensing in a year based on the local population, as far as this can be ascertained, from usual sources."

4.37. According to the ISD Scotland website - per annum, Ayrshire and Arran was in the top few Health Boards for the number of prescription items dispensed per head of population and it was top of the table across all 14 territorial Health Boards for the average cost per head of population.

4.38. If a conservative estimate of the population is taken at 2000, then this equates to almost 3,700 items a month. Let's not forget that the elderly population average is significantly higher than the national average. Also, not taken into account is the demand from the rural communities, the transient population and all the new developments.

4.39. With 90% support in the Consultation the pharmacy should secure a healthy proportion of this average. Even at a much lower share of the available prescription items my business plan stands up. I have a network of friends which includes contractors who have opened up new pharmacies in villages with whom I have discussed my business plan at length and all are in agreement that in their opinion, viability will not be an issue.

4.40. Representations

The Area Pharmaceutical Professional Committee (APPC) felt that neighbourhood was adequately served. I would like to comment on the reasons given.

4.41. Existing pharmacies

In their representation, the APPC have claimed and I quote *"the closest being 2.8 miles away"* with reference to a pharmacy. This is unfortunately not true. They were in agreement with the defined neighbourhood and so the distance to the nearest pharmacy for a resident in Waterside is at least 4.3 miles which is actually 1.5 miles further away than what the APPC have stated. Suggesting that these distances were reasonable is difficult to understand, especially with the presence of a high elderly population.

4.42. Transport links

A dangerous, unreliable and costly bus service running every half an hour cannot be seen as good public transport links, as stated by the

APPC. For many in areas like Waterside, public transport is so infrequent that it's almost non-existent. It should come as no surprise then that for the previous two pharmacy hearings, the NAP has emphasised that, during the decision-making process, greater consideration should have been given to the cost, time and the length of the journey, that the residents are faced with.

4.43.

Amenities

Firstly, I don't believe that amenities are too limited – I have provided a long list earlier. Over the past decade or two there has been a great shift in the way people shop. Most transactions from paying bills to ordering food are now completed online. I do believe that at certain times residents will have to leave the neighbourhood but for daily needs which I feel should mainly include food and clothes there isn't such a requirement. This opinion was actually confirmed when as part of my initial research. I spoke to the locals and many suggested that they ordered online especially with a huge supermarket delivering from only a few miles away.

4.44.

In addition, the census of 2011 indicated that of the then population, only 36% left the village to work and, of the working population, 29% were working part time. Clearly then a high percentage will need local access throughout the day.

4.45.

Taking the above points into consideration, it is unreasonable to expect a population of over 2000 to plan their shopping trips with a pharmacy visit. The whole purpose of a pharmacy and its many services is to be the first port of call for any healthcare issues. Unfortunately, we also know that medical needs don't always come with a warning so one cannot always pre-plan. This very point is underlined by the latest update to Unscheduled Care - a service which involves giving medicines to patients when they have run out. The rules have been relaxed considerably in an attempt to encourage patients to visit their local pharmacy in case of emergencies. Essentially, irrespective of people's day to day habits, access to the nearest pharmacy remains a major problem - again this was very much acknowledged and alluded to by NAP in previous appeal decisions.

4.46.

Consultation Analysis Report ("CAR")

Before I begin my analysis, I would kindly ask the Committee to take

into consideration the fact this was the third time the public had been consulted - Twice for this pharmacy application and once for an independent survey conducted by the community councils. This could potentially have affected participation levels.

4.47. Analysis

The total number of responses received was 205. This can be viewed as an excellent response rate - Especially when considering the population size of the village and surrounding areas. For each of the following questions, I have taken out the "don't know" answers to give a better feeling of the percentages. This is common practice in election opinion polls as it gives a more accurate representation of the true figure.

4.47.1. Question 1- Neighbourhood

The map used for the purposes of the consultation didn't absolutely cover every single estate or farm. This was evident as 10% of respondents felt that they had been excluded. On the positive side; the fact that many people outside the boundaries responded consolidates the need for a pharmacy not just for the locals but also for residents nearby. It also adds to the catchment area and the pharmacy will only welcome this additional population to be served.

4.47.2. Question 2 - Over 89% agreed that the proposed location was appropriate citing that it is very central and easily accessible by all.

4.47.3. Question 4- Opening times

90% felt the opening times were just right. Some 5% wanted longer hours. If there is a need to extend the hours further on a certain a day or indeed operate earlier then this will strongly be considered.

4.47.4. Question 5 - Appropriateness of services listed for the proposed new location 91% agreed. Many felt that they would be happy to consult with the pharmacist as the first point of contact and that by using the pharmacy services on offer it will ultimately help deflect stress and pressure off the surgeries and doctors.

4.47.5. Question 6 - asking if there are any Gaps/Deficiencies in existing services. 83% agreed. This is a very significant statistic, as it asks the locals about gaps and the extremely high response rate gives strong

evidence of the current deficiencies which exist. Many reiterated that there was no pharmacy or surgery within the village and that the nearest medical provision was several miles away with no direct route by public transport. With the growing population and demand for healthcare increasing, the current situation is likely to become more desperate.

4.47.6. Question 7 - was asking if residents wanted to comment on the wider impact. 60% wanted to comment. For this question I had to individually analyse each comment to ascertain the overall opinion. There was a total of 121 comments and with the exception of about 5, all were strongly of the view that a pharmacy would definitely improve access to services for the locals.

4.47.7. Question 8- if the proposal would have any impact on other NHS services. 37% felt there would be an impact while almost 63% answered no impact. Once again, all of 94 comments were analysed, with the exception of 1, all were in favour that a pharmacy would have a very positive impact on other NHS services

4.47.8. Question 9- do you support a new pharmacy. I believe this to be one of the most important questions and this time there was no need to analyse every single comment as 90% of respondents showed their support. This is a very substantial proportion considering 205 responses had been received.

4.48. In summary

With an average occupancy calculated as 2.4 people, it equates to 433 individuals and considering it is effectively a 3rd consultation, does indeed indicate a lot of support. This is further underlined by the fact that there was obvious unity and most questions were answered almost unanimously with a percentage consistently in the region of 85- 95 %.

4.49. With regards to the views of the neighbourhood, I personally don't believe a consultation analysis can get any more conclusive than the one I am presenting today.

4.50. I started this pharmacy application process over 2.5 years ago. Just like the people of Fenwick, I still haven't given up. In some ways it has been a blessing in disguise, as it has allowed me to regularly liaise with the community councils, the councillor, the residents, and

basically, just about everyone involved.

4.51. I can assure the panel that I have a very deep understanding of the challenges faced by the locals for their healthcare needs which evidently still exist today. The fact that the application has been rejected and returned not once but twice, which I believe is unprecedented, clearly proves that the facts cannot be ignored for too long and nor can the people of Fenwick.

4.52. With this in mind, I strongly request the panel to grant the application today."

4.53. This concluded the presentation from the Applicant.

5. **The Chairman invited questions from the Interested Parties in turn to the Applicant**

5.1. Ms Faiza Yousaf (Central Pharmacies (UK) Ltd) questions to the Applicant

5.1.1. Mss Yousaf asked how many projected items per month the Applicant anticipated dispensing.

- The Applicant replied with a conservative estimated population of 2000, with the average number of items per person being 22, multiplied by 2000 (divided by 12) equated to a total of 3700 items per month. The Applicant added that, even if he took off 1/3, it would equate to 1300 items per month which equated to between 50-60 items per day, which was achievable for a start-up pharmacy. 1300 items per month multiplied by the average item value of £10 equated to an annual turnover of £156k, and he would take his net profit from there. The Applicant said that this number made a sound business model based on the 2/3 conservative population figure.

5.1.2. Ms Yousaf referred to the Applicant's comment with regard to Moscow and asked whether customers might be included to go in the opposite direction rather than use Fenwick.

- The Applicant replied that residents in Moscow and Waterside came to Fenwick every day for schools and their daily needs, so would naturally use the pharmacy in Fenwick, which was mid-distance from Moscow and the distance between Fenwick and Kilmaurs was shorter.

5.1.3. Ms Yousaf queried the population quoted by the Applicant and asked whether he was calculating for the new building development or on the

current population as it stood.

- The Applicant replied the population was based on the current population as it stood, and explained that the 2011 census figure was not as accurate as the 2016 mid-year estimate figure (from the East Ayrshire Community Plan) which had a population estimate of 1200, to which he had added 500 for Waterside and Moscow, which equalled 1700 people. The Applicant referred to his comment regarding the 100 new homes which had been built, and as far as he was aware, were now occupied. These were 3-5 bed homes, and with a conservative occupancy of 3 people per household, this would equate to an additional 300 people, which brought the population up to around 1800. The Applicant admitted to a slight projection regarding 56 new houses being built and had spoken to the Council the previous day who had confirmed that some properties had already been built, and therefore the projection was happening but this only represented a small proportion of the population. The Applicant emphasised that he had not included the transient population that he had detailed in his application, or the catchment area, which he believed would bring the population nearer to 3000.

5.1.4. Ms Yousaf asked about the population from the 2011 census.

- The Applicant replied that, including the new houses, the population would be 2170 – with the estimated population of Fenwick at 1200 (estimated from the 2016 mid-year figure). In relation to the population for Moscow and Waterside, the Community Council for Moscow & Waterside had suggested that the population could be as high as 700 but the applicant said he had opted for a conservative figure of 500. This would bring the population to 1700 (1200 for Fenwick, and 500 for Moscow & Waterside) and, including the 100 new properties already built, would bring the population to 2000. If the 56 properties currently being built were also included, this would take the population over 2000 and there was a potential for a population of up to 3000 including everything.

5.1.5. Ms Yousaf said that she believed Fenwick was a conservation village and the population was not permitted to exceed 2000 and asked the Applicant to clarify.

- The Applicant replied that developments were currently happening - 100 new houses had already been completed, some of which were already occupied, and work had started on an additional 56 properties, therefore developments were already underway and

there were potentially some additional developments in the pipeline.

5.2. Ms Irene Wilson (Fenwick Community Council) questions to the Applicant

5.2.1. Ms Wilson had no questions

6. **Having established that there were no further questions from the interested parties the Chairman invited questions from Committee members.**

6.1. Ms Stitt (Pharmacy Contract Member) - Questions to the Applicant

6.1.1. Ms Stitt referred to the Applicant's comment that there was a cashpoint in the pub as she had looked for one on their site visit and had not seen one, and asked if there was another cashpoint if the pub was closed.

- The Applicant replied that he was unaware of any other cashpoint, but believed that the cashpoint in the pub was available for 12 hours a day, 7 days a week.

6.1.2. Ms Stitt asked where residents were meant to purchase small items such as fresh milk and bread.

- The Applicant replied that the cafe and delicatessen called Logan's Larder had recently been taken over and was expanding due to demand (as far as he was aware) and was currently selling eggs, beef, products and milk.

6.1.3. Ms Stitt asked if the Applicant knew why the GP surgery had closed.

- The Applicant replied that as far as he was aware, there had been administration staffing issues. The Chair interjected that following the retiral of the partner, they had been unable to recruit another partner.

6.1.4. Ms Stitt asked where the nearest Post Office was, as they had seen that the Fenwick Post Office was closed.

- The Applicant said he was not sure, but thought it could possibly be in Kilmarnock.

6.1.5. Ms Stitt referred to the Applicant's population figures since the 2011 census figure gave a population for Fenwick of 1038, 82 for Waterside and 141 for Moscow which estimated the population to be approximately 1300. Ms Stitt also referred to the figure provided by the Applicant regarding future housing developments which differed from the figures that the Panel had been provided with (from the East Ayrshire Council's

Local Plan 2010) which referred to 4 development locations, with a provision for 84 dwellings - and sought further clarity on the Applicant's population figures.

- The Applicant explained that there had been many changes since the 2011 Census. He had spoken with the Community Council and others and obtained figures from the electoral register which had gone into detail (only adults in the village and hamlets and surrounding area) but had not included children or the new housing developments. He had then sought more updated information and had spoken with the East Ayrshire Council and obtained a mid-year (2016) estimate (from the East Ayrshire Community Plan) for Fenwick which had stated a 2016 mid-year population estimate of 1200.
- For the Waterside & Moscow populations he had looked at several sites – some had a population at 350, and some had a population over 700, so had opted for mid-way figure at 500, which gave him a population total of 1700.
- Since 2011 there had been 100 confirmed 3-5 bed homes and he and estimated an occupancy of 3 people per household, and acknowledged that, although the number could be higher, he had decided to use a more conservative figure of 3 people per household (300 total). This would bring the population up to 2000.
- He had spoken to a Councillor the previous day who had said that 56 new homes were being constructed – some had already been built, which would add an extra 170 people. This indicated that the current population was near 2000 taking into consideration what properties had already been constructed and occupied.

6.1.6.

Ms Stitt asked if the application was successful, what percentage of prescriptions dispensed that the Applicant anticipated obtaining from walk-in patients compared to repeat prescriptions.

- The Applicant said that the standard breakdown was 20% walk-ins and 80% repeat prescriptions, and believed he would get nearer 80% of repeat prescription business. The Applicant added that his pharmacy was not a high street pharmacy (which would have a higher amount of walk-in customers).
- The Applicant added that he had not initially intended initially to concentrate on deliveries as the pharmacy would be central and most households in Fenwick were within half a mile (walking distance) to his proposed premises, which was very central. The Applicant added that although he hoped most people would come to the shop to collect their prescriptions, he would offer a delivery

service for housebound patients, but anticipated that delivery numbers would not be that high, initially, since 91% of respondents in the CAR had agreed with the location which would be local and central. The Applicant said he would accommodate deliveries where required.

6.1.7. Ms Stitt asked how the Applicant would handle eMAS which was usually 80% for repeat requests.

- The Applicant replied that he was looking at it from a different viewpoint. Residents under 16 and over 60, not including care homes, made up 47% of the Fenwick population, which was a significant number of people. Even if people were on repeats prescriptions, including those with medical exemptions, he believed there would be a high demand - a large uptake on eMAS - because of the demographics.

6.1.8. Given the Applicant's above comments on providing a delivery service to housebound residents, Ms Stitt asked the Applicant how he would handle an eMAS request.

- The Applicant said that the deliveries would be for repeat prescriptions, which did not stop local residents coming to his pharmacy for a face-to-face consultation. The Applicant added that, as much as he would like to accommodate requests, he would need to look at certain things such as an eye infection or impetigo, but did not anticipate any problems. The Applicant said his pharmacy would be centrally located in Fenwick and it would be easier to access a pharmacy at the heart of the village compared to the current situation where people needed to travel up to 12 miles in a round trip. It was very similarly situated to where the surgery had previously been – just down the street. People used to go to speak to a GP, and it was no different to going to a pharmacy.

6.1.9. Ms Stitt asked the Applicant how he estimated his turnover at £156k.

- The Applicant replied said that he had estimated this based on 1300 prescription items dispensed per month at £10 per item. This was based on a worst-case scenario and had not taken account of over-the-counter business or service payments – purely on items dispensed.

6.1.10. Ms Stitt asked the Applicant whether his business case had included over-the-counter items.

- The Applicant explained that his business case had three layers

based on items dispensed per day, and he had chosen to consider the worst case scenario in order to check the viability of his business plan, which was based on 1300 items being dispensed a month, which equated to approximately 50 items per day, which he believed was achievable and realistic. The Applicant added that a few local residents had already indicated that they were keen to have their prescriptions dispensed. The Applicant commented although his business plan included all the prescription numbers, the service plan payments for patients registering for CMS had not been included.

6.1.11. The Chair interjected to ask the Applicant to clarify what the 3 layers entailed.

- The Applicant explained that his business plan had considered 3 scenarios – (i) worst case, (ii) realistic expectations and (iii) positive case, and had chosen to concentrate on the worst case scenario.

6.1.12. Ms Stitt had no further questions.

6.2. Mr Stewart Daniels (Lay Member) - Questions to the Applicant

6.2.1. Mr Daniels referred to the Applicant's comments relating to commuters, asked what percentage of the population commuted.

- The Applicant replied that according to the 2011 census, 36% of residents left the village to work.

6.2.2. Mr Daniels asked how the Applicant would accommodate the commuters, given that his pharmacy would be closed when they left for work, and when they returned.

- The Applicant said according to the 2011 census, only 36% of village population left the village to work, and 29% of that 36% worked part time (one third of the 36%) ; which meant that a significant number of the population did not leave the village for work, or worked part time, and would therefore require access to pharmaceutical services. The Applicant added that the way people worked was changing, with many jobs more flexible – early or later starts or finishes, so the working shift pattern may not necessarily be 9-5 for everyone.

6.2.3. Mr Daniels asked clarification on the landed estate.

- The Applicant explained Craufurdland was a family run estate that also offered accommodation and did not have exact figures on

the occupancy. The Applicant said that although he did not have figures on how many members of the family were involved in running the Estate, it offered a variety of activities, accommodation and a cafe.

6.2.4. Mr Daniels asked how many buses it took to travel to Kilmaurs.

- The Applicant replied that there was no direct bus service. Fénwick residents would need to change at Kilmarnock and then travel on to Kilmaurs, which was two buses each way, a total of four buses, so if residents wished to travel to Kilmaurs rather than Kilmarnock, they needed to use four buses.

6.2.5. Mr Daniels asked why the Applicant referred to the bus journey being dangerous.

- The Applicant replied that it was dangerous because once the passenger got off the bus stop on the Glasgow Road, there were no traffic lights at which to cross. It was a busy A-Road with cars travelling at speed. Residents would need to go to the middle island first, which was quite small, and would be challenging for a parent with a couple of young children. There was little room for traffic passing on both sides, and people would need to look for a gap in traffic to cross the road. The Applicant added that every pavement slab on the way to the pharmacy was damaged, the pavement was narrow which would be troublesome for someone who had a buggy. It was also on a downward slope, where there was a Tesco, car garage and a few shops, so there were a lot of cars coming from different directions, and this made it challenging to find a good spot to cross the road.

6.2.6. Mr Daniels said that he used public transport all the time and queried why the Applicant had used the word dangerous.

- The Applicant referred to his photographs which he had taken of each scenario he had faced with fast cars and broken paving slabs.

6.2.7. Mr Daniels asked what percentage of people shopped online.

- The Applicant admitted that he did not have statistics, but knew the number of people who shopped online was increasing. He had spoken with many local residents over the past 2.5 years to ask whether they normally left the Neighbourhood, and many had said it was not necessary. Even those who worked were not leaving the

neighbourhood. Shopping habits were changing – it was now easy to pay bills online in addition to shopping online or over the telephone and to have supermarkets deliver groceries. The Applicant said that he had also made the point in his report that a medical need may arise without notice. The Applicant also referred to Scottish Government's strategy to focus on having a pharmacy at the heart of the community, and giving pharmacists the power to provide local services.

6.2.8. Mr Daniels asked whether there were other NHS services in the neighbourhood such as a dentist or optician.

- The Applicant replied that there was no current medical provision in the neighbourhood, but he had treated eye infections, and could often help patients with queries (eg providing an ointment for an eye infection) before referring the patient to a GP in order to avoid residents making unnecessary journeys.

6.2.9. The Chair asked CLO whether there was any relevance to the question for additional services.

- Ms Murray replied that it was relevant given that there may be other services in the neighbourhood including other healthcare services.

6.2.10. Mr Daniels asked where people went for shopping, stamps or to post a letter, given that there were frequent buses to Kilmarnock (every 30 minutes)

- The Applicant replied that if a person lived in Waterside, the bus was infrequent – only 2 or 3 times a day, with the first bus at 10am and the last bus at 3pm.

6.2.11. Mr Daniels asked about the bus service in relation to Fenwick.

- The Applicant replied that he was considering the whole neighbourhood which included Moscow and Waterside, and acknowledged that there was a frequent bus service from Fenwick to Kilmarnock – every half an hour - but the bus service from Waterside to Kilmarnock was more restricted – only 2-3 times per day.

6.2.12. Mr Daniels had no further questions.

6.3. Mr John Woods (Lay Member) - Questions to the Applicant

6.3.1. Mr Woods asked the Applicant whether he was suggesting that the Committee discard information that they had been provided.

- The Applicant replied he had detailed many amenities in the neighbourhood and had indicated how day to day products could be obtained in the village, and some services could also be obtained in the village. The Applicant added that shopping habits were changing as many people now shopped online. There were also service deliveries to the neighbourhood from a local butcher, a fish company and a grocer (who he believed would be starting deliveries shortly). Even if a resident did leave the village for day to day needs, it would not be fair to say that because they were leaving the village for day to day purposes, that it would be acceptable for them to have to travel 12 miles to obtain pharmaceutical services. The Applicant said it was not fair to accept that a resident who left the neighbourhood to obtain groceries would also be expected to travel 12 miles to visit a pharmacy.

6.3.2. Mr Woods referred to the Applicant's comments regarding neighbourhood in relation to Waterside and Moscow, and asked what a resident of Waterside would say if we asked who was their neighbour.

- The Applicant said that he had been going from examples provided on catchment areas, and acknowledged that people lived and worked closely together and believed they would not hesitate considering they were part of a bigger neighbourhood. The Applicant said that although he could not be sure, in his experience, the communities were quite integrated.

6.3.3. Mr Woods referred to his above question and asked what the response would be if he had asked the same question to a resident of Moscow.

- The Applicant replied that because the communities were so integrated, his perception was that it would not be too much of a problem for residents of Moscow or Waterside to feel they were part of Fenwick.

6.3.4. Mr Woods referred to Question 6 in the Consultation Analysis Report where 80% of respondents had indicated that there were gaps or deficiencies, and asked whether the Applicant agreed there was an element of convenience (rather than adequacy) in the comments.

- The Applicant disagreed and said 83% had agreed there were gaps and highlighted the fact that even though residents may have had to make other arrangements, the respondents still said there were gaps. The Applicant referred to Question 9 where nearly 90% of respondents supported the opening of a new pharmacy, and said he was not saying that having a pharmacy nearby would be convenient,

but it was necessary. The Applicant referred to issues with transport which he had highlighted in his statement with regard to costs – over £7 for a mother and child for a return trip to a pharmacy, and distance – where someone from Waterside would need to make a 12 mile round trip, and it was a 6.5 mile round trip to Kilmaurs. Kilmaurs was not accessible on foot and therefore it was not about convenience, but necessity.

6.3.5. Mr Woods asked the Applicant to clarify what was inadequate about the current provision of pharmaceutical services.

- The Applicant emphasised the major inadequacy was due to there being no pharmacy in Fenwick.

6.3.6. Mr Woods asked whether the Applicant accepted that pharmaceutical services provided into the neighbourhood could be deemed an adequate service.

- The Applicant disagreed and said that a delivery service was not a full pharmaceutical service, and there were many services which required face-to-face consultations, which would rule out any service being adequately provided by a pharmacy that provided a delivery service. Also, the population was a significant factor – with a conservative estimate of 2000 people; given the distances and costs of public transport, and the fact it was not possible to access the Kilmaurs Pharmacy on foot. Also, if someone needed pharmaceutical services after 3pm from Waterside, there was no public transport - and there was no medical provision in the village.

6.3.7. Mr Woods asked how a patient would access pharmaceutical services from Fenwick.

- The Applicant acknowledged that the distance to travel was shorter.

6.3.8. Mr Woods asked how he would accommodate patients who were house bound.

- The Applicant acknowledged that he would be prepared to accommodate house visits, if the patient were desperate, and lived locally, but it would not be an attractive option if they lived 6 miles away.

6.3.9. Mr Woods referred to the property and asked how he envisaged that the premises would satisfy the needs of a modern pharmacy.

- The Applicant replied that he would have a consultation room and

wheelchair access, and referred to internal structural changes he had mentioned on the site visit. The Applicant acknowledged that due to the premises being in a conservation area, there were some limitations but he had spoken with a Councillor who owned property and sat on the planning team and discussed options. The Applicant said that it would not be a state of the art facility, due to the limitations, but acknowledged the basics would be provided. It would be DDA compliant and added that his business model would not spend too much money at the outset, but would provide patients with privacy and offer the services required, and he would subsequently make improvements.

6.3.10. Mr Woods referred to accessibility and the floor gradient and asked how the Applicant would accommodate wheelchair access into the consultation room which was quite small.

- The Applicant acknowledged that there were issues with wheelchair access and access to the consultation room which had been mentioned on the site visit, but said one solution was to arrange access on the other side – it would not be necessary to have two sets of doors, but one set in the middle.

6.3.11. Mr Woods noted he had not seen the drawing of the proposed pharmacy layout and asked for clarity.

- The Applicant replied that when the comment had been made earlier that it might be difficult to squeeze in the entrance for the consultation room, he had discussed this with the fitters who had come up with the solution to change the entrance to the consultation room so the doors slide open, with a wider access in order to accommodate a wheelchair.

6.3.12. Mr Woods asked whether there would be space for prescription dispensing in the proposed premises.

- The Applicant confirmed there would be space for dispensing. He had looked at demographics and felt that the main business would be from repeats, and was not expecting 5-6 people to be waiting for prescriptions. The Applicant added that he had worked as a locum for two other pharmacies, one of which had slightly smaller floor space than his proposed premises, and they had used clever shelving for storage, and he intended to use the same techniques in his own pharmacy.

6.3.13. Mr Woods had no other questions.

6.4. Mr Scott Bryson (Pharmacy Non-Contract Member) - Questions to the Applicant

6.4.1. Mr Bryson thanked the Applicant for showing the Panel around the proposed premises and asked whether he had evaluated the total floor space.

- The Applicant replied that he had roughly 500 sq ft floor space.

6.4.2. Mr Bryson asked what proportion of floor space would be assigned to the consultation area, and what amount would be left for dispensing, display of literature and counter access.

- The Applicant replied that he did not have the figures, but the Consultation Room would be at the front and enough space would be left for dispensing to be carried out. The Applicant acknowledged that the consultation room would not be spacious but would leave sufficient room for a counter, and at the back there was an option to remove a partition wall to provide additional space.

6.4.3. Mr Bryson asked why the Applicant had included Waterside and Moscow in his definition of the neighbourhood particularly since there was no public transport between Waterside and Fenwick as he believed it was probable that residents living in Waterside and Moscow would migrate elsewhere than Fenwick.

- The Applicant replied that when he had considered the boundary for the Consultation Analysis Report, he had received a lot of feedback from residents of Waterside and Moscow who said that they were part of the same community. He had looked at the Community Councils and Council catchment areas where people normally visited for business purposes, and had found that many people visited Fenwick on a day to day basis, so he had felt it made sense to include both Waterside and Moscow within his definition of the neighbourhood.

6.4.4. Mr Bryson asked whether there was direct public transport between Moscow and Fenwick, and Waterside and Fenwick.

- The Applicant replied that he believed there were direct transport links between Moscow and Fenwick, although he did not have the timetables to hand, and was equally confident there were transport links between Waterside and Fenwick. The Applicant reiterated his conversations with residents of Moscow and

Waterside who had been very supportive of his application for a pharmacy in Fenwick.

6.4.5. Mr Bryson had no further questions.

6.5. Dr Martin Cheyne (Chair) - Questions to the Applicant

6.5.1. The Chair asked the Applicant referred to the working population who may wish third parties to collect their prescriptions, and asked if he knew what percentage of prescriptions would be picked up by a partner or family member.

- The Applicant replied that he could not comment as he would need to go through all the prescriptions.

6.5.2. The Chair had no further questions.

7. **Interested Parties' Submissions**

7.1. **Ms Faiza Yousaf of Central Pharmacies (UK) Ltd (known as Kilmaurs Village Pharmacy)**

7.1.1. Of the Interested Parties present, Ms Faiza Yousaf was invited by the Chairman to make representation on behalf of Central Pharmacies (UK) Ltd, who read from a pre-prepared statement.

7.1.2. "Our main concern from the outset has been the viability and impact upon Fenwick patients if the pharmacy proved to be unsustainable. This to us looks like a very real concern. I would hazard a guess that we have picked up the bulk of Fenwick prescriptions. Based on this, and understanding that we do not dispense all Fenwick prescriptions, if I was being generous, I would err towards a figure around 1000 items dispensed per month.

7.1.3. We have been in a similar position to this when we first opened some years ago. Our circumstances were slightly different, due to there being a dispensing doctor still open when we opened. In the first year of business we dispensed around 1000 items. The only reason we were able to sustain the pharmacy then was because we had another there pharmacies in our group.

7.1.4. Should this pharmacy prove to be unsustainable, then it's another blow to the Fenwick residents. There were many months of uncertainty for Fenwick residents prior to Fenwick surgery closing at the end of 2016.

With little communication at the time, many residents were becoming extremely distressed which we saw first-hand. Their upset was compounded by the closure of the surgery at the end of 2016. The residents, many of whom are elderly, had to find other chemists to register with and try to understand the new way in which they have to order their medication. It has taken the best part of a year for Fenwick patients to have stability and routine and we worry that should the Applicant's pharmacy not be able to continue, it would result in upheaval once again and we would be back to square one of having to re-register and support anxious patients.

7.1.5. Viability is a real cause for concern, particularly in Fenwick. Residents have described it as a "ghost town" with little amenities or passing trade. Last year, the only convenience store closed. This would suggest that residents tend to go outwith the village for their day-to-day needs, which also indicates that they would do the same for their medication and health needs. In fact, I believe since then there have been discussions on the community Facebook page from two other parties at different times who had been considering opening a convenience store, but opted against it based on feedback from the residents and decided that it would not be viable with many residents advising them as such.

7.1.6. Whilst we dispense a bulk of Fenwick prescriptions, it forms a very small percentage of our overall business. There has been no dramatic difference to our day-to-day activity, nor any big impact on us – ie I have not had to increase staffing hours to be able to cope with the workload, nor have our drivers hours changed. This indirectly implies there may not be enough business to sustain a business in Fenwick.

7.1.7. Also, we are not a High Street pharmacy but can have half a dozen people in our premises. You came today to our premises and saw it is a small pharmacy with no room for privacy. We choose to take people into the Consultation Room towards the back, which as you saw was away from the main area.

7.1.8. My main concern is based on viability."

7.1.9. This concluded the presentation from Ms Yousaf.

8. **Other Interested Parties Questions to Ms Yousaf**

8.1. Mr Irene Wilson (Fenwick Community Council) - Questions to Ms Yousaf

8.1.1. Ms Wilson asked how many prescription items dispensed per month

were attributed to the Fenwick, Waterside and Moscow area.

- Ms Yousaf replied it was approximately 700 items, the bulk of which had been picked up when Fenwick Surgery had closed.

8.1.2. Ms Wilson asked where the bulk of Fenwick residents had registered after Fenwick Surgery had closed.

- Ms Yousaf replied that their pharmacy collected prescriptions for Fenwick residents from the two Kilmarnock practices (London Road and Portland Road) and also the Crosshouse Medical Practice.

8.1.3. Ms Wilson asked, based on the Applicant's comment that the average number of prescription items dispensed per month was 22, and given the population of around 2000, was it realistic to say that only 700 prescription items were dispensed for Fenwick.

- Ms Yousaf replied that she had added a small amount and increased this figure to 1000

8.1.4. Ms Wilson asked Ms Yousaf to comment on the Fenwick Surgery dispensing figures in the summer of 2016 being 2350 items per month.

- Ms Yousaf said the figure did not accurately represent projected items. When Fenwick surgery had been open, it had been linked with Crosshouse Medical Practice, and Glencairn Medical Practice which all fell under one umbrella. Ms Yousaf added that in the Kilmaurs area, it was not easy to get a doctor's appointment, and patients would be accommodated at another practice – i.e. some would go to Fenwick and some would go to Crosshouse. If someone in Kilmaurs needed an appointment that day but could not be accommodated at Glencairn Medical Practice, they could be accommodated at Fenwick Surgery. So prescriptions would be written at Fenwick Surgery for Kilmaurs patients.
- Ms Yousaf added that Fenwick Surgery was a dispensing practice, which would most likely have dispensed approximately 34 weekly prescriptions, not 8 weekly prescriptions, so the numbers were halved.

8.1.5. Ms Wilson had no further questions.

9. **Questions from the Applicant to Ms Yousaf**

9.1. The Applicant referred to Ms Yousaf's projected figure of 1000 items dispensed from Fenwick and referred to his presentation where the ISD average number of prescribed items per head of the population was 22, which gave a figure of 3700-4000 items per month, which differed substantially from Ms Yousaf's figure of 1000 items. The Applicant asked whether Ms Yousaf disagreed with the ISD figures.

- Ms Yousaf admitted that she did not know the facts as she had not looked at the ISD figures. Her understanding was that was the amount that would be available, but would not necessarily be what she would do.

9.2. The Applicant asked Ms Yousaf believed that his quote from ISD rather than her own assumption was more accurate.

- Ms Yousaf disagreed, and explained that the reason she had said 1000 items was that they had picked up the bulk of items dispensed for Fenwick residents which was currently around 700 items per month, and she had not had to increase her staff, which indicated that if her pharmacy had picked up the bulk of prescriptions for Fenwick residents, then in her opinion, the number of items dispensed was unlikely to be much higher.

9.3. The Applicant asked Ms Yousaf to quantify what she meant by picking up the "bulk" of prescriptions from Fenwick residents as this would need to take into account that her pharmacy had taken up the bulk of services from all pharmacy contractors from all the Fenwick residents.

- Ms Yousaf replied that her information was obtained from a statement from Glencairn Medical Practice, and other conversations she had had where most Fenwick patients had said they had registered either with Crosshouse or Kilmaurs.
- The Applicant asked whether Ms Yousaf had obtained the facts herself, and Ms Yousaf admitted she had not.

9.4. The Applicant asked whether Ms Yousaf was aware how many pharmacies had closed in Scotland due to non viability.

- Ms Yousaf replied she did not know.
- Upon questioning by the Chair, the Applicant admitted he did not know the figure either, although he said that he had worked as a

locum for 12 years and had never known a pharmacy that needed to close due to non-viability.

9.5. The Applicant asked whether there was a high demand for a delivery service to his neighbourhood.

- Ms Yousaf replied that there was, due to the elderly population, that every neighbourhood faced, and said that if there was an urgent need, they would run a second delivery on the same day, but more often than not, patients would often be content to wait until the following day.

9.6. The Applicant had no further questions

10. Questions from the Committee to Yousaf

10.1. Ms Stitt (Pharmacy Contract Member) - Questions to Ms Yousaf

10.1.1. Ms Stitt asked what procedure was in place for a Fenwick patient who wished to access eMAS.

- Ms Yousaf replied that they tried to be flexible. The patient could provide their symptoms over the telephone and they could make a decision based on that conversation. However, for the vast majority of patients, they would need to be seen in store in a private consultation. If the person was unable to visit their pharmacy, they might be able to provide recommendations on what the patient might require. Ms Yousaf added that from the bulk of patients from Fenwick who had registered for eMAS, telephone consultations were rare – e.g. they had only one patient from Fenwick who had required a telephone consultation – which was for conjunctivitis for an amputee.

10.1.2. Ms Stitt asked about the situation with Glencairn Medical Practice and asked if Ms Yousaf knew why they had closed Fenwick Surgery rather than Glencairn or Crosshouse, given that Fenwick was a dispensing practice.

- Ms Yousaf replied that as far as she was aware, there were a couple of reasons: one of which was that the dispensing did not adequately cover the administration costs, and the other reason was that the surgery had struggled to have a GP on site.

10.1.3. Ms Stitt had no further questions.

10.2. Mr Daniels (Lay Member) - Questions to Ms Yousaf

10.2.1. Mr Daniels asked whether Ms Yousaf's pharmacy was working to capacity.

- Ms Yousaf confirmed the pharmacy was not working to capacity.

10.2.2. Mr Daniels had no further questions.

10.3. Mr Woods (Lay Member) - Questions to Ms Yousaf

10.3.1. Mr Woods asked what would happen at Ms Yousaf's pharmacy if they received an urgent request at 3pm from a resident of Waterside.

- Ms Yousaf replied that this had happened before, where the driver, who had already visited Fenwick, had been sent out again. They had obtained an emergency prescription from the GP who had provided the barcode for the prescription, which had been filled in order that the driver could deliver the same day. Ms Yousaf added that if the delivery address was on her way home, she would also make deliveries after work.

10.3.2. Mr Woods asked whether Ms Yousaf would visit patients for face-to-face enquiries.

- Ms Yousaf confirmed that she had flexibility to conduct home visits. On one occasion, there had been a problem on the Friday, and, following work on the Saturday she had visited the customer to resolve the issue.

10.3.3. Mr Woods asked how a patient could find out about smoking cessation or bee sting relief in Kilmaurs.

- Ms Yousaf explained they were visible on the main road, and had posters in shop, and also relied on word of mouth, plus there were posters at Kilmaurs Medical Practice.
- Mr Woods pointed out that there were no posters in the window and asked whether there should be something in the window to indicate the services provided by the pharmacy. Ms Yousaf acknowledged that the poster had been changed and agreed to remedy the situation.

10.3.4. Mr Woods asked how a patient in a wheelchair accessed the pharmacy and referred to the duty under the Equality Act 2010 regarding disability

access.

- Ms Yousaf replied that a patient in a wheelchair would normally need to knock at the window, and staff would assist them, but added that someone on a scooter could usually open the door themselves. Ms Yousaf admitted she was not aware of the requirements of the Equality Act 2010 and agreed to take this point on board.

10.3.5. Mr Woods had no further questions.

10.4. Mr Daniels (Lay Member) - Questions to Ms Yousaf

10.4.1. Mr Daniels asked – in the broadest sense of dispensing services and the wider aspects of pharmaceutical care - whether Ms Yousaf considered that a pharmacy established in Fenwick would provide access to pharmaceutical care for 1700 residents and whether a new pharmacy would improve access to services.

- Ms Yousaf acknowledged that there was merit in providing face to face consultations, but her concern was that if people would only use it out of convenience, rather than necessity, convenience would not sustain a business.

10.5. There were no other questions from the Committee

11. **Interested Parties' Submissions - Fenwick Community Council**

11.1. **Ms Wilson (Fenwick Community Council)**

11.1.1. Of the interested parties present, Ms Wilson was invited by the Chairman to make representation on behalf of Fenwick Community Council. Ms Wilson read from a pre-prepared statement.

11.1.2. "Chair, members of the Pharmacy Practices Committee, thank you for inviting us to present to you today on behalf of the residents of Fenwick, Moscow and Waterside. It's very much an honour to represent our joint communities, but also a huge pressure and a massive responsibility, as we know just how much this means to the people we represent and how much a pharmacy is wanted and needed in our neighbourhood.

11.1.3. To further introduce myself, I was born in Fenwick and have lived here almost all my life. We live on a farm on the outskirts of the village and are an active part of the rural and village community and, having organised the Pensioners Christmas Parcels for over 25 years, we are very much in touch with the elderly in our neighbourhood. Currently I'm Secretary of Fenwick Community Council and today I am very ably

supported by Jean Brown of Moscow and Waterside Community Council, who also has a very long association with the neighbourhood and who plays a very active role in many aspects of community life, including running the busy community halls in both Fenwick and Waterside & Moscow. We hope that we can competently answer your questions today and can convincingly argue the case for a Pharmacy in Fenwick.

11.1.4.

As community representatives, we stand here today with the backing of a Consultation Analysis Report which shows 88% support from the local population for a pharmacy in Fenwick from a comparatively high return of 205 responses. We have the full support of both Community Councils. Highly significantly, we also have the unstinting backing of Willie Coffey, MSP for Kilmarnock and Loudoun; Brian Whittle, MSP for South Scotland; Cllr. Ellen Freel; Cllr. Gordon Jenkins and Cllr. John McGhee from our local Ward, all of whom have taken an active interest in the progress of this application and have submitted letters of support. They strongly believe Fenwick should have a pharmacy to meet the needs of the local people. Cllr. John McFadzean, who owns the shop at 77 Main Road, didn't submit a letter of support as this could be seen as a conflict of interest, but he has been unreservedly supportive of a village pharmacy from the outset. Perhaps most significantly, Eddie Fraser, the Director of East Ayrshire Health and Social Care Partnership has stated that he fully supports a pharmacy in Fenwick. He believes that the village needs a pharmacy to meet current and future needs and absolutely does not understand why it has previously been refused. These are the experts at the heart of our community who understand the needs of those who live here and who recognise how our community compares poorly with other local communities already supported by a pharmacy and with significantly better accessibility to a first point of Primary Care.

11.1.5.

So, who are we? For our debate on population today, the population at the time of the 2011 census was 1261. Since that time over 100 houses have been built, mostly 3-5 bedroom properties attracting families and young couples looking to set up family homes, but also including 21 houses for social rent mostly suited for disabled access or specifically designed for the elderly. Conservatively speaking, an additional 300 people. The Local Development Plan, published only last year, outlines planning for a further 56 homes and this is likely to be a greater number at the detailed planning stage. 6 newly developed flats in Waterside are soon to come on the market. Overall, potentially a further 160-180 people. None of these figures account for those living in the extensive

rural area, which has seen many changes in recent years. In addition to the many standalone dwellings and farms, the high desirability of the local area and the attraction of rural life, have led to many steadings being converted to form 3 or 4 bed homes housing multiple families. As an example, a farm adjacent to the village currently has planning permission for conversion to 5 new family homes. It is not difficult to see the population of the neighbourhood easily exceeding 2000. Indeed, East Ayrshire Council already records the population of Fenwick and Moscow and Waterside Community Councils as being 1257 and 741 respectively.

11.1.6.

In terms of demographics, based on census figures for Fenwick, we have a significantly higher than average elderly population. 28.7% as opposed to the East Ayrshire average of 26.2% and the Scottish average of only 23.2%. I mentioned earlier our involvement with the Pensioners Christmas Parcels- from an original base of around 140, last year we delivered to 180 households and this year we expect it to rise to 200. This reflects the National Records of Scotland projections where the population aged over 75 years in East Ayrshire is projected to rise by 36% from 2015-2025 and we have already seen it happen. We also have a higher average of young people aged 0-15, 18.1% as opposed to the East Ayrshire and Scottish averages of 17.3%. 14% of the working population work from home and 29% work part-time. Only 36% of the total population leave the village to work and with so many working part time, it is clear that the proposed opening hours of the pharmacy mean that access to the proposed services would be widely available to the local population. In addition, there is a significant transient population visiting or working in Fenwick. The Fenwick Hotel, 3 B&B's, the Kings Arms pub, Hallhouse Care Home, a busy local equestrian centre, Fenwick Primary School, Fenwick pre-5's Nursery, Logan's Larder, McFadzeans Garage, Want Hairdresser's, D&D Decorators, the holistic health and beauty centre, Midland Craft Centre, Antos Distribution Centre, Gardrum Business Centre and also a busy local cycle path, all attracting people from outwith the neighbourhood. Mr Ahmed mentioned the family run fish business delivering to Fenwick, and a restaurant is to open this week. We also hold regular muddy trails and outdoor activities which attract people to the area.

11.1.7.

The village of Fenwick is the hub of our joint rural communities. We have an active Church, our local halls are very well used for a wide range of social and leisure activities, Mothers and Toddlers, Guides, Brownies, Rainbows, BB's, the Church Guild, the WI, the Drop-in and Craft Cafes, the over 60's Fulton Club, Garden Club, Dance Groups, Keep Fit, Yoga,

Karate and, of course, the School Breakfast Club. There are also local tennis, running, badminton, netball and walking groups and a busy bowling club. In short, we are an active, cohesive and vibrant community and with these many activities there is high footfall in the village from the defined neighbourhood and beyond. Fenwick is a hub for Waterside & Moscow and Fenwick and has an active church.

11.1.8.

It is now over 2 years since Mr Ahmed introduced himself to our community. He was very well received by the local people and is seen as being very personable and professional. Someone who would fit in well with the village and who would be highly approachable for young and old alike. Sadly, his application has for many reasons become overly protracted and we are grateful to Mr Ahmed for sticking with us throughout this extended period. We are also grateful to Cllr. McFadzean for keeping the shop off the market despite numerous approaches from potential tenants including, and this is particularly noteworthy, 3 other pharmacists who have approached him with the desire to open a pharmacy at this location. Clearly an indication that 77 Main Road is seen as a highly desirable and viable location for a new pharmacy business. The pharmacy which Mr Ahmed proposes to open is very highly desired by residents and will undoubtedly be very well supported by those who live here.

11.1.9.

For over 50 years, Fenwick was served by a local dispensing doctors' surgery and local access to primary medical care was a major consideration and attraction for those living in and moving to the village. The surgery operated 5 days a week open either morning or afternoon with the local hairdresser providing a prescription collection facility outwith surgery opening hours. Sadly, in November 2016, it was announced that the surgery was to close temporarily due to operational issues and the national shortage of GP's. This temporary closure was made permanent on 19th January 2017 just days before the first PPC Hearing. When open, in addition to core GP services and dispensing, the surgery offered additional pharmaceutical services in line with the published Pharmaceutical Care Plan which describes dispensing doctors as providing services usually provided by community pharmacies. Services such as advice on smoking cessation, emergency contraception, Minor Ailment Service, blood pressure, glucose and cholesterol testing. Had the surgery still been operating as a dispensing doctors' today the surgery would now have been required to provide the support of an appropriately qualified pharmacist for patients who would benefit, as per the recent and current regulations for dispensing doctors.

- 11.1.10. The closure of the surgery was a major blow to the people of Fenwick and it has created a significant gap in pharmaceutical provision. Over 1000 residents were registered with Fenwick surgery from Fenwick, Moscow, Waterside, Southcraigs and the surrounding area. For many residents pharmaceutical provision is now inadequate -the very reason Fenwick Surgery was required to dispense and provide pharmaceutical services in the first place. Some of our residents, particularly those who don't have access to a car or can't drive due to medical reasons are really struggling to access the full range of pharmaceutical services. The number of GP house calls has increased and residents are put off attending a pharmacy due to long journeys and costly public transport. Minor illnesses become acute because of the difficulty in getting early treatment through the Minor Ailments Service. This was certainly the case last winter.
- 11.1.11. In Fenwick, the furthest house from the proposed pharmacy location is 0.8 miles and that's extreme, most houses are well within half a mile, a very comfortable walking distance for most and just the same as the doctors' surgery which was so highly valued. There is a bus service from Moscow and Waterside operating 3 times a day and with Waterside being only 2 miles away and Moscow 4 miles, Fenwick is much more accessible for these residents than Kilmaurs or Kilmarnock. The communities work together - so getting a lift from Fenwick or accessing the services of Fenwick by bus – it's just a fact of life, and how we work as a rural community.
- 11.1.12. When the Health Board announced the temporary closure of the surgery, Fenwick Community Council invited representatives of the Health Board to attend community meetings to address residents' significant concerns. These meetings were also attended by the MSP's and Local Councillors who have written in support of this pharmacy application. These elected representatives are well placed to understand the very real difficulties that the people we represent are facing. They have heard it from the people themselves within the community and; also through representation at their local surgeries. They have personally witnessed the very high level of concern about the future of Primary Care and how residents, particularly the elderly, will cope. Additionally, I would ask you to note that, in response to a letter from Fenwick Community Council, John Burns, the Chief Executive of Ayrshire and Arran Health Board wrote, "I understand that the last two years have been a difficult time for Fenwick with the loss of the GP branch surgery in the village and the subsequent

resignation of Glencairn Medical Practice", "I appreciate that the community feels that the refusal of the pharmacy application has been a significant disappointment".

11.1.13.

We would ask that you note the following pharmacies already successfully operating in the Ayrshire & Arran Health Board area, Symington with a of population 1106, Springside population 1259, Logan population 1260, Ochiltree population a mere 1046. All of these pharmacies operate within similar distance to other local pharmacies as the proposed location in Fenwick, in the case of Springside and Logan other pharmacies are much closer, all have good road networks and, in some cases, more frequent and less costly public transport. Monkton, a village almost identical to ourselves, even sharing the same No 4 bus service, was recently granted a pharmacy by Ayrshire & Arran PPC making the decision to refuse Fenwick even more incomprehensible. I quote from the PPC's decision for Monkton, *"The Committee concluded that, on the basis of the evidence gathered, the service was adequate for some, but not for others because of the difficulties in accessing the total range of pharmacy care services apart from the fulfilling of prescriptions. The existing pharmaceutical services were therefore inadequate to the defined neighbourhood"*. Exactly the same as our situation in Fenwick, Moscow and Waterside. The inconsistency of decision-making gave rise to considerable local comment particularly from our elected representatives who were incredulous at the disparity between two such similar communities. The Director of Health and Social Care Partnership commented on the difference in language and tone of the two hearing reports and firmly believes Fenwick should be awarded a pharmacy. Like Fenwick, there is no doctor's surgery in Springside or Logan and the once a week doctors visit to Ochiltree is expected to cease, there is also no doctor's surgery in Monkton. The people living in our neighbourhood want parity with other similar communities, they want to be treated the same. They want equality of access to a first point of Primary Care in an accessible location within a reasonable and affordable distance. We, our MSP's and our local Councillors consider that to refuse this would be unjust and unfair.

11.1.14.

We have reviewed previous PPC decisions and on occasion the absence of local facilities has been used as a reason to justify refusal in that residents need to leave the area to access their daily needs. Perhaps it is time to look at this again as times have changed. I worked for a national retailer for a period spanning some, 30 years, so I believe I am suitably qualified to comment on the changes in the way we shop. Times have changed. Kilmaurs Post Office has recently closed.

Supermarkets and low-cost food retailers have brought significant changes to the composition and viability of neighbourhood shops and high streets. Sell by dates have been extended, use of frozen foods has increased, people no longer need to access shops in the way they did previously. Online ordering and home delivery are common place, indeed family living on the other side of the world can order food and essentials, in fact almost anything to be delivered to your doorstep at little or no cost. Internet banking and the ability to scan a cheque into your account means that there is little need to visit a bank and the use of cash is becoming increasingly rare – as seen by a number of bank closures in Scotland.

11.1.15. So, living in Fenwick what is currently available- a newspaper delivery service; milk and fruit and vegetables delivered to your doorstep; a weekly fish van; milk, bread, eggs, cheese, deli products, vegetables and selected groceries available from Logan's Larder; an ice cream van; butchery delivery from local producers; mobile library; take away fish and chips and pizza; Gourmet Jambo based in Fenwick, delivering healthy home prepared soups and ready meals and, not forgetting our furry friends, a local pet food delivery service too. Cash withdrawal is available from the Kings Arms a minimum of 12 hours a day Mon-Sat and 11 hours on a Sunday and, if current proposals come to fruition, groceries may soon be available there too.

11.1.16. By contrast, our need for access to a pharmacy as the first point of Primary Care has increased significantly in recent years, the one thing missing in Fenwick and which in most cases, is only possible in person. More complex medication, an ageing population, an increased range of pharmaceutical services, Pharmacy First for urinary tract infections and impetigo, increased Care in the Community with people living longer in their own homes with the help of smart supports, reduction in hospital beds - Crosshouse Hospital has just announced the closure of 89 beds used mainly for the elderly, and to cap it all we have a national shortage of doctors which we have already very much felt the sharp end of in Fenwick. The Scottish Government want to see pharmacies "at the heart of the community" they want to improve access and increase capacity. This is an excellent opportunity to do just that in a community where a pharmacy is highly desired and where the local people are committed to supporting a pharmacy in the village.

11.1.17. We believe that the CAR clearly shows that the current provision of pharmaceutical services is inadequate, the comments clearly indicate that the length of time and cost of accessing a pharmacy by public

transport is unacceptable, particularly where the balance of a prescription requires a second and even a third journey. Both Kilmaurs Pharmacy and Lloyds Pharmacy object to the opening of a pharmacy in Fenwick stating the current provision to be adequate, however, as no other pharmacies in Kilmarnock or Stewarton have objected, we must assume that the other pharmacies agree with us that the current provision is inadequate and have no objection to a pharmacy opening here.

- 11.1.18. In the case of Kilmaurs Pharmacy we would make the following points:-
- 11.1.18.1. • A journey by car to Kilmaurs Pharmacy is a round trip of 9 miles from the centre of Fenwick and 14 miles from Waterside using the B751 which is an unpleasant road to drive in good weather and particularly unpleasant and quite frankly dangerous in winter. In poor conditions residents choose to drive the longer route via Kilmarnock.
 - 11.1.18.2. • Parking near the pharmacy in Kilmaurs is congested and difficult.
 - 11.1.18.3. • There is no direct access from Fenwick to Kilmaurs by public transport. Four buses at a cost of £10.50 return per adult and £5.25 per child and a minimum journey time of at least 45 minutes each way would be required. Access from Moscow and Waterside is virtually impossible by public transport.
 - 11.1.18.4. • It would neither be safe nor reasonable to access Kilmaurs Pharmacy on foot.
 - 11.1.18.5. • We recognise that Kilmaurs pharmacy offers a prescription collection and delivery service for residents who have transport or mobility issues. But whilst, this service has been valued as a short-term solution to the loss of a dispensing service in Fenwick, it must be recognised that this does not facilitate face-to-face contact with a pharmacist, access to the minor Ailments Service or the wider range of services being offered by the applicant. It must also be noted that the provision of a delivery service is NOT a core service and cannot be guaranteed in the future to secure pharmacy provision for our neighbourhood.
 - 11.1.18.6. • Ms Yousaf has previously stated that the opening of a pharmacy in Fenwick would not impact on the viability of her business. She was, however, concerned about the impact on local residents

perhaps having to face the disruption of the closure of a new pharmacy should it not be successful. Whilst Ms Yousaf's comments were heart warming, they were also somewhat patronising and dismissive. Our residents have clearly shown their need, desire and support for a pharmacy through their comments in the CAR and, as a resilient community, it is their voices which should be heard. They are more than capable of making their own decisions and knowing what is best for them.

- 11.1.18.7.
- The only reason residents of our neighbourhood use Kilmaurs Pharmacy is through association with the doctors or perhaps, at a push, if visiting family. Many residents have already moved surgery from Kilmaurs since the closure of Fenwick Surgery to register in Kilmarnock. In fact, Ayrshire and Arran Health Board had to close transfers for fear that the Kilmaurs practice would become unstable. New residents are very unlikely to register at Kilmaurs due to the inaccessibility of the practice and through time it is highly likely that use of Kilmaurs Pharmacy will naturally decline and there will be extremely limited business, indeed if any, from our neighbourhood. To endorse this, I would point out that having lived here virtually all my life I have never actually used a shop in Kilmaurs and very rarely even drive through it.

- 11.1.18.8.
- When the surgery in Fenwick closed, Ms Yousaf believed she had picked up most of the business from Fenwick. The statistics recorded on the ISD website would strongly suggest otherwise.

11.1.19. In relation to Lloyds pharmacy we would comment as follows:-

- 11.1.19.1.
- A journey to Lloyds Pharmacy by car is a round trip of 7 miles from Fenwick and 12 miles from Waterside.

- 11.1.19.2.
- Public access to Lloyds Pharmacy is available by bus at intervals of 30 minutes and at a high cost of £4.90 return per adult and £2.45 per child aged 5-15. There is no safe crossing place when arriving by bus at the increasingly busy Glasgow Road which is a major concern for the elderly and those with children.

- 11.1.19.3.
- High waiting times have been reported by local residents using Lloyds Pharmacy with 30 minutes not being unusual. There are no facilities for coffee while you wait in the shopping area. Using the local bus service and taking into account walking/waiting time this can result in a round trip of more than 1 hour 30 minutes. Not ideal

when you are feeling unwell or have a poorly child.

- 11.1.19.4. • A round trip of 7 miles on foot is unreasonable.
- 11.1.19.5. • Recent housing development at Southcraigs and Craighall Farm have put significant extra pressure on Lloyds Pharmacy and with further housing development planned for North Craig and further industrial development at Rowallan and Meiklewood/Mosside Business parks, footfall and traffic will only increase.
- 11.1.19.6. • We would also comment that Lloyds have not attended either of the two previous hearings – and are not here today – and beyond saying that they see the current provision as adequate, have not expanded on their reasons for objection. There is no indication that they are passionate about opposing the application or have any real concern about the impact on their existing business.
- 11.1.19.7. • Crucially, Lloyds do not provide a collection or delivery service to Fenwick at present.
- 11.1.19.8. • We believe that opening a pharmacy in Fenwick would have little or no impact on Lloyds pharmacy and with the continuing development in the area they are already benefitting from a natural increase in business in any case.

11.1.20. In establishing the viability of a pharmacy, it is important that we take in to account the demographics of the area. With a very conservative estimated population of 1850 including the rural areas and the average number of dispensed items per head of population in Ayrshire & Arran being 22 this would equate to 3400 items per month being dispensed to the defined neighbourhood, rising to 3850 for a population of 2100. Considering the age profile of our community it is highly likely that the average number of items dispensed will be even higher for our population. It is also widely recognised that, on average 75-80% of prescriptions are repeat. Most likely even greater in an area with a high proportion of elderly residents. With such a high level of support recorded in the CAR, Mr Ahmed's conservative estimates for his business plan look very easily achievable. We recognise that for acute prescriptions some residents may choose to collect their medication from the nearest available pharmacy, but we strongly believe that our residents will support the local pharmacy at every opportunity and with over 50% of the population eligible to register for MAS this seems to be a viable business opportunity. The 3 other pharmacists who approached

Cllr. McFadzean would appear to think so too. As a comparison for viability, Ochiltree pharmacy only dispensed 800/900 items per month when it first opened in 2013 and now regularly dispenses over 2000 per month with a much lower population. The pharmacy is highly valued in that community with the pharmacist being widely recognised for his excellent personal service. With Mr Ahmed's personable approach, we see this being replicated in Fenwick.

11.1.21.

As Community Councillors at the heart of our communities, we understand the fears and concerns of our local residents in terms of their ability to access pharmaceutical services and primary care. People who can drive at the moment, know that this may not always be the case. Dementia, cancer, strokes, heart conditions, physical ageing are just some of the reasons why people may no longer be able to drive. We are very well aware of a number of local residents where this is already the case. Our residents want to be able to access services themselves rather than being increasingly dependent on others. They want these services to be accessible so that they can retain self-esteem by coping for themselves. They want to have greater capability to self-manage their care supported by pharmaceutical services which meet their needs and wishes. They want to meet their pharmacist face-to-face and build a rapport with him, particularly where prescriptions are complex. They want exactly what is described as the first priority and commitment in the Scottish Government's publication *"Achieving Excellence in Pharmaceutical Care- A Strategy for Scotland"* - that being, *"increased access to a community pharmacy as a first port of call for managing self-limiting illness and supporting self-management of stable long-term conditions"*.

11.1.22.

We fully understand that people would love to see a surgery back in the village, indeed this desire is registered in the CAR where some people commented that they would rather have a doctor's than a pharmacy. With Ayrshire and Arran already facing a shortfall of trainee doctors and still missing its recruitment targets in spite of £30,000 "Golden Hellos", we know that this is simply not going to happen. On the other hand, a pharmacy at the heart of our community in a central and accessible location fully supports Pharmacy First and the Government's vision for the future of pharmacy provision in rural communities. We need to secure access to future expanding pharmaceutical services for ALL residents and particularly for the increasingly high number of elderly residents in our neighbourhood. We need to address the very significant gap and inadequacy in

pharmaceutical services that resulted from the closure of our dispensing doctors and improve access to clinical care for those who live here. A pharmacy in Fenwick is very realistic, necessary, desirable and achievable.

11.1.23. We hope that you will recognise the community's passion for a pharmacy in the village and the very real difficulties we are facing. This is clearly recorded in the CAR, the voice of our people. In securing pharmaceutical services, we must look to the future for our ageing population as they look forward to greater life expectancy through modern pharmaceutical and medical provision and a digitally enabled infrastructure. We ask today that you please support our residents' right to equality of access to Primary Care and say "yes" to a pharmacy in Fenwick. Thank you."

11.1.24. This concluded the presentation from Ms Wilson.

12. **Questions from the Applicant to Ms Wilson**

12.1. The Applicant had no questions.

13. **Questions from the Other Interested Party to Ms Wilson**

13.1. Questions from Ms Yousaf to Ms Wilson

13.1.1. Ms Yousaf referred to the high proportion of elderly residents in Fenwick and asked whether Ms Wilson believed that they might be mobile enough to travel the short distance to the pharmacy.

- Ms Wilson acknowledged that there would be situations where a person would not be able to travel to the pharmacy but noted that earlier discussions had referred to options for people to collect prescriptions on their behalf. It was less than half a mile to the pharmacy for many Fenwick residents and it had not been an issue when people had to collect their prescriptions from the GP Surgery which was only 150 yards from the proposed pharmacy premises.

13.1.2. Ms Yousaf referred to the arrangement between the hairdresser and the Doctor's surgery where prescriptions had been left at the hairdresser for people to collect, and asked whether this collection service had been outwith surgery hours.

- Ms Wilson said it had been a mutually convenient arrangement. The Surgery in Fenwick had opened 3 ½ days a week, and the local hairdresser was in an adjacent property. If they knew that a patient was running late, they would leave the prescription at the

hairdresser's to collect. The proposed hours of the new pharmacy offered full time opening hours, and accessibility to pharmaceutical services in a growing community, which was better than they had previously, and would easily replace the dispensing facilities that had been provided by the Fenwick Surgery before it closed.

13.1.3. Ms Yousaf referred to Fenwick's changing shopping habits and whether Ms Wilson assumed that people did not go out of the village as much as previously. Ms Yousaf asked whether Ms Wilson would agree that the elderly population were unlikely to use the internet.

- Ms Wilson disagreed and said there were a number of "silver surfers" who had no issues with using the internet, and the elderly residents also had the support of their family and friends. Ms Wilson added that she was not saying that people never left the village, but that when they did travel outwith, it was not normally just to visit a pharmacy. The local shops in the High Street were struggling to compete with the larger stores which provided more value. Shopping products had changed (milk now lasted for 7 days) and shopping methods had changed (deliveries from stores to farms and villages). Ms Wilson noted that fewer communities had post offices, as there was less need for letters as correspondence was mainly handled by email. Ms Wilson acknowledged that there had been a change in facilities in Fenwick but stated that people could happily live in Fenwick without leaving if they wished.
- Ms Wilson referred to Ms Yousaf's comment that a local store closing prior to Christmas 2017, which had been unfortunate and although they had hoped that a new grocer retailer would reopen the store, it had not yet happened as there had been a number of considerations – it had not been closed due to lack of viability, but due to the owners having no business expertise

13.1.4. Ms Yousaf noted the low level of responses (205) to the Consultation Analysis Report and (193) to the Fenwick Community Action Plan and asked whether this indicated the lack of interest in a new pharmacy.

- Ms Wilson refuted this. The Community Action Plan had been hand delivered 405 homes in the village, and the response had been 193. The 205 responses had been in relation to the Consultation, which had involved having to telephone or visit a location in the village in order to get a manual form, or to complete online. Ms Wilson said the information reported at the previous hearing had been incorrect.

13.1.5. Ms Yousaf asked whether parking would be an issue at the new pharmacy or whether people would be likely to use the Park and Ride

location.

- Ms Wilson said that although people could use the Park and Ride, for residents who lived in the village, parking was not an issue.

13.1.6. Ms Yousaf asked whether Ms Wilson knew that the Kilmaurs Post Office had not closed permanently, but plans for its relocation had been approved.

- Ms Wilson said that she was unaware of this and acknowledged that post offices were in decline due to no longer being viable.

13.1.7. Ms Yousaf had no further questions.

14. **Questions from the Committee to Ms Yousaf**

14.1. Ms Stitt (Pharmacy Contract Member) – Questions to M Yousaf

14.1.1. Ms Stitt asked which pharmacies delivered to the neighbourhood.

- Ms Wilson replied that she believed Kilmaurs Pharmacy delivered to Fenwick and a couple of Boots pharmacies from Kilmarnock delivered, but acknowledged she could be wrong.

14.1.2. Ms Stitt asked if any independent pharmacies delivered.

- Ms Wilson replied that she was not aware of any independent pharmacies that delivered to Fenwick.

14.1.3. Ms Stitt asked which pharmacies provided medicines to the nursing home.

- Ms Wilson replied that Boots in King Street in Kilmarnock delivered to the nursing home. Miss Stitt said that she was unaware of this.

14.1.4. Ms Stitt asked whether both Community Councils had always supported the Application.

- Ms Wilson said that the Application had initially been proposed at the time when there had been a dispensing surgery in the village and the scenario had been challenging since residents had raised concern that if a new pharmacy opened, there was a possibility that the village would lose the dispensing surgery as it would no longer be viable. But in the end there had been no impact since the surgery had closed because they had been unable to recruit GPs – partly due to the fact the premises required investment – the surgery in Fenwick had been converted from a house whilst the other two surgeries in Kilmaurs and Crosshouse had modern purpose built premises. The overriding issue had been the challenge in recruiting GPs

14.1.5. Ms Stitt had no further questions

14.2. Mr Woods (Lay Member) – Questions to Ms Wilson

14.2.1. Mr Woods referred to the statutory test and the question of convenience vs adequacy, and commented that the application could be considered to be borne out of convenience since both Kilmaurs Pharmacy and two Boots pharmacies provided a service to the neighbourhood, and asked Ms Wilson to clarify why she felt the service was currently inadequate.

- Ms Wilson said that a delivery service did not replace a face-to-face contact with a pharmacist. Ms Wilson admitted that convenient was good, but convenient did not equate to adequate. It was about meeting the needs of the residents of the village, rather than being convenient. Ms Wilson added that there were elderly residents and although residents could get their prescriptions delivered, if they needed to speak to someone or get advice, or if it was going to be three weeks before they could get a doctor's appointment, they would often go to see a pharmacist, who may be able to see if there was anything serious in order to accelerate their admission to hospital. People were currently being put off from making a visit to the nearest pharmacy due to the difficulty in getting there, particularly in winter.

14.2.2. Mr Woods had no further questions.

14.3. Mr Daniels (Lay Member) – Questions to Ms Wilson

14.3.1. Mr Daniels asked whether Ms Wilson strongly advocated the inclusion of Moscow in the proposed neighbourhood

- Ms Wilson confirmed.

14.3.2. Mr Daniels asked about the transport links between Waterside, Moscow and Fenwick and asked whether there was public transport from both villages to Fenwick.

- Ms Wilson confirmed there was a rural bus service which had been put in place to support the rural communities. It ran between Galston and Kilmarnock and took a long time, and was not frequent, but it was there. People living in rural communities understood the restrictions that came with living in those locations, and noted that most people had access to a car.

14.3.3. Mr Daniels had no further questions

14.4. Dr Cheyne (Chair) – Point of Clarity

- 14.4.1. The Chair made a point of technical accuracy and clarity relating to Ms Wilson's comment on the closure of 89 beds at Crosshouse Hospital and said that the closure was not of 89 core beds, but the beds had been opened to deal with winter pressures and progressively closed.

15. Summing Up

- 15.1. All parties were asked to sum up their arguments without adding any new information.

15.2. Ms Wilson (Fenwick Community Council)

- 15.2.1. Ms Wilson said that she genuinely hoped the panel understood the feeling of residents from both communities, who were passionate for a pharmacy in the village. The residents believed it was their right to have access to a first point of community care. It was not a small community, there were other smaller communities where pharmacies existed, and the residents of Fenwick, Moscow and Waterside wanted parity with them.

- 15.2.2. Ms Wilson added that she hoped the panel understood the Community Council's belief that a pharmacy in Fenwick would be viable.

15.3. Ms Yousaf (Central Pharmacies (UK) Ltd)

- 15.3.1. Ms Yousaf said that she was not present in order to pick up points in the Application but her concern was viability, which was why she had stuck to that point.

- 15.3.2. Ms Yousaf said that they had been the first pharmacy that people had contacted when Fenwick Surgery had closed, so they had seen first hand the issues difficulties and anxieties patients had, and did not want that to happen again, which is why she had brought up the issue of viability and her concerns.

15.4. The Applicant

- 15.4.1. The Applicant said there was no access to a pharmacy in the neighbourhood which highlighted the inadequacy.

- 15.4.2. The Applicant said he had spoken about the distance of 3 miles between Kilmaurs and Waterside and Moscow with no direct public transport, which was costly, took a long time and was dangerous. The limited

access underlined the necessity and desirability for a pharmacy in Fenwick.

15.4.3. The Applicant said approving his new contract would make it easy walking distance for the majority of residents, and they could collect their medicines anytime throughout the day and not need to rely on a delivery service.

15.4.4. The Applicant emphasised that his pharmacy would be viable, and added that there would be no impact on the existing pharmaceutical service.

15.4.5. The Applicant said that, during the hearing, the difficulty in access to Kilmaurs pharmacy had been explained. Kilmaurs could only deliver prescriptions and not provide the full range of core pharmaceutical services. The Applicant said that if a delivery service was adequate (which was not a core service), then there would be no need to open a pharmacy; however the main focus today had been the high level of support from the CAR, and the comments from the residents.

15.4.6. The Applicant acknowledged that both Community Councils had shown strong support for his application and not just one or two – but five – councillors and MSPs backed the application.

15.4.7. The Applicant said that the application had first been considered a few years ago and he was 100% confident of the need and viability that his pharmacy could provide the pharmaceutical service required in the village, and commented that he would be naive to invest his time and money if he had been in any doubt.

15.4.8. The Applicant concluded, saying he hoped he had shown a clear need for a new pharmacy in Fenwick.

16. Retiral of Parties

16.1. The Chairman 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 Chairman advised that the Committee would consider the application and representations prior to making a determination, and that a written decision with reasons would be prepared, and a copy issued to all parties within 15 working days. The letter would also contain details of

how to make an appeal against the Committee's decision and the time limits involved.

- 16.2. The Chairman advised the Applicant and Interested Parties that it was in their interest to remain in the building until the Committee had completed its private deliberations, and that if they chose to leave, it would be recorded in the Report of the Hearing. This was in case the open session was reconvened should the Committee require further factual or legal advice in which case, the hearing would be reconvened and the parties would be invited to come back to hear the advice and to question and comment on that advice. All parties present acknowledged an understanding of that possible situation.

- 16.3. The hearing adjourned to allow the Committee to deliberate on the written and verbal submissions. The Applicant, Interested Parties and Ms Murray left the room at 16:05.

All of the interested parties remained within the building with the exception of Mrs Jean Brown who chose to leave at this point.

17. **Supplementary Information**

- 17.1. Following consideration of the oral evidence, the Committee noted:

- 17.2. i. That they had jointly undertaken a site visit to Fenwick and the surrounding area noting the location of the proposed premises, the pharmacies, general medical practices and the facilities and amenities within. For avoidance of doubt the neither the Applicant nor any of the interested parties took part in the site visit, but the Applicant was present at the proposed premises, and Ms Yousaf was present at Kilmaurs Village Pharmacy.
- ii. Maps indicating the journey between (a) the proposed pharmacy and pharmacies in Kilmarnock and Kilmaurs (b) the proposed pharmacy to GPs in Kilmarnock, Crosshouse and Kilmaurs.
- iii. Extracts from Information Services Division Community Pharmacy Activity and direct pharmaceutical care services provided (January-June 2017) relating to Kilmaurs Village Pharmacy (#5262), Lloyds Pharmacy (#5188),
- iv. Extract from East Ayrshire Local Development Plan -Volume 2: Settlement Maps
- v. Fenwick Village Community Action Plan 2014-2019
- vi. Datazone information – Census 2011 (Health & Population Statistics) - Not provided, only referenced
- vii. Local Bus Timetables

- viii. The application and supporting documentation including the Consultation Analysis Report.
- ix. NHS Ayrshire & Arran Pharmaceutical Care Services Plan 2012

18. **Summary of Consultation Analysis Report (CAR)**

18.1. Introduction

18.1.1. NHS Ayrshire & Arran had undertaken a joint consultation exercise with the Applicant regarding the application for a new pharmacy at 77 Main Road, Fenwick, KA3 6DU.

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

18.2. Method of Engagement to Undertake Consultation

18.2.1. The consultation was conducted

- (i) By placing an advertisement in the Kilmarnock Standard weekly;
- (ii) notifications being placed on the Health Board Twitter and Facebook pages with subsequent notices at regular intervals;
- (iii) A link to the consultation document was placed on the front page of NHS Ayrshire & Arran's website (www.nhsaaa.net);
- (iv) Hard copies of the questionnaire were available at various locations: (i) Crosshouse Medical Practice, Crosshouse Resource Centre, Annandale Gardens, Crosshouse (ii) The Surgery, 12 London Road, Kilmarnock, (iii) The Surgery, 31 Portland Road, Kilmarnock (iv) Fulton Memorial Hall, 91 Main Road, Fenwick, (v) Mirage Hairdressers, 83 Main Road, Fenwick (vi) The Post Office, J D Gordon, 96 Main Road, Fenwick, (vii) the Kings Arms, 89 Main Road, Fenwick, (viii) McFadzean Motors, 63 Main Road, Fenwick, Fine Foods Deli, Main Road, Fenwick (ix) Fenwick Hotel, M77 Junction 8, Fenwick (x) Sunnyside Cottage Gardens, Grassyards Road, Kilmarnock
- (v) Joint consultation leaflet drops were carried out by the Community Council.

18.2.2. The Consultation Period lasted for 90 working days from 23 June 2017

to 27 October 2017 and the total number of responses received was 205.

18.3. Summary of Questions and Analysis of Responses

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

Question	Response Percent			Response Count			
	Yes	No	Don't know	Yes	No	Don't know	Skipped
1. Do you agree this describes the neighbourhood to be served?	85.5%	9.76%	4.39%	176	20	9	0
2. Do you think the proposed location is appropriate?	87.25%	10.29%	2.45%	178	21	5	1
3. Do you live within the above neighbourhood?	92.2%	6.34%	1.46%	189	13	3	0
5. Fenwick Pharmacy aims for the community pharmacy are to provide the following services from their pharmacy in addition to Dispensing Prescriptions and providing the required core services such as Minor Ailments Service, Chronic Medication Service, Acute Medication Service and the Public Health Service: smoking cessation service, supply of Emergency Hormonal Contraception, Palliative Care Service (if required), Supplementary prescribing clinic, Advice to Care Homes, Compliance Support (weekly blister packs), Blood Pressure Testing, Blood Glucose Testing, Cholesterol Testing, travel vaccination clinic, prescription collection and delivery service, Stoma Service, Urgent Health Matters, Supply of emergency prescription medicines, gluten free foods service. Do you think that the services listed are appropriate for the proposed new location?	87.13%	8.42%	4.46%	176	17	9	3
6. Do you believe there are any gaps/deficiencies in the existing provision of pharmaceutical services to the neighbourhood?	79.1%	16.42%	4.48%	159	33	9	4
7. Wider Impact – Fenwick Pharmacy believes it will significantly improve access to services for all the residents of the village. Services such as Minor Ailments, Smoking Cession and the dispensing of prescriptions will be available at the heart of the community. It will work with other NHS providers such as GP practices in a bid to maximise and deliver local health services in Fenwick and the surrounding areas. Do you wish to comment on the above	60%	39.49%	0.51%	117	77	1	10

statement?							
8. Do you believe this proposal would have any impact on other NHS services?	31.84%	57.73%	14.43%	64	108	29	4
9. Do you support the opening of a new proposed pharmacy at 77 Main Road, Fenwick, KA3 6DU?	87.80%	9.27%	2.93%	180	19	6	0
10. Please indicate whether you are responding as an individual or organisation	Individual 98.03%	Organisation 1.97%		Individual 199	Organisation 4		Skipped 2
11. It would be helpful if you could complete the following optional questions, please note that all responses are confidential	Postcode of Home Address 96.98%	Number of Occupants in Household (including children) 98.99%		Postcode of Home Address 193	Number of Occupants in Household (including children) 197		Skipped 6

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. Fenwick Pharmacy plans to provide pharmaceutical services at the following times: Monday Tuesday, Wednesday and Friday 9am-5.30pm, Thursday 9am-6pm, Saturday 9am-1pm, Sunday Closed. The pharmacy will remain open at lunchtime.	85.22%	4.93%	4.43%	5.42 %	173	10	9	11	2
Do you think that the proposed hours are appropriate?									

18.3.2. In total 205 responses were received. All submissions were made and received within the required timescale, thus all were included in the Consultation Analysis Report.

18.3.3. From the responses, 199 were identified as individual responses and 4 responded on behalf of a group/organisation. 2 respondents did not provide an indication as to whether the response was individual or on behalf of an organisation.

18.4. Consultation Outcome and Conclusion

18.4.1. The use of Survey Monkey allowed views to be recorded and displayed within the full Consultation Analysis Report in a clear and logical manner for interpretation

19. **Discussion**

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

19.2. **Neighbourhood**

19.2.1. A number of factors were taken into account when defining the neighbourhood, including those resident in it, natural and physical

boundaries, general amenities such as schools/shopping areas, the mixture of public and private housing, the provision of parks and other recreational facilities, the distances residents had to travel to obtain pharmaceutical and other services and also the availability of public transport.

- 19.2.2. The Committee discussed in detail and agreed that the Neighbourhood should be defined as shown by the area identified in the Applicant's application, given that the Interested Party had not raised any issues with the defined Neighbourhood and that Mrs Wilson had indicated that both Fenwick Community Council and Waterside & Moscow Community Council's residents considered themselves to live within the same neighbourhood i.e. a defined community in its own right.

SOUTH From Moscow travelling north on A719, turning left and taking unnamed road towards Sunny Side Cottage Gardens, then travelling West and taking a series of unnamed roads until the B7038 / Main Road roundabout is reached

WEST By the natural boundary of the M77 given that this can only be crossed at certain locations

NORTH By the M77 as this forms a significant natural boundary

EAST From the M77 / A719 intersection following the road all the way down to Moscow

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

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

19.3.2. Population

The Committee considered the population figures from the 2011 census (1038 Fenwick, 82 Waterside, 141 Moscow = 1261) compared with the estimated population provided by the Applicant for mid-2016 (Fenwick 1200, Moscow & Waterside 500 = 1700, plus potentially 470 from the new housing development = 2100), and the assertion of Ms Wilson for on behalf of the Fenwick and Moscow & Waterside Community Councils (1271 Fenwick, 741 Moscow & Waterside = 2012) and agreed to accept the East Ayrshire Council population of 1271 Fenwick, 71 for Moscow & Waterside

(total 2012).

- 19.3.3. The Committee acknowledged the transient population which had not been included in the above figures. The Committee felt this was not significant.

19.3.4. Consultation Analysis Report

The Committee reviewed the responses in the CAR, in particular noting:

- 19.3.4.1. Question 6, which related to gaps and deficiencies. The Committee noted that 79.1% of respondents had agreed that there were gaps or deficiencies. Mr Woods commented that he had looked at the 150 comments, and noted that a large number of comments related to convenience – that they wanted a local pharmacy or that they would need to travel to another pharmacy by bus - rather comments highlighting any issues with the pharmacy they currently used (eg waiting times) or complaints. Mr Woods noted that 75% of comments related to convenience, 5% were unhappy with the current arrangements, 9% were currently happy with the current arrangements and 11% of indeterminate responses.

- 19.3.4.2. Question 9, which related to support for the opening of a new pharmacy. The Committee noted that 87.8% of respondents supported the application. From the 101 written comments, Mr Woods noted that 50% of comments were based on convenience, 12% were happy with the current arrangements, and 35% of comments were indeterminate.

19.3.5. Access

The Committee considered the evidence presented regarding the high costs of public transport, the challenges to pedestrians along the roads near the bus stops, and length of time it would take for residents of Fenwick to access another pharmacy outwith the Neighbourhood. The Committee acknowledged that residents who chose to live in rural areas, accepted the limitations and restrictions this lifestyle created such as the limited number of buses per day.

- 19.3.6. The Committee noted that there were no direct bus services between either Moscow or Waterside and Kilmaurs, but there was a direct service to Fenwick, albeit with a limited service.

- 19.3.7. The Committee considered that there were a limited number of services and amenities in Fenwick and many businesses delivered to the neighbourhood. The Committee acknowledged Ms Wilson's comment that people living in rural communities accepted the limitations.

19.3.8. The Committee acknowledged that the nearest pharmacy – Lloyds – had chosen not to appear at the hearing, and noted that other pharmacies delivered to the Neighbourhood.

19.3.9. Whilst acknowledging that a delivery service was not a core service, the Committee took into consideration housebound and elderly patients and residents who might need a face-to-face consultation with a pharmacist for the eMAS or other service.

19.3.10. Complaints

The Committee noted that no evidence had been presented regarding complaints.

19.3.11. Viability

The Committee considered the evidence presented that there were smaller communities with viable pharmacies. The Committee considered the Applicant's projected annual turnover of £156k, and payments for staff, delivery driver, van rental, insurance

19.3.12. Premises

The Committee compared the layout of Kilmaurs Village Pharmacy (which had a very small consultation room, and uneven floor) and the current size of the proposed premises was also poor, whilst noting the Applicant had agreed to ensure access to a consulting room and to be compliant with the access requirements under the Equality Act 2010.

19.3.13. Adequacy

The Committee considered the evidence provided which indicated that some services were adequate, but not all. There was a high number of elderly residents for whom travelling on public transport would be very challenging. The cost of public transport was high and the public transport service provision was inadequate. The Committee noted that whilst residents (who had access to a car) would have a shorter journey to access pharmaceutical services outwith the Neighbourhood, this was more dangerous in the winter.

19.3.14. The Committee considered the high level of response to the CAR from the population and the high proportion who were in favour of the new pharmacy being opened.

19.3.15. The Committee discounted the size of the pharmacy premises on the basis that the quality of service would not be affected by the quality of the

premises, which met the minimum standards, and the proposed pharmacy would also comply with the Equalities Act 2010.

20. **The Decision**

20.1. At 17:00, following the withdrawal of Ms Stitt and Mr Bryson in accordance with the procedure on applications contained within Paragraph 7, Schedule 4 of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 1909, as amended, the Committee, for the reasons set out above, following a casting vote by the Chair, the Committee concluded that there was evidence provided to demonstrate an inadequacy of the existing pharmaceutical services to the defined neighbourhood.

20.2. Having ascertained that pharmacy services to the defined neighbourhood were inadequate due to the high cost of travel and cost of delivery, access time to reach the nearest pharmacy and the hazard of crossing a very busy main road) consideration was then given to whether the proposed application was necessary or desirable to secure adequate provision of pharmaceutical services for the neighbourhood.

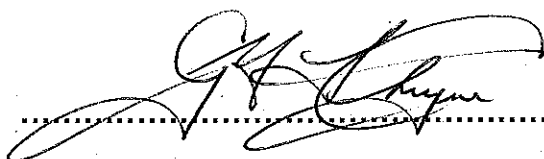
20.2.1. Committee members concluded that the proposed application was necessary in order to secure adequate pharmaceutical services, given the difficulties in accessing existing services as a result of the high cost and length of time taken to visit another pharmacy via public transport, or by walking.

20.2.2. Accordingly, the decision of the Committee was that the provision of pharmaceutical services at the premises was necessary 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 approved. This decision was made subject to the right of appeal as specified in Paragraph 4.1, Regulations 1909, as amended

20.2.3. Ms Stitt and Mr Bryson returned to the meeting at 17:05, and were advised of the decision of the Committee.

The meeting closed at 1710 hours

Signed:



Martin Cheyne
Chair – Pharmacy Practices Committee

Date:

11 June 2018