



PPC/123

Minutes of the meeting of the Pharmacy Practices Committee (PPC) held on Tuesday 28 August 2018 at 1330 hours in the Gallery, Burns Cottage Museum, Murdoch's Lone, Alloway, KA9 4PQ and continued at 17:00 hours in Meeting Room 1, Eglinton House, Ailsa Hospital, Ayr, KA6 6AB

The composition of the PPC at this hearing was:

Chair: Dr Martin Cheyne

Present: Lay Members Appointed by NHS Ayrshire & Arran

Ms Pauline Hamilton
Mr Donald Osborne

Lay Members Appointed by NHS Greater Glasgow & Clyde

Mr Stewart Daniels

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

Mr John Connolly (non-voting)
Mr Kenneth Irvine (non-voting)

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

Mr Scott Bryson (non-voting)

Secretariat: Ms Anne Ferguson, NHS National Services Scotland, Scottish Health Service Centre (SHSC)

1.	APPLICATION BY MR SEAN MANSON
1.1	There was submitted an application and supporting documents from Mr Sean Manson received on 19 October 2017, for inclusion in the

	pharmaceutical list of a new pharmacy at 21 Main Street, Monkton, KA9 2QJ.
1.2	Submission of Interested Parties
1.3	<p>The following documents were received:</p> <ul style="list-style-type: none"> • Letter dated 25 October 2017 from Ms Joanne Watson of Boots UK Ltd • E-mail dated 27 October 2017 from Mr Stuart Burns of Burns Pharmacy Ltd (t/a Toll Pharmacy) • Letter dated 16 November 2017 from Ms Roisin Kavanagh, Professional Secretary of the Area Pharmaceutical Professional Committee (APPC)
1.4	Correspondence from the wider consultation process undertaken jointly by NHS Ayrshire & Arran and Sean Manson
1.5	<ul style="list-style-type: none"> 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	<p>At 1330 hours on Tuesday, 28 August 2018, the Pharmacy Practices Committee ("the Committee") convened to hear the application by Sean Manson ("the Applicant"). The hearing was convened under Paragraph 2 of Schedule 3 of The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, as amended, (S.S.I. 2009 No.183) ("the Regulations"). In terms of paragraph 2(2) of Schedule 4 of the Regulations, the Committee, exercising the function on behalf of the Board, shall "determine any application in such manner as it thinks fit". In terms of Regulation 5(10) of the Regulations, the question for the Committee was whether "the provision of pharmaceutical services at the premises named in the application is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located by persons whose names are included in the Pharmaceutical List".</p>
2.3	<p>The Chairman welcomed all to the meeting and introductions were made. It was explained that the Burns Museum closed at 5pm and therefore the hearing would need to relocate to Eglinton House if the Committee had not reached its conclusion by this time. All were content with this approach.</p>
2.4	<p>When asked by the Chairman, all parties confirmed that the hearing papers had been received and considered.</p>
2.5	<p>When committee members were asked by the Chairman to declare any</p>

	interest in the application, none were declared.
2.6	Members of the Committee had undertaken a joint site visit to Monkton and the surrounding area 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. 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.
3.	Attendance of Parties
3.1	The Applicant, Mr Sean Manson was accompanied by Mrs Xue Bai-Manson. From the Interested Parties eligible to attend the hearing, the following accepted the invitation: Ms Joanne Watson accompanied by Mr Steven Kerr (Boots UK Ltd) and Ms Catherine Burns accompanied by Mr Nicholas Burns representing Toll Pharmacy Ltd.
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 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.	Submissions
4.1	The Chairman invited Mr Sean Manson, to speak first in support of the application:
4.2	Mr Manson gave a presentation and read aloud the following pre-prepared statement making alterations as necessary:
4.3	"Opening Statement
4.4	Firstly, I would like to thank the committee for being here today, allowing me to present my case for a new pharmacy within the village of Monkton. I realise that this rehearing convened, under paragraph 2 of schedule 3 of The National Health Service (Pharmaceutical Services) (Scotland) regulations 2009 as amended, should be determined based on the facts and evidence provided today, and I can only hope that the same justified decision can be arrived at following the conclusion of this hearing.
4.5	Contents (slide 2)
4.6	This is a quick run through of what I'm going to present today. I'll let you know a little bit about me, I'll then run through what I'm proposing with this application and finally I'll lay out my argument as to why the current provision of pharmaceutical services within Monkton is inadequate - and why a new pharmacy here will alleviate this.
4.7	My Background (slide 3)
4.8	I achieved my Master of Pharmacy degree from Strathclyde University in 2010 and qualified as a pharmacist in 2011 after my pre-registration year.
4.9	Since then, I have successfully managed a pharmacy in Ayr and have worked as a locum for the best part of seven years around Scotland. I have seen all walks of life within community pharmacy, from supermarkets, to high street multinational chains and small independent community pharmacies. This experience has taught me, that small rural communities, where everyone knows and relies on you - is where my heart lies.
4.10	I've spent the last 4 year's working remotely as a superintendent pharmacist at a large independent pharmacy in Stornoway, whereby I ensure the smooth running of the pharmacy and that it is compliant with the operating regulations set out by the General Pharmaceutical Council.
4.11	I've also just completed my independent prescribing qualification at Robert Gordon University in Aberdeen and I am now registered with the GphC as a prescriber. This opens a great door to what I can now offer patients, and I will be capable of providing a pharmacist led independent prescribing clinic within this area should there be a need identified by the

	health board.
4.12	A few years back, I was the pharmacy representative for South Ayrshire on the Ayrshire Pharmaceutical Professional Committee and the Strategic Planning Action Group, which is an advisory committee to the Health and Social Care Integrated Joint Board.
4.13	I also chaired the Area Pharmacy Group, which met quarterly to discuss and learn from the latest goings on in Pharmacy.
4.14	I have a firm understanding of the path which pharmacy is taking within the larger multi-disciplinary team.
4.15	All of this experience has prepared me well to achieve my dreams and take on the role as a pharmacy owner within a small community.
4.16	Being from Monkton myself, from birth till the age of 18 - means I have an intrinsic knowledge of the fabric of this village. I can be agile to change and would have definite value to this community. Although I now live in Troon - I'm regularly in the village; as almost the entirety of my immediate family still stays there.
4.17	I enjoy community pharmacy and feel that I am a good and caring community pharmacist who always does their best to serve the community in which I work. Community pharmacy is playing a much more expanded role within communities and I feel that having a good independent operator who can be agile to the needs of the population can only be a positive thing. I am that type of community pharmacist, and especially so in this my community in Monkton.
4.18	So, I'm not just a speculative applicant who has simply picked a place on the map in which to try and form a case to open a pharmacy. I have a real passion for what I do and love to get involved in helping to enhance the community.
4.19	Monkton, being my local village, I already have a head start in this area. Monkton is a real and tightly knitted community, and anyone who tries to suggest differently simply isn't from there.
4.20	Neighbourhood (slide 4)
4.21	Monkton is a village settlement located north of Prestwick Airport. The village has very distinctive and definitive boundaries in which to define the neighbourhood to be served. The village is virtually enclosed by busy dual carriageways to the west, north and east of the village and Prestwick Airport, Spirit Aerosystems and other large employers to the south. The south boundaries are all gated and not accessible to the general public. Therefore, the population is defined by those boundaries, with the inclusion of Adamton estate to the east - as this can be accessed by an underpass across the A77. The residents of Adamton will use Monkton for groceries, newspapers, posting mail, drawing

	pensions, filling their cars with petrol, withdrawing money etc etc...
4.22	The village belongs to Kyle ward within the council structure. This bands us together with Tarbolton, Dundonald, Mossblown, Symington and Annbank. We are not part of either Prestwick or Troon because we are a self-contained and distinctive village community with needs akin to the other villages.
4.23	Amenities (slide 5)
4.24	<p>Monkton is a self-contained neighbourhood comprising of the following amenities:</p> <ul style="list-style-type: none"> • Primary school - built in 2008 on the same ground as the previous primary school. This was initially comprised of six classrooms, however in the summer of this year the library was converted into a seventh classroom to deal with the ever-increasing roll and "future developments planned around Monkton". Since I left Monkton Primary in 2000, the school roll has increased from 90 to 160. There is also a pre-5's nursery within the school, which is currently at capacity. • Post Office - Monkton Post Office is busy enough to sustain a 5-day opening. • Newsagent and convenience store - It carries a large stock of fresh produce and daily essentials. The convenience store is open from 5am-10pm Monday-Friday and from 7am-10pm on Sunday. This was recently expanded by knocking through an adjacent property to deal with the levels of business the shop conducts, and is a good indicator of how the demand for business and services is very much on the increase within the village. • Church and Pioneer Café - The Cafe is open from 10.00am to 3pm Monday to Wednesday and provides a focal point in Monkton where people can meet. It is very popular with the senior citizens of the village. • There are 3 hotels. <ul style="list-style-type: none"> ○ The Adamton House Hotel has 265 hotel rooms. On the day I went to visit the hotel, reception told me that they were fully booked and that this was a regular occurrence during the summer months. ○ The Manor Park hotel has 32 rooms and is very busy owing to the fact that they run a free park and airport shuttle to Prestwick Airport. ○ Finally, the Premier Inn has 64 rooms which are generally occupied and The Brewers Fayre restaurant joined onto the Premier Inn and is generally very busy. • Carvick Webster Hall - Multipurpose community hall which is generally used for local meetings, fitness classes and functions.

	<ul style="list-style-type: none"> • Petrol station with M&S food - stocks a wide range of meals and groceries, this has also recently been extended to deal with demand. • There is a Horse riding school located in Adamton. • ATMs - there are two ATMs, one situated within the newsagents and one available 24 hours at the petrol station • Polly's tearoom (recently closed) - permission has just been granted by south Ayrshire council for a change of use to a children's nursery. This will bring more children into the village from out with as it will be used by parents of the large working population. The proposal is for 40-50 children and it's highly reasonable to suggest that they will make use of the minor ailment service. • BNBs - There are 3 BNBs in the village which have been operating for years. • There are 3 separate children's play parks • A skate park • A full size football pitch with nets • A mobile hairdresser who resides within the village.
4.25	There are also anecdotal reports of a car garage which is going to be operating shortly from a large purpose-built unit behind the convenience store.
4.26	There isn't a single available unit in the village and I have had to face up to lots of competition even for the unit which I intend to take over. It is a bustling neighbourhood which is a hive of activity during the day.
4.27	So, clearly, we can see that Monkton has all of the services required in order to sustain themselves by in large in the village and lots of residents don't actually need to venture out of the village within the routine of their lives.
4.28	Referring to the NHS guidance to the boards relating to the NHS (Pharmaceutical Services) (Scotland) Amendment regulations 2011 (SSI 2011/32), page 15 paragraph 20a states that Primary Care services should be provided as part of the normal fabric of people's lives.
4.29	The key word here is "normal". Residents of Prestwick and Troon will have to also venture out of THEIR neighbourhoods in order to procure certain goods and services, but with the advent of online food shopping and banking, coupled with the fact that there's only one open retail bank branch left in Prestwick from a previous four - residents of Monkton do not need to, nor do they venture out of the neighbourhood within the NORMAL fabric of their daily lives.
4.30	Population (slide 6)
4.31	So the pharmacy is located here on the map (point to pharmacy)

4.32	The village including Adamton has 517 houses (I know this to be exact as I painstaking walked the entire village and counted them) - on the plus side, my dog got a very good walk that day!
4.33	The health board reported that National Records Scotland estimates the population of Monkton and the wider area as 1,952. This figure is however derived from 2 separate datazones, I have to be honest and would suggest that this number is slightly high.
4.34	The permanent population of the neighbourhood is estimated more to be in the region of 1,300.
4.35	<p>This has been derived through the following methodology.</p> <p>The 2011 census stated a population 918 for Monkton village. This was based on a total number of households of 386.</p> <p>Output area S00129168, which covers Adamton Estate had 68 people.</p> <p>From then till the present date, the population in Adamton has remained pretty stagnant. However, there are now 487 houses within Monkton village. Using the 2011 ratio of 2.4 persons per household, the additional 101 houses will have brought an additional 240 residents.</p> <p>Add these numbers together and you arrive at a population of 1,244. That being said, of the houses built, they have been either local authority housing or 3-5 bedroom houses. It would therefore be reasonable to assume that there would be a ratio greater than 2.4 for these dwellings, since families with children live here.</p> <p>So a number of 1,300 is a reasonable approximation for the village including Adamton. So it's not a small village by any matter of means.</p>
4.36	<p>In addition - according to the NHS circular on securing Pharmaceutical Provision, among the factors which PPCs should consider are (and I quote):</p> <p><i>"The likely demand for pharmaceutical services in the neighbourhood from both the resident and any transient population"</i></p>
4.37	So, on top of the 1,300 permanent year round residents, there are static caravans sited at the Dutch House Caravan Park which are owned by members of the public. This is HOME to 240 residents between 6-9 months of the year. These are caravans owned by couples who may have a registered home address as elsewhere, however half the year they stay here and make use of local services. This population are also generally of retirement age and within the major group of users of a pharmacy. They state in the CAR report that they will greatly benefit from a pharmacy in this area.
4.38	<p>Last year the caravan park had residents still at the park at the end of October.</p> <p>So we cannot ignore this group, since they are resident in the village for</p>

	such periods of time. So, Monkton can reasonably be said to be currently servicing a neighbourhood of 1,540 people at peak season.
4.39	There is also a very large working population within the village at Spirit Aerosystems, UTC Aerosystems, Semex UK, Wallace McDowell, HMS Gannet, Premier Inn, Brewers Fayre, BP Garage and other shops within the village. This is estimated to be around 2,184.
4.40	2,184 is a very large working population and it is important to note Monkton is not a small place and is actually a hive of activity during the day with increased resident numbers, workers and visitors to the village.
4.41	The Premises 1 (slide 7)
4.42	My shop will be located within the hub of services in Monkton. Fully compliant with the equalities act. There will be space to easily turn a wheelchair and there will be other accommodations such as a hearing loop installed. The consultation room will be built to be multipurpose and there will be scope for other practitioners such as podiatrists, social workers and health visitors to use the facility. There will be shutters to maintain the security of the premises. Finally, it will be fitted out to provide a clinical and modern look.
4.43	The Premises 2 (slide 8)
4.44	Here I've sketched a map of how I envisage the layout of the pharmacy to work. Everything will be in drawers and closed cupboards to present a clinical and modern look. It will be forward facing dispensing, which is now the accepted standard for a new pharmacy fit out. There will be plenty of workspace and also customer floor space.
4.45	Parking availability (slide 9)
4.46	Here's where the pharmacy is located on the map. There are two free public car parks between Burnside Road and Main Street, and the other located almost behind the building. There is also plentiful parking close to the shop in Monkton on Kilmarnock Road, Burnside Road and further down Main Street. Wherever you choose to park, you are only a couple of metres away from the shop and all crossings are governed by the use of traffic lighted pedestrian crossings. So there's plenty of places to park, they're all free, they're all close to the shop and they all allow patients safe access the pharmacy.
4.47	Core Services (slide 10)
4.48	A community pharmacy is not only dispensing medicines, those days died a long time ago now. The Scottish Government's strategy paper: "Achieving excellence in pharmaceutical care" also outlines that we should be increasing access to a community pharmacy as a first port of call for managing self-limiting illnesses and supporting self-management

	of stable long-term conditions, in-hours and out-of-hours. The government acknowledges that modern community pharmacies offer a much more comprehensive range of services which are highly valued by many, but may not be recognised by those who do not have READY access to a community pharmacy.
4.49	<p>Here is a list of the core services that I will provide:</p> <ul style="list-style-type: none"> • Dispensing of medicines • Chronic Medication Service • Minor Ailments Service • Emergency Hormonal Contraception • Smoking Cessation • Gluten Free Food Service • Stoma Appliance Customisation • Unscheduled Care Provision • Supply of Paracetamol Post Immunisation • Empirical treatment of uncomplicated UTIs • Treatment of Impetigo
4.50	Almost all of the services on this list require the patient to be physically at your pharmacy, so old age pensioners, the disabled, the infirm, the impoverished and working mums and dads cannot really get a chance to use these. And ironically it is these very people that actually need these the most.
4.51	I'll single out the minor ailments service as one service that (evidentially from the CAR report) the residents see as being a really valuable resource within the village. Respondents made reference to the fact that their lives would be so much better if they didn't have to drag their sick child out on the bus to access this service. There is a definite barrier to treatment. Doctor appointments are difficult to get as GP practices get busier and busier and GP recruitment and retention is proving to be a national issue. This service allows me to treat many conditions within the community and in a timely manner. This frees up GP time and also gives me a great opportunity to sometimes refer patients on to a more appropriate choice of practitioner, such as a dentist or ophthalmologist.
4.52	Negotiated and Complimentary services (slide 11)
4.53	<p>Negotiated Services that will be provided:</p> <ul style="list-style-type: none"> • C-Card Scheme • Enhanced Care Home Services • Childsmile Dental Scheme (if allocated by Health Board)

	<ul style="list-style-type: none"> • Supervised Opioid Substitution • Community Pharmacy Palliative Care Scheme (if allocated by Health Board) • Compliance Aids and Complex Dispensing
4.54	<p>And there's even more services that I am going provide from this community hub,</p> <p>Complimentary Services:</p> <ul style="list-style-type: none"> • Advice, Support and Signposting • Diabetes Screening • Cholesterol Testing • Weight Management • Blood Pressure Monitoring • Prescription Collection and Delivery Service
4.55	<p>The complimentary services we provide, we're not paid for, but we provide these as part of an ongoing mission to try to improve the overall standard of people's health. Monkton has a young and old population, therefore creating better access to these services will hugely improve outcomes for this population. It is also quite evident from the CAR report that the residents will find it highly desirable to have these services within their own neighbourhood.</p>
4.56	<p><i>The Right Medicine: A strategy for Pharmaceutical Care in Scotland</i> outlined a commitment to work with the pharmacy profession to improve the public's health, provide better access to care and deliver better services to patients.</p>
4.57	<p>We have a comprehensive list of services available from our pharmacies that are valued greatly when patients know about them. This does require patients to have ready access to a community pharmacy which is evident from the community council's letter which I will touch on later.</p>
4.58	<p>What this all fundamentally means is that ASSESSING ADEQUACY OR INADEQUACY must now be based on pharmaceutical services as a full package of what we offer in pharmacies and not simply access to dispensed medicines.</p>
4.59	<p>Opening hours (slide 12)</p>
4.60	<p>I am going to be open from Monday to Friday 9-5:30 and from 9-1 on a Saturday and will not close for lunch which the working population can take advantage of. The late night opening on one night per week that coincides with the Kirkhall late night Rota (Station Road in Prestwick doesn't run a late night). I am therefore going to be the only pharmacy which will provide any cover to the Prestwick area after 6pm on a weekday. All the Boots pharmacies are closed by 6pm and the Toll</p>

	Pharmacy by 5:45pm. So, this will be of benefit to both Monkton and Prestwick residents. Wallace Stevenson's Pharmacy already provides a late-night service in Troon therefore I didn't aim to coincide with the Troon surgeries. And Willis Pharmacy in Troon is also now open on a Monday evening until 7pm.
4.61	Viability of a pharmacy in Monkton (1) (slide 13)
4.62	So what came out from the National Appeal Panel, was that the previous PPC panel didn't comment on the viability of the opening of this new pharmacy and the regulations dictate that we should be "SECURING adequate provision". Therefore to dispel any dubiety over this, I will show you conclusively why viability is not a concern when determining this application.
4.63	As Monkton currently stands, there is no doubt that it would be viable under present conditions, and its sustainability will only increase as the population increases and public services are cut. Logan with a population of 1,260, Springside with a population of 1,259 and Ochiltree having only 1,046 people all have populations smaller than that of Monkton - these are all relatively new contracts (latest being Springside) and they are still operating perfectly profitably.
4.64	The levels of business required to make a pharmacy sustainable in 2018, is commonly quoted as being around 500 dispensed items per week, or 2,000 dispensed items per month. However Dalrymple pharmacy is still profitable with less than this. In the case of Dalrymple - the owners actually employ a pharmacist manager to run the business for them, yet it still remains viable.
4.65	What you have to be aware of also, is that Ochiltree Pharmacy was opened on the back of very lacklustre and poor levels of public support. Even in a smaller village with poor local support they now manage to dispense over 2,000 prescription items per month. From the CAR report (which I will get onto later) Monkton has an overwhelming 95% of support from the public in comparison.
4.66	This data is abstracted from ISD Scotland, and the graph shows the average Number of Paid Items per year from 2012-2016. Ochiltree is a newer contract - so the average will clearly be lower. To give a comparison, Monkton's population now is greater than that of Ochiltree, Symington, Logan and Springside. It is without doubt that these pharmacies have steady, viable businesses.
4.67	I've plotted the population of the seven pharmacies in the previous graph against the number of prescription items they dispensed on average each year from 2012-2016 and run a "best fit" formula line through these points. Once established, if I had "average" performance for the population in Monkton - then I should be near 34,000 items dispensed per year. Some 42% over the anecdotal figure for ensuring viability of

	2,000 items per month.
4.68	This also doesn't account for other income which pharmacies receive for their contractual services or OTC sales.
4.69	The bottom line is that the issue of viability is not one which should concern the panel in the slightest.
4.70	Inadequate Level of Pharmaceutical Services in Monkton (slide 14)
4.71	I'm now going to lay out my argument as why the pharmaceutical services delivered to the residents in Monkton are inadequate and why this new pharmacy is desirable in order to secure adequate provision to this neighbourhood.
4.72	Demographic Change in Monkton (slide 15)
4.73	Since 2004, there have been THREE major developments in Monkton. Land was developed at Whiteside where 67 houses were built in 2004. In 2013, 56 new houses were built at Fairfield Park. And lastly in 2016 - 27 new homes were built at Manse Gardens. This has led to a massive 75% increase in the population of the village. (With the exception of Manse Gardens) Fairfield Park and Whiteside contains considerable levels of social housing. This is a huge increase in comparison to any village in Ayrshire and one which should be borne in mind.
4.74	Demographic Trend in Monkton (slide 16)
4.75	Looking at where Monkton is positioned alongside other Ayrshire villages which also have viable pharmacies, it can be seen that in 2011 - Monkton was the smallest in terms of population. Looking at the 2016 mid-year population estimates. From 2011 till the present day, Monkton has seen its population increase by 29% - meaning that with this unprecedented growth - it is now bigger than Ochiltree, Symington, Logan and Springside. No other village has seen growth remotely similar to this, and I'm going to explain later why the population growth in Monkton doesn't stop there.
4.76	Making sense of the demographics (1) (slide 17)
4.77	<p>The mid-year population statistics from National Records Scotland demonstrate some points which maybe aren't apparent from a site visit.</p> <ul style="list-style-type: none"> • 17.3% of the population in Monkton are over 65. This means that there are around 230 permanent residents over the age of 65. There are also around 200 residents at the caravan park for 6-9 months. So, there are about 430 people over the age of 65. • If local and national trends are as predicted then this is only going to rise. As in the next 8 years, Scotland's population of 65-74 year olds is set to increase by 13%. • In the same time period, the number of 75 year olds will increase

	<p>by 27%.</p> <ul style="list-style-type: none"> Looking further ahead into the next 23 years, we're looking at having a 79% increase in those over 75 years old. South Ayrshire's 2016-2018 council plan also projects similar increases in the amount of older people. They state that the pensionable age population in South Ayrshire is projected to increase by 17% by 2037. More dramatically, the number of people aged 75 and over is projected to increase by the same 79% but in a shorter time period than that of Scotland as a whole.
4.78	And with increased age, brings an increased need for help and support. Older generations tend to have more co-morbidities for the health care sector to deal with.
4.79	Currently in Monkton - 19.3% are either limited a little or a lot by their health condition and 8.8% of the population are limited a lot by their health condition. It is almost certain that this number will increase through time. The figure of 19.3% is also likely to be much greater than this since the caravan park population won't be counted in the census.
4.80	Making sense of the demographics (2) (slide 18)
4.81	<p>Looking at data from National Records Scotland</p> <ul style="list-style-type: none"> 20.1% of the population in Monkton are under 16. This is significantly more than the Scottish average (17.3%). The figure now is likely even higher since most of the houses that were built in the village were multiple bedroom family houses. 32.1% of households in Monkton have dependent children. This is 7.6% higher than the national average and this group are above average users of a pharmacy. Again, at present this percentage is likely to be even higher therefore the sum of this demand for services such as EMAS within Monkton, is therefore likely to be greater than the average. 3 and 4 person households in Monkton are 8.1% higher than the Scottish average. (34.7% vs 26.6%) Unemployment is at a rate of 9.1%, which is actually slightly higher than the Scottish average, the unemployment levels in Prestwick are at a much lower 7.8% Looking at the SIMD (Scottish index of multiple deprivation) tables. The two datazones in Monkton show that we are some of the least deprived when it comes to education and housing. However, we score poorly and below the national average for health and very poorly for geographic access.
4.82	The point of this is that we have lots of major users of a pharmacy within the village, there are many residents with health problems - and we are deprived when it comes to access.
4.83	The working population in Monkton (slide 19)

4.84	Monkton has several massive employers (within the village and accessed from the village). Here is a map showing the major employers in Monkton along with their daily working populations obtained from HR departments. May I add that every single employer here is accessed from within the village.
4.85	Spirit Aerosystems is the largest employer, with approximately 1,100 workers on site. The main gate is at the bottom of Main Street and another entrance is located on Tarbolton Road. This site currently specialises on leading major aerostructure components for Boeing and Airbus.
4.86	UTC Aerospace systems are the second biggest employer with 300 workers. This company repair, manufacture and overhaul aerospace components.
4.87	Wallace McDowell has 200 workers and manufacture metallic components for various engineering industries.
4.88	The 250 workers at BAE Systems provide technical support for the legacy regional aircraft fleet.
4.89	HMS Gannet, is an advanced operating base for Merlin helicopters within the NAVY. A search and rescue service is provided from this base through Bristow Helicopters and covers much of the west coast of Scotland. There is 25 staff here.
4.90	There is 12 staff at Semex, providing services to the agricultural industry.
4.91	HIE metallic fabrication have 40 workers providing finished products to the construction industry.
4.92	Precision tooling services' 50 staff are involved in the manufacture of precision components for the oil industry.
4.93	Nichol Mackay is a supplier of fabricated metal products to original equipment manufacturers. They employ 150 people.
4.94	Finally Premier Inn and BP Garage employ 57 staff across both sites.
4.95	So, there is a workforce of 2,184 people daily within the village. This should be critically acknowledged as according to the guidance to PPC boards it states that <i>"it should be borne in mind that: it is common for prescriptions to be dispensed at a distant pharmacy, convenient to a patient's place of work"</i>
4.96	Future Planned Development 1(slide 20)
4.97	The guidance to the PPC advises that there should be an anticipation of future developments;

4.98	Within Monkton at present, there are plans for the development of new centres of population, which will almost double its size.
4.99	The application has been permitted by South Ayrshire Council for the rezoning of land between Kilmarnock Road, Tarbolton Road and A77 to the north-east of Monkton for use as housing.
4.100	Persimmon Homes are at advanced stages of consultation and are planning to build 277 new homes with the aim to commence by the end of this year - 25% of these homes will be affordable housing. The current state of play with this is that test drills have been carried out at points on the site over the past 4 weeks. This is an expensive outlay for the developers and means that a planning application is imminent. The land has already been rezoned for use as housing.
4.101	This is estimated to bring an additional 700 residents within this neighbourhood. Planning department people don't lay out that kind of collateral without the potential for a return.
4.102	So the council has said that a formal planning application can be made for this land to be turned over for housing and this is only one proposed development site from a possible three.
4.103	Future Planned Development 2 (slide 21)
4.104	<p>Here is the site at which Persimmon Homes are about to lodge a planning application. This site leads up to the apex of the hill at Macrae's monument from the B739 and heads eastward towards the A77 around the back of the old HMS Gannet site.</p> <p>This second site is land formerly owned by the MOD at HMS Gannet. A PAN application for change of use has also been made for this site, of which residential housing was included as an intended use. This was also accepted by South Ayrshire Council recently.</p> <p>The third site is part of the original MON 1 Planning Application Notice which included this site and also the Persimmon Homes site. This also has a permitted change of use for residential homes.</p> <p>South Ayrshire Council ARE allowing building of residential dwellings to take place across this whole site, and once all three are developed it will literally double if not triple the population of Monkton.</p> <p>So, my question is this. How large must a village get before it is afforded the same level of services that less populated villages and better-connected villages already enjoy.</p>
4.105	Difficulty in Accessing Pharmacies within nearby Neighbourhoods (slide 22)
4.106	According to the NHS (Pharmaceutical Services) (Scotland) Amendment regulations 2011 (SSI 2011/32)

	<i>"Ease of access to a pharmacy should be a factor for consideration. Distances ... are relevant... Regard should be given to acceptable travelling distances within the local environment, patterns of private and public transport, the features of local geography including natural or man-made barriers."</i>
4.107	Presently, there is no pharmacy within the village of Monkton. The distance and condition of the walkway to either pharmacies in Troon or Prestwick makes travel by foot not really much of an option.
4.108	But nonetheless there are three modes of transport residents of Monkton can use when accessing pharmacies in Troon and Prestwick. They can use a car and drive, take public transport on the bus and also walk.
4.109	<p>I'm going to delve into more detail on each, however in summary:</p> <p>When driving it is difficult to park due to poor availability of parking spaces and heavy congestion</p> <p>The bus is unreliable and infrequent and is also under existential threat of cut.</p> <p>Walking is not really feasible due to the long distance and is unsafe due to the necessity of walking beside a dual carriageway, lack of safe crossing points and poor lighting.</p> <p>The fact is, accessing pharmaceutical services in Prestwick and Troon is difficult and I'm now going to evidence this.</p>
4.110	Parking Issues Troon (slide 23)
4.111	<p>Parking in both Prestwick and Troon is difficult, busy and chaotic</p> <ul style="list-style-type: none"> • Limited parking spaces around pharmacies in Troon and Prestwick • Congestion through the town (especially Prestwick) is almost at epidemic levels • Many areas in both Prestwick and Troon have been subject to traffic calming measures with the addition of double yellow lines
4.112	<p>The picture on the left is the Academy Street car park where Boots is located. I now live in Troon and wouldn't go near that car park during the day as it is absolute bedlam!</p> <p>The picture on the right is Willis Pharmacy (formerly Brodlie's), this scenario of people double parking across other cars on Templehill is a daily occurrence!</p>
4.113	Parking Issues Prestwick (slide 24)
4.114	The situation in Prestwick is arguably worse. Prestwick Main Street is occupied by three Boots Pharmacies. These all sit on the main through road in Prestwick. None of these three pharmacies have good parking options outside or even close to the shops. There are double yellow

	lines everywhere outside the cross pharmacy, the middle Boots has a line of restricted parking on the pharmacy side of the road but this is busy, and finding a space is almost impossible during the day. And the end Boots pharmacy that sits on the corner of Main Street & Kyle Street suffers from the same problems if not worse as parking on Kyle Street is also manic and availability of spaces is generally zero.
4.115	The Toll pharmacy is on the on Ayr Road, which is an extension of Main Street. It is literally on the boundary where Prestwick meets AYR!!! It's 3.5 miles from Monkton. To get there from Monkton you have to pass three pharmacies and navigate busy conditions in Prestwick. Parking close by is busy and restricted. There's a public car park behind the Pleasantfield bar but this means crossing the road down at Aldi Supermarket.
4.116	So, the parking close to these pharmacies is difficult! This has been clearly stated on numerous occasions within the CAR report.
4.117	Contrast - Parking in Monkton (slide 25)
4.118	As you can see from these pictures in Monkton, the parking situation is somewhat better. I can confirm that I have simply lifted all of these photos from Google maps. You could simply look these photos up yourself online and see the same situation. I've not been sitting, waiting around at each location for a particularly busy time. This is what the standard situation looks like across the pharmacies in Prestwick and Troon.
4.119	We should also bear in mind, that the Scottish Government has made a commitment to reducing carbon emissions, I don't believe that more cars within Prestwick or Troon centres is at all the answer.
4.120	Car Ownership in Monkton (slide 26)
4.121	From the 2011 Census, 81.3% of households in Monkton own a car. It seems relatively high, however Monkton is accessible rural as per the definition. Of the accessible rural populations in Scotland 88% of these households have at least one car. So, Monkton actually lags behind similar settlements in terms of car ownership by a comprehensive 6.7%.
4.122	<p>Taking a closer look at the figures and the CAR report also paints a much different picture.</p> <p>To start with, 40.2% of households own a single car. This is important as, since many people work there is clearly a situation during the day whereby a car is not available to other residents within the household. This has been referenced in the CAR report as being the case. There are also many elderly people who have a car but don't have the confidence to drive in Prestwick due to congestion and lack of places to park. I know this for sure as members of my own family have these issues.</p>

4.123	Looking at Prestwick and Troon. They both have comparable figures for car ownership. Prestwick has 77.5%, Troon has 76.9% of households with access to a car. However, accessing a pharmacy in either Prestwick or Troon without a car is much easier when you actually live in those towns. For residents of Monkton, this is clearly not the case.
4.124	Poor and Inconvenient Bus Service (slides 27 & 28)
4.125	The bus service is poor, infrequent and unreliable as it is consistently late. Bus prices are rising above inflation, a return journey into Prestwick now costs £3.70 and a return to Troon costs £5.
4.126	Scenario 1. Return trip to Prestwick After 55 minutes past the hour there is a 30 minute gap between buses heading to Prestwick. On the return journey, after 5 minutes past the hour, there is another 30 minute gap in service.
4.127	Scenario 2. Return trip to Troon There is always a one hour gap between buses. If you spend any longer than 32 minutes in Troon then you will need to wait a further hour on the next bus home.
4.128	The bus service to Troon used to run on a half hourly basis until about 3 or 4 years back, however was restricted to ease congestion levels through Prestwick.
4.129	The evidence shows that the total time for a patient to make a return journey to the nearest pharmacy in Prestwick to visit a pharmacy is completely excessive, and the time taken to visit a pharmacy in Troon is worse.
4.130	Many people in Monkton have to use the bus service. This includes senior citizens, parents with children, those with disabilities and those who cannot drive or afford to own a car.
4.131	They are sometimes the more vulnerable members of society, but yet, it seems that these are the very people that we seem to be discriminating against the most. The bus stops are always busy with people waiting to head in either direction and they currently have to face this lengthy and expensive journey sometimes on a repeated basis when they need help and access to a pharmacy's services. Adamton has no bus service running through it so residents there have a 30-minute walk into Monkton before they can even wait for a bus.
4.132	Weather has to be a factor also. In the winter, we regularly get hard frosts and snow which makes travel for some of these vulnerable groups dangerous.
4.133	I believe this acts as a great deterrent for those seeking medical advice,

	and is against what the NHS is trying to encourage with initiatives such as the PHARMACY FIRST programme - aimed at pharmacies treating patients within the heart of communities and freeing up valuable GP time. We now treat and manage UTIs, impetigo, minor ailments, smoking addiction, coeliac disease and chronic medicines management within the pharmacy and shortly we will have PGDs in place for rescue corticosteroids and antibiotics for exacerbations of COPD, antibiotics for skin infections and antivirals for shingles. These have to be within the local community pharmacy if they are going to have the desired effect for patients and primary care as a whole.
4.134	So this clearly demonstrates that community pharmacy must be accessible and local. In Monkton, the current provision is neither. Parents who need access to eMAS and other situations where a face-to-face consultation is necessary, such as treatment for a urine infection or the morning after pill should not have to travel miles outside of their own community.
4.135	The appellants here today may argue that residents from Monkton will carry out their weekly supermarket shopping in Prestwick or Ayr. This is irrelevant, as you cannot time an illness to coincide with the need to visit a supermarket, and neither of the big two supermarkets; Asda and Tesco are next door to any of these pharmacies.
4.136	With the advent of online shopping and most households within the village having access to decent speeds of broadband internet supermarket deliveries are becoming ever more popular for the residents of Monkton.
4.137	Previous applications have been granted in Kilmaurs where it was deemed not reasonable to expect the residents to travel two miles or further to access a pharmacy, and in Springside where a cheaper bus service to a pharmacy about 1mile away which passes every 7-8 minutes was deemed inadequate.
4.138	Residents of Monkton have a much less frequent bus service, further to travel and have to pay more than either of these villages to access a pharmacy. Special regard must be had to the requirements of the equality act 2010 when considering applications, and advanced equality of opportunity between people who share a protected characteristic and those who do not. This leads me onto my next point!
4.139	Bus service cuts are imminent (slide 29)
4.140	Stagecoach wants to get rid of the number 14 bus service that travels through Monkton. The reason they cite is the massive congestion that is experienced through Prestwick. Buses are generally late in both directions and sometimes don't show up at all. For these reasons they are unreliable. When they announced plans to scrap the bus service through Monkton there was an absolute uproar as this took away a lifeline service to Troon. It meant that getting to Troon by public means

	would involve a bus to Prestwick and then a second bus to Troon effectively isolating the village from Troon. This was eventually shelved by Stagecoach after a public outcry however the real fear is that when the next round of cuts come this will be one of the first services to go.
4.141	Walking to nearby pharmacies is not feasible (slide 30)
	<p>Here are the walking distances to the nearest pharmacies in Prestwick and Troon. As you can see the distance to the Boots Pharmacy at the Cross in Prestwick is 2.3 miles, which would take an hour and a half to walk there and back.</p> <p>The nearest pharmacy in Troon is the Boots Pharmacy at Academy Street in Troon. This is a 3.6 mile walk and would take over 2 hours to get there and back (at a fast Google pace!) SO... we can see that distance is clearly an issue, but that's not the only problem ...</p>
4.142	Walking to the nearby pharmacies is not safe (slide 31)
4.143	<ul style="list-style-type: none"> • Road is predominantly unlit • Paving is uneven and patchy in places • Pedestrian walkway is beside a busy dual-carriageway • Walking to both towns will also involve crossing a busy stretch of road without pedestrian crossings • Airport is a man-made barrier to Monkton ever being classed as a suburb of Prestwick. • Walking to Troon means crossing the dual-carriageway and down an unlit cycle path <p>So, we can see that walking to either town to access pharmacy services isn't really an option when you live in Monkton.</p>
4.144	Based on all the points I've made regarding access, the people of Monkton cannot be discriminated against as they have every conceivable right to local healthcare. The Scottish Government want pharmacists to be placed at the heart of communities, Monkton is a tight-knit and expanding community without this, and I have the qualifications to offer more than the average pharmacist.
4.145	Delivery Services cannot replace face-to-face pharmaceutical services (slide 32)
4.146	According to the amended regulations 2011 <i>"At all times, the governing principle will be to provide the local population with reasonable and adequate access to the full range of NHS pharmaceutical services."</i> That is the full range of NHS pharmaceutical services.
4.147	<p>So, poor parking and a terrible bus service mean that Monkton heavily rely on delivery services.</p> <p>And relying on a delivery service does not constitute adequacy of pharmaceutical services to an area. This has been upheld on many</p>

	occasions in other contract hearings. It can never replace full pharmaceutical services.
4.148	<p>And, waiting in the house all day for a once daily delivery service impacts people's lives. Someone in the CAR report stated that she had real issues in having to constantly explain to her autistic son why they had to wait in the house all day. I'm sure you have all had to wait in the house from time to time for parcels to be delivered, and how frustrating it can be. Well can you imagine having to do it on a regular basis?</p> <p>More timely access to medicines such as antibiotics is also not possible, and with the best will in the world, a driver who has a few hours training under his belt cannot provide the same level of service. But a lot of the time it's all people have here. It is undoubtedly inadequate.</p>
4.149	In addition, a delivery service is not a core pharmacy service, which means it can be withdrawn at any time, therefore how can the NHS allow patients to wholly rely on it. Many pharmacies are reducing the number of deliveries they make and Lloyds Pharmacy, the second biggest pharmacy chain to Boots, have introduced delivery charges. Rowland's have recently also come out in the press saying that they are severely curbing their delivery services due to spiralling costs. So it's not something we can rely on and certainly the fact that the two appellants here today deliver so many prescriptions to Monkton proves inadequacy.
4.150	Community pharmacy is not about delivering prescriptions to the door, if that were the case we wouldn't need any community pharmacies.
4.151	Inequality of disadvantaged groups (slide 33)
4.152	<p>The Monkton Senior Citizens 50/50 group is a committee for residents of Monkton over the age of 60. Their constitution states that their objectives are to promote the health and wellbeing for older people in the community by:</p> <ul style="list-style-type: none"> • Making representations on behalf of these old people • Making available information to, for and on behalf of old people AND promoting and running of the group.
4.153	The committee were perceived by the NAP as not being an elected body, but they do represent collectively the senior citizens' strong support of my proposed pharmacy and how much difference my application would make to their day-to-day life. This means a lot to them (of which there are around 250 pensioners in Monkton) and they made it evidently and emotionally clear how much this is needed in Monkton, but they were shut out of also attending this hearing on a legal technicality.
4.154	But I can still fight for them and the regulations state: that local demography especially the presence of any group which makes above average use of primary care services and seasonal trends. Special regard must be had to the requirements of the Equality Act 2010 in

	considering applications.
4.155	So I ask of you to please think of these groups when making your decision today. Not only the OAPs, but also the many other groups of patients to whom a pharmacy in this village is vital to delivering adequate access to pharmaceutical services. Think of the parents with sick children relying on the bus on a frosty winter's day. Think of the patient in the CAR report with MS or the mother with the autistic son who cannot leave the house all day to wait in for a delivery. Think of those who use pharmacy services on a regular basis and the burden they have to access them in person.
4.156	Oligopoly (slide 34)
4.157	The regulations state: <i>"Above all a flexible approach should be adopted. Local needs will change over time and the pattern of service provision must adapt accordingly. The provisions must not be allowed to fix rigidly the pattern of service obtaining on the commencement date nor do they create an oligopoly for existing contractors."</i>
4.158	It is quite apparent, with not one or two (BUT THREE) Boots Pharmacies within Prestwick and another one in Troon that an oligopoly has been established in this area. Boots and the Toll Pharmacy are huge operators within Prestwick, dispensing a combined 391,575 prescription items in 2015. The average item costs ten pounds.
4.159	The regulations also state: <i>It is important to note that whilst NHS pharmaceutical services can be provided from premises selling other items and services, such other commercial aspects are not a consideration of the arrangements when NHS Boards are determining whether an application should be granted. Similarly, the effect on neighbouring pharmacies' income unless the granting of the application is likely to lead to adequacy not being secured by reason of their viability, or the presence of dispensing GP surgeries, is not a consideration.</i>
4.160	So we've got four Boots Pharmacies within a very small area, and one of the largest single pharmacy operators in the country. Competition is stifled and we shouldn't have gotten into the situation where the big players completely control the market. Residents in Monkton deserve a choice.
4.161	I can't think of any reason why anyone would object to a proposal which is best for the health and wellbeing of the residents of Monkton.
4.162	If you are to take financial interest out the equation I don't believe that appellants sitting here today truly believe that the current provision of pharmaceutical services are adequate for the people living in Monkton.
4.163	CAR report statistics

4.164	The number of responses to this questionnaire was about half of the total number of houses in the village. So, to achieve that response when forms aren't even posted through peoples' doors is actually quite remarkable.
4.165	To get a true feeling of the percentages when answering the questions, I have taken out the "don't know" answers.
4.166	<p>Question 1 related to the neighbourhood and whether the respondents agreed my boundaries given described the neighbourhood to be served.</p> <p>98% of these people agreed that that this should be the neighbourhood boundaries.</p> <p>Reference was made seven times to the fact that Monkton is expanding. There were also comments suggesting that there may be an even bigger catchment area than described, presumably including farms around the area.</p>
4.167	<p>Question 2 asked about the appropriateness of the location, of which 95% agreed that where I intend to situate the pharmacy is appropriate.</p> <p>Of the comments received, the overwhelming majority stated that it is centrally positioned within the heart of village, beside the other local services.</p>
4.168	Question 4 asked about the hours that I intended to open and whether these were deemed to be appropriate. 96% of respondents agreed that they were.
4.169	<p>Question 5 concerned the services that I am going to provide from the pharmacy. 95% of people agreed that these were appropriate for the proposed location. Of the responses to this question, it was evident that there would be a large uptake for the minor ailments service, one comment in particular stated that this would be "a god send" as currently they have to travel into Prestwick. The residents also see these services as being able to free up valuable GP time. They also talk about how this will improve their access to services and that residents are (and I quote) "crying out for these services here". From the comments, having these services locally may even encourage more people to make use of them. Residents from the caravan park stated that they wouldn't need to make a trip back home for prescriptions.</p> <p>73% of respondents believe that there are gaps or deficiencies in the existing provision of pharmaceutical services to the neighbourhood. The distance to travel is evidentially an issue for the residents. They overwhelmingly want to see a pharmacy in Monkton as a first point of call to access primary care. A lot of people struggle to get to a pharmacy with regards to transport, and it is reported that the bus transport itself can take half an hour to get into Prestwick during peak times, and someone else reported that it can be a 2 hour return journey to Prestwick if you miss a bus. The bus service is seen as (and I quote) "hopeless"</p>

	<p>and "limited" and "unreliable" and residents (especially the elderly) rely on this heavily. The cost of using the bus and the weather plays an important factor and puts people off travelling to access pharmacy services. Finally, (and I quote) if you require medication or health related things you have to go to Troon or Prestwick, if you are feeling unwell, the last thing you want to do is get on a bus or car.</p> <p>One response mentioned the fact that at one time "you knew all the staff at the pharmacies in Prestwick", but now that all the chemists are Boots, there is no sense of customer care now and local would be better. This is absolutely the case within small community pharmacies. Of the small independents I work in, the pharmacist is an absolute indispensable part of the community. The residents rely on their knowledge of the patient and are more agile to their specific needs. There's a more rounded picture that we need to consider with patients, rather than a reactive one to a single point of contact.</p>
4.170	<p>Question 7, I posed the question that I (Monkton Pharmacy) believe that a proposed new pharmacy is now necessary for the village to ensure adequate provision of Pharmaceutical Services are delivered to the residents of the village95% of people agree with me.</p> <p>Many echoing comments were received to this question, they acknowledge that Monkton has expanded and that it continues to expand. It is seen as badly needed and with public transport being withdrawn it is more difficult to access Prestwick and Troon. There is an established elderly population who need this as well as many parents. Facilities have to keep up with growth. They recognise the large working population and how they also need access to pharmaceutical services.</p> <p>From the comments, there is evidently also a holistic element to this which I hadn't previously considered myself. Quoting a respondent, having a pharmacy in the village would provide a focal point for people to meet and chat, as there are a lot of people who are very lonely and would take a wee walk to the pharmacy for their weekly prescription, bringing back the community spirit, which has been sadly lost as the village has grown.</p>
4.171	<p>Question 8 asked whether the proposal would have any impact on other NHS services. 78% think it will not.</p> <p>Most people see this as being of assistance to GPs and it would provide a positive impact. A pharmacy here would provide people with an opportunity to consult without needing to see their GP and may free up time in waiting rooms. Now there are times where I can treat the patient in the pharmacy and there are also times where it is absolutely appropriate to refer to the GP. However for these patients we do serve as a very effective triage, and this does not always mean to the GP.</p> <p>Now, I can't speak for GPs and what they may deem as an unnecessary appointment, however the public have reported that a pharmacy here will reduce people making unnecessary appointments.</p> <p>There are also reports of reducing the amount of out-of-hours</p>

	<p>appointments, since you don't need an appointment to see the pharmacist. You may wait days or weeks to see a GP on the other hand.</p> <p>We work within a joined up health agenda through the recently established Health and Social care partnerships, having a local hub closely linked to the other services around is only a good thing.</p> <p>Speed of service will also be better, as someone mentioned that sometimes it takes 3 or 4 days to get a prescription dispensed. I realise that this might not be the pharmacies fault per se however, with access to the Community Pharmacy Urgent Supply Scheme on your doorstep timely access to required medicines will be easy to facilitate.</p>
4.172	<p>Finally, 94% of respondents support this pharmacy opening. This along with the 95% of respondents who believe it is now necessary, I believe, are the most important statistics to bear in mind. From the results, it is unarguable AND that a pharmacy SHOULD BE AWARDED in this area.</p> <p>I have read 10s if not 100s of Consultation Analysis Reports, and this in my opinion is the most conclusive I have ever come across.</p> <p>The comments do not in any way relate to convenience! The quotes I have lifted and also hundreds more point toward this being needed.</p>
4.173	<p>The points I also made earlier in my presentation have been overwhelmingly substantiated by the residents who live there. There ARE problems with access, there ARE problems with the public transport, there IS a need for face-to-face services, there IS an oligopoly, the village IS expanding and we need this now.</p>
4.174	CAR report - Residents comments
4.175	<p>I am from this village and I can assure you I have a very deep understanding of the challenges faced by the locals for their healthcare needs. Here are some of the comments from the CAR which evidence some of the points I have made earlier.</p> <ul style="list-style-type: none"> • People do have difficulty travelling to Prestwick and Troon • There is a large resident, working and seasonal population for whom a pharmacy is imperative to ease their burden of access to healthcare • There are many elderly and parents with young within the village who see the current provision as difficult to get to and need a local service • Time where patients get to see the pharmacist in a face-to-face scenario are seen as valuable • The opening hours are seen as appropriate for the area • Timely access to the pharmacies other services will be utilised well, most notably the minor ailments service • Many people in Monkton do have to use the bus as their primary mode of transport • There are large wait times for GP appointments • The existing pharmacies regularly fail to have the full quantity of a

	<p>prescription and customers must return for the balance</p> <ul style="list-style-type: none"> • Parking in Prestwick is terrible/"a nightmare" near to pharmacies • All the questions asked to answer the legal test have shown that the village does not currently have adequate provision of pharmaceutical services and that a new pharmacy opening would alleviate this
4.176	Support from Community Council and councillor
4.177	Monkton Community Council reformed in the summer of this year after an absence of 6 years. They approached me to come and speak about my application on Thursday 16 August which resulted in a vote of support and a letter issued. Councillor Julie Dettbarn also approached me at the Persimmon homes consultation event and has written a letter of support. They weren't allowed to legally attend this rehearing, but I am allowed under the law to read these out as part of my presentation.
4.178	Letter of Support from the Community Council
4.179	<i>For the attention of The Chair, Pharmacy Practices Committee, NHS Ayrshire and Arran</i>
4.180	PROPOSED PHARMACY 21 MAIN STREET, MONKTON, SUBMITTED BY SEAN MANSON
4.181	<i>The previous Monkton Community Council ceased to exist in 2012 after the councillors resigned resulting in Monkton and Adamton Estate having no political representation within South Ayrshire Council.</i>
4.182	<i>The new Monkton Community Council was formed on 18th July 2018 after several residents voiced their concern about various issues in the village going unaddressed, this included the proposed new housing developments on Kilmarnock Road and Tarbolton Road Monkton, the continued use of the village by heavy lorries going to the local factories, the excessive speed of vehicles in and around the village and the ongoing situation of a local Pharmacy.</i>
4.183	<i>We held our first public meeting on Thursday 16 August 2018 and the pharmacy application was on our Agenda.</i>
4.184	<i>After a short presentation by Mr Manson on his proposal for the pharmacy, a full discussion took place, after which the members of The Community Council voted unanimously to support the application.</i>
4.185	<i>We have been informed that we are not allowed to attend the oral rehearing since calls for representation were made prior to our formation. This is disappointing therefore we must write in support of the application.</i>
4.186	<i>Having read through the initial minutes of the prior PPC meeting held on</i>

	<i>Tuesday 5 December 2017, we would like to comment on the following.</i>
4.187	ACCESS
4.188	<i>Mr Manson is completely accurate on his assessment of the hardships faced by the residents of Monkton in travelling to facilities out with the village.</i>
4.189	<i>We do indeed have a deteriorating bus service which on occasions runs late due to various reasons and sometimes never arrives. This service had been cut before and only reinstated after an outcry by villagers.</i>
4.190	<i>Car access to both Prestwick and Troon is extremely challenging with the volume of traffic and various parking restrictions.</i>
4.191	<i>There are a number of people including senior citizens in the village who do not drive and rely on the bus service where a five-minute visit to the chemist would end up taking several hours.</i>
4.192	POPULATION
4.193	<i>Monkton is a growing village with proposals in place for developers to further increase the number of houses at present by 250 plus and there is enough ground within the boundaries of Monkton for another 1000 houses.</i>
4.194	<i>These developments would easily double the population of Monkton, not if they go ahead but when.</i>
4.195	<i>We have many elderly residents in the village, a primary school which has had to increase its capacity to 160 and a new nursery opening shortly with space for 40 to 50 children.</i>
4.196	<i>A large number of travelling shift workers pass through the village daily going to the various industrial units around the village.</i>
4.197	COMMENTS
4.198	<i>The Community Council were surprised by the appellants' claims that residents of Monkton need to venture out of the village on a daily basis for all but the very basic of needs. There seems to be an under appreciation of what services we have in the village with our convenience store on the Main Street and the use of internet shopping. The population do not need to leave the village unless they must and that includes a visit to a chemist.</i>
4.199	<i>The Community Council did not see the relevance of what supermarkets the residents shop in when we are talking about a pharmacy location.</i>
4.200	<i>A pharmacy in Monkton is needed on more than simply convenience grounds. Most of the Community Council members were not even aware</i>

	<i>of many of the services that the pharmacy could provide for the village.</i>
4.201	<i>Council members raised the point that the GP Surgeries these days are constantly directing patients to pharmacies as a first port of call for a health assessment and with the difficulty in getting appointments for doctors in both Prestwick and Troon anyone feeling unwell would still have to travel out with the village to consult a pharmacist.</i>
4.202	<i>This proves that you need to have physical access to pharmacies on a regular basis and that Monkton is inadequately served by the current pharmacies in the area.</i>
4.203	<i>Our population is heavily weighted at both ends of the age spectrum with lots of children and senior citizens.</i>
4.204	<i>Finally pharmacy delivery vans are a common occurrence within the village. The Community Council feels that the residents must rely heavily on this service owing to the access problems that exist.</i> <i>This could be alleviated if we have our own pharmacy and direct access to a pharmacist.</i>
4.205	CONCLUSION
4.206	<i>There are high levels of public support across the whole village for a pharmacy within the community and the population is large enough to sustain it. We unanimously agree that Monkton is currently inadequately served by the existing pharmacies of Prestwick and Troon and that a new pharmacy in Monkton is necessary.</i>
4.207	<i>We thereafter ask of the committee to look favourably on this application.</i>
4.208	<i>Signed</i> <i>Harry Middleditch Chairperson</i> MONKTON COMMUNITY COUNCIL <i>18 August 2018</i>
4.209	Letter from Councillor Julie Dettbarn dated 23 August 2018
4.210	<i>To Whom it may concern</i>
4.211	<i>I fully support Mr Manson's application for a new community pharmacy in Monkton village. Having read and considered all the previous arguments for and against, I can see no good enough reason not to approve this application. Providing a valuable local service for the community who live and work within the village has to be more important than the interests of town pharmacies who already have their own footfall, including the very many visitors to our seaside towns in the summer months.</i>

4.212	<i>A community pharmacy is about much more than a prescription service, which many of the arguments against this pharmacy opening seem to be based on. The other villages in my ward are similar in size to Monkton and have pharmacies; they are used to provide a whole range of services aside from dispensing. They are well used and valued greatly by the whole community.</i>
4.213	<i>There are active initiatives now around sign posting people away from GP surgeries to other more relevant services, to enable the GP's time to be devoted to patients who genuinely need to see a doctor. The community pharmacy - and the wide range of services they provide and host, has a huge part to play in this.</i>
4.214	<i>This is particularly relevant in places like Monkton where there is no GP practice. Those mothers of young children or older people, who may not have access to their own transport or have difficulty using public transport, will have much improved access to health advice and other services which may prevent a needless/costly trail to the doctor. These are serious issues for people when you live in a village with such poor transport links.</i>
4.215	<i>Healthcare should be provided locally where possible, and the needs of distinct communities recognised. South Ayrshire has a high population of older people and Monkton is no exception to this, although the new housing developments have attracted many young families to the village.</i>
4.216	<i>I have found some of the arguments against contained within the previous hearing minutes quite incredulous. Such as discounting the potential custom of the Spirit workers and those who have static caravans at Dutch House. There are over 2,000 workers within the village, so if you work there, have a 30 min lunch break and find yourself in need of an analgesic, an indigestion remedy, or the need to seek medical advice you won't have the time to risk driving into town and facing the nightmare of getting parked. But you will nip round to the local chemist with easy parking. Likewise, the caravan owners, many of whom are older people. They face similar difficulties in accessing town pharmacies and will certainly make use of this service.</i>
4.217	<i>Monkton is already an expanding village, and with the recently announced formation of the Ayrshire Regional Economic Partnership following the UK Government's confirmation of the Ayrshire Growth Deal, the huge amount of interest in and around Prestwick Airport, it is inevitable that the village will continue to expand and, over the next 10-15 years to do so quite rapidly. There are already live applications pending for several hundred houses.</i>
4.218	<i>Finally residents of Monkton have cause for optimism within the village. Monkton Community Council has recently reformed to ensure the village maintains its own distinct identity apart from the big towns in terms of local administration. Monkton has needs akin to other villages within the</i>

	<i>ward and needs these services in place to help to thrive as a community. The current situation with access to pharmacies is inadequate for such a size of village in its geographical location.</i>
4.219	<i>I am impressed by Mr Manson's detailed research in determining the long term viability of establishing a community pharmacy in Monkton and am confident that this will be a valuable asset to the village. A view that is shared by the Community Council and the wider village population.</i>
4.220	<i>I trust that you will consider the evidence and overwhelming level of support from the community and grant this application.</i>
4.221	<i>Yours sincerely</i>
4.222	<i>Julie Dettbarn</i>
4.223	These are the representative voices of the people of Monkton. Their words are more powerful than those only looking to protect a financial interest.
4.224	Conclusion
4.225	Please side with the 95% people that believe a pharmacy is necessary for the village to ensure that adequate provision of pharmaceutical services are delivered to the residents of the village and make the same decision as that delivered last December.
4.226	This application was rightly granted before and it should be rightly granted again. Thank you."
5.	The Chairman invited questions from the Interested Parties in turn to the Applicant
5.1	Questions from Ms Joanne Watson (Boots UK Ltd) to Mr Manson (the Applicant)
5.101	Ms Watson noted that there was currently a Snack Shop operating from the Applicant's proposed premises and asked if that business would cease if the pharmacy was to open. Mr Manson confirmed that this was the case.
5.102	When asked about sizes of the floor plan, Mr Manson explained that the consultation space as 9m ² and the floor space 35m ² .
5.103	Ms Watson referred to the list of services to be provided at the proposed pharmacy should this application be granted as detailed in the consultation questionnaire under section 3. It was noted that drug substitution services had not been included in the questionnaire but had been listed in the Applicant's presentation. Ms Watson asked if she was right in thinking that the local population had not been consulted on the provision of this drug substitution service. Mr Manson said that provision

	of methadone was a negotiated service and as such was not a guaranteed service. Mr Manson added that it would not have been responsible to include this service in the questionnaire as the public would not know which services were core services and which were locally negotiated services. For clarity Mr Connolly explained that the local contractors committee agreed the additional services that could be provided in the area and contractors could either opt in or out of providing those services.
5.104	Ms Watson asked whether pharmacy opening hours were to be entirely covered by Mr Manson. Mr Manson agreed that this was the case and when asked about holiday cover it was confirmed that the law would be followed.
5.105	Ms Watson referred to the opening times of 9am-5:30pm Mon-Fri and asked if Mr Manson agreed that this was when the working population were at work. Mr Manson explained that these were the core pharmacy opening hours expected by the Health Board. The vast majority of respondents to the joint consultation exercise deemed these hours appropriate (95%).
5.106	Ms Watson noted that there had been a lot of demographic information provided in the Applicant's case and that the 2011 census data differed for Monkton. Ms Watson sought clarification as to whether the data quoted in the presentation was for Monkton or the proposed neighbourhood. Mr Manson confirmed that the data used was for the proposed neighbourhood.
5.107	Ms Watson enquired whether cuts to the regular bus service were currently shelved. Mr Manson agreed that they were.
5.108	95% of respondents thought the services listed in the consultation questionnaire were appropriate. Ms Watson wondered what had been done with the "don't knows" and whether these had been added into the positive responses. Mr Manson explained that it was standard practice in election polls to half the "don't know" results then add this half value to both the positive and negative responses so this was what had been done.
5.109	Ms Watson was interested to know what those residents in the caravan park for 6 months of the year did in Monkton. Mr Manson couldn't really answer for them but several had very nice gardens and there were events at the lodge on a weekly basis.
5.2	Questions from Ms Burns (Toll Pharmacy) to Mr Manson (the Applicant)
5.201	Ms Burns began by asking whether any of the development zones mentioned in the Applicant's presentation had planning permission. Mr Manson stated that test drilling was taking place and that planning permission would follow. Dr Cheyne intervened and said these sites had

	been designated for residential properties. Ms Burns had contacted Persimmon Homes last Friday and was told that no planning permission had been given for those particular sites. Dr Cheyne said that whilst this was technically correct, no planning permission had been given but the council had allocated these zones for residential use.
5.203	Ms Burns noted that Mr Manson was a prescriber and enquired whether funding had been secured from NHS Ayrshire & Arran to provide this service. Mr Manson explained that the Health Board had £75k available to independent prescribers and if this application was successful would apply for a share of that funding.
5.3	Having established that there were no questions from the interested parties the Chairman invited questions from Committee members.
6.0	Questions from the Committee to Mr Manson (the Applicant)
6.1	Questions from Mr Bryson (non-contractor Pharmacist Member) to Mr Manson (the Applicant)
6.1.1	Mr Bryson asked whether Mr Manson had any information about formal complaints concerning inadequacy of the existing pharmaceutical provision made to the Health Board by residents of this neighbourhood. Mr Manson stated that a Freedom of Information request had been submitted seeking information about complaints made against the Boots Pharmacies in Prestwick. Mr Bryson explained that it was not complaint information about particular pharmacies that was being sought but rather about the service provision. Mr Manson suggested that inadequate provision of the existing service was apparent in the CAR and that when the CAR was discussed at the joint meeting with the Health Board it was decided that the application should be taken forward.
6.1.2	Mr Bryson referred to the ambitious range of supplementary services offered at the proposed pharmacy and asked whether it was sustainable under the proposed management structure. Mr Manson's reply was "absolutely". Mr Manson did not think this range of services ambitious but necessary to offer Monkton a pharmacy that was worthwhile. It was also exactly the same level of service offered in many village pharmacies in which Mr Manson worked.
6.2	Questions from Pauline Hamilton (Lay Member) to Mr Manson (the Applicant)
6.2.1	In order to understand the proximity of parking and access to the shop, Ms Hamilton asked for clarification of the parking situation behind the proposed pharmacy premises. Mr Manson confirmed that there was space for 6 cars to park in the space immediately before the old primary school behind the proposed premises. There was currently no access because the roof of the old school building was being fixed. There was no need to cross any road in order to access the proposed pharmacy from this car park. However there was another car park between Main

	Street and Burnside Road which had space for 14 vehicles as well as free on street parking along Main Street, Burnside Road and Kilmarnock Road. All these roads had pedestrian crossings facilitating access to the proposed pharmacy.
6.2.2	Mr Manson was invited by Ms Hamilton to tell the committee about plans for a delivery service. Mr Manson planned to adopt a balanced approach for the delivery service. Although the preference for most patients would be to visit the pharmacy, some deliveries would be required for the housebound. If a face to face consultation was required by housebound patients then Mr Manson planned to make house calls after the pharmacy opening hours.
6.2.3	When asked by Ms Hamilton, Mr Manson anticipated having an assistant in the pharmacy.
6.4	Questions from Mr Irvine (Contractor Pharmacist Member) to Mr Manson (the Applicant)
6.4.1	Mr Irvine referred to the Legal Test and wanted to know Mr Manson's interpretation of neighbourhood. Mr Manson said the neighbourhood was where people lived and went about their daily lives – where they went to buy a newspaper, milk etc.
6.4.2	Mr Irvine asked whether an employee from a business in Monkton would consider themselves part of the neighbourhood defined by the Applicant. Mr Manson said that they would because the Regulations stated that both the resident and transient population must be acknowledged.
6.4.3	Mr Manson was asked to summarise the reasons for inadequacy of the pharmaceutical services available to those within the Applicant's proposed neighbourhood. The reasons given included a poor bus service which made travelling to Prestwick or Troon difficult, walking to a pharmacy was not an option and car parking was difficult. Mr Manson stated that the public themselves had said existing pharmaceutical services were inadequate during the joint consultation exercise. The local neighbourhood had amenities but Monkton (and Adamton Estate) residents relied on a delivery service from nearby pharmacies and this was inadequate. These residents were also not able to use the full range of services the pharmacy had to offer.
6.4.4	Mr Irvine enquired about how the joint consultation exercise had been physically carried out. Mr Manson explained that the Health Board had dealt with that – questionnaires had been dropped off where people were most likely to see them e.g. in local GP practices, the church café, Premier Inn, BP garage, newsagents and Post Office. The public had been made aware of the Consultation exercise by publication on NHS Ayrshire & Arran twitter feed and Facebook pages.
6.4.5	247 responses to the joint consultation exercise had been received. Mr Irvine asked whether these were from individual people or submitted on

	behalf of households. Mr Manson said that it was impossible to tell. Mr Irvine suggested that two responses may have been received from the same household. Mr Manson reiterated that there was no way to determine whether this was the case.
6.4.6	Finally Mr Irvine wanted to know where residents from the proposed neighbourhood currently accessed pharmaceutical services. Mr Manson stated Prestwick and Troon.
6.5	Questions from Mr Connolly (Contractor Pharmacist Member) to Mr Manson (the Applicant)
6.5.1	Mr Connolly wanted to understand better why the Applicant had chosen those particular neighbourhood boundaries and asked if these had been picked from the two census output areas. Mr Manson said the three A roads and employers to the south provided a self contained, man-made boundary. These did not mirror the census output areas of which there were four or five in Monkton.
6.5.2	Mr Manson was asked to talk through how the population of the neighbourhood had been estimated at 1300. The 2011 census stated that Monkton village had a population of 918 (386 households). Mr Manson physically counted all homes in the proposed neighbourhood and found that there were now 517 houses. The population of Adamton had been fairly constant at 68 people. Using the 2011 ratio of 2.4 people per household, the additional 101 houses in Monkton brought an additional 240 people. However as most of the new houses were family homes (either local authority or 3-5 bedroom homes) it was reasonable to assume that the ratio of people per household was greater than 2.4. This was how a population of 1300 had been estimated.
6.4	From a population of 1300, Mr Connolly was interested to know how many would use the proposed pharmacy or continue to pharmaceutical services near their place of work or where other activities were carried out. Based on the results of the CAR, Mr Manson expected many people to use the proposed pharmacy. Mr Manson added that it was always a balance as to who used the pharmacy – residents may fulfil their prescriptions elsewhere but 2000 people came into the village for employment.
6.4.1	The large workforce in Monkton was acknowledged by Mr Connolly but there was not much evidence during the site visit that it engaged with local businesses. Mr Manson said this would have been evident had the site visit occurred around 9am, lunchtime (between 12-2pm) or after 5pm.
6.6	Questions from Mr Daniels (Lay Member) to Mr Manson (the Applicant)
6.6.1	Mr Daniels referred to the comment made during the Applicant's

	<p>presentation that people didn't really venture outside Monkton so asked where people went to consult with a GP or to do food shopping. Mr Manson did not think where people visited the GP was a consideration. The way people shopped and banked was changing as many did so online. However for those who did go shopping it was in Mr Manson's opinion easier to go to Tesco or Asda in Heathfield than drive through Prestwick to get to Sainsbury's or Aldi. Mr Daniels was not convinced that many of the elderly population used online shopping.</p>
6.6.2	<p>Mr Daniels understood that people could only be registered for MAS in one place and asked if this was correct. Mr Manson explained that patients could register for MAS at any pharmacy. If already registered elsewhere the patient would be removed from the previous register. Registration was also instantaneous.</p>
6.6.3	<p>Mr Daniels referred to the bus service number 4 which ran every 30 minutes from Glasgow to Ayr via Monkton. Questions were asked about how this service was unreliable. Mr Manson said it might leave Glasgow every 30 minutes but lost time along the route and added that it could take 30 minutes to get through Prestwick because of the traffic lights at the Red Lion pub.</p>
6.6.4	<p>Reference was made to other services that may be offered at the pharmacy e.g. podiatry. As there was only one consultation room, Mr Daniels asked what would happen if a patient wanted a confidential discussion with the pharmacist when another health professional was using the consultation room. Mr Manson said it very much depended on the scenario but the patient could either wait until the Consultation Room was free or until the floor space was clear.</p>
6.7	<p>Questions from Mr Osborne (Lay Member) to Mr Manson (the Applicant)</p>
6.7.1	<p>Mr Osborne appreciated that deliveries would be made to housebound patients but wanted to know how their prescriptions were collected. Either Mr Manson would order the housebound patient's prescription or the patient would arrange it themselves. A member of staff from the proposed pharmacy would then go round the surgeries and collect the prescriptions. Mr Manson envisaged collecting prescriptions from the medical practices in Prestwick, Troon and Ayr and stated that it was not all about profit but about delivering a service to the village.</p>
6.7.2	<p>Mr Osborne asked whether Mr Manson saw the location of the toilet in the consulting room a complication. Mr Manson said it was a potential complication but had planned on speaking with the builders to see if it was possible to change the location of the door. If so this would be the desired option.</p>
6.8	<p>Having ascertained that there were no further questions from the Committee for Mr Manson, representation from the interested parties</p>

	commenced.
7.0	Interested Parties' Submissions
7.0.1	Of the interested parties present, Ms Watson was invited by the Chairman first to make representation on behalf of Boots UK Ltd
7.1	Ms Joanne Watson (Boots UK Ltd)
7.2	Ms Watson read aloud the following statement:
7.3	"Thank you for giving me the opportunity to speak today.
7.4	Previous applications
7.5	Firstly we would like to draw the panel's attention to a previous application for premises at 11 Main Street, Monkton which was refused by NHS Ayrshire & Arran following a PPC meeting held on Friday 8th December 2008.
7.6	At the time of the previous application the Committee noted that:
7.7	<ul style="list-style-type: none"> • There was high car ownership and an adequate bus service that ran from Monkton to Troon and Prestwick ever half an hour.
7.8	<ul style="list-style-type: none"> • The neighbourhood was of a similar definition (Prestwick Airport being the Southern boundary previously). The population was estimated at 959 people.
7.9	<ul style="list-style-type: none"> • There was no pharmacy in the neighbourhood
7.10	<ul style="list-style-type: none"> • The Committee at the time unanimously agreed that the application should not be granted.
7.11	There have been no significant material changes since any previous decision that would affect the adequacy of the existing service.
7.12	The APPC agreed that adequate pharmaceutical services were provided from existing pharmacies in the surrounding neighbourhood. (<i>source National Appeal Panel Decision 2008</i>)
7.13	Neighbourhood and the proposed site
7.14	We do not take issue with the neighbourhood defined by the applicant.
7.15	However, the area of Adamton does not feel part of the neighbourhood. It is separated by open land and a main road, which, although it can be crossed by an underpass, divides Adamton from Monkton. We question whether a resident of Adamton would consider themselves to be a neighbour of Monkton.

7.16	That aside, the neighbourhood defined is relatively small with a limited population and very limited facilities. The applicant has listed the facilities in the neighbourhood, and whilst we do not dispute these are in the neighbourhood so defined, the retail facilities in the village centre that a resident would be likely to visit at the same time as the proposed pharmacy are very limited, consisting of a Post Office, a convenience store and a snack shop (which would possibly close should the application be successful). The tearoom (and attached gift shop) is still closed and it appears to be empty. Pending the redevelopment closure of the snack shop is one less reason for workers to visit.
7.17	Other facilities listed such as the Brewers Fayre restaurant, the petrol station are on the extremities of the neighbourhood and act as a service station rather than being part of a community hub.
7.18	The APPC have stated in their letter dated 16th November 2017 that according to Scottish Government Urban/Rural Classifications, Monkton is classified as accessible rural which is a settlement of less than 3,000 people and within 30 minutes' drive of a settlement of 10,000 or more.
7.19	The neighbourhood so defined does not exist in isolation as it has good transport links to the wider area.
7.20	Residents of Monkton make the most of these transport links to access the neighbouring areas of Prestwick and Troon for all but the very basic of daily needs. We would suggest that they shop regularly at stores such as the Sainsbury's and Aldi supermarkets in Prestwick, or Morrisons in Troon and Ayr. Residents will leave the neighbourhood to shop especially if they do not do so online.
7.21	Residents are also likely to be registered with the GP practices in these areas. It would therefore follow that they are likely to access pharmaceutical services in these areas.
7.22	Whilst there may be a primary school in Monkton, families with older children in the village will go daily to Prestwick Academy or Queen Margaret Academy in Ayr. A further requirement to leave the village for everyday life.
7.23	Between Monkton and Prestwick is Prestwick Airport. There is some suggestion in the CAR that the local workforce could use the proposed pharmacy. Again, given the limited facilities in Monkton, which are possibly less than within the airport itself, we believe many of the workers at the airport will look to Prestwick for anything they need during their normal working day. Alternatively they may exit the airport out on to the A79 and access pharmacies closer to home, thereby bypassing Monkton.
7.24	You have heard a lot about demographics from the Applicant. When you

	drill down into the national statistics data for the ten output areas that essentially make up the applicant's defined neighbourhood (note output areas cover area actually slightly larger):
7.25	<ul style="list-style-type: none"> gives a population figure of 1088 residents.
7.26	<ul style="list-style-type: none"> The percentage of residents aged under 16 is 1.1% lower than the national average (16.2% v 17.3%)
7.27	<ul style="list-style-type: none"> The percentage of residents aged over 65 is only 0.3% above the national average (17.1% v 16.8%).
7.28	<ul style="list-style-type: none"> The age profile of the neighbourhood at the time of the 2011 census was in line with national averages.
7.29	<ul style="list-style-type: none"> Shows that home ownership in Monkton is higher than the national average
7.30	<ul style="list-style-type: none"> Car ownership on the whole in Monkton is higher than the national average at 84% versus a national average of 69.5%. Households in half the output area have over 90% car ownership.
7.31	<ul style="list-style-type: none"> The average number of cars per household is 1.5 which suggests a number of households will have more than one vehicle at their disposal.
7.32	Of those residing in the neighbourhood that are over 65 not all will have mobility issues or long term health conditions. With high car ownership amongst households, many will have access to a private vehicle.
7.33	So whilst there may be pockets of 'deprivation' amongst this limited population, generally the population would appear to be relatively affluent and mobile.
7.34	It could be said that Monkton is a commuter village whereas Prestwick is more where people retire to.
7.35	The information provided by the applicant suggests that in the last 14 years (since 2004) there have been approximately 150 new homes. All of the families in these new homes are currently being cared for by the existing pharmacies and they could care for many more in the future. No evidence has been provided that any future development couldn't be accommodated by the existing pharmacies.
7.36	The applicant has suggested the population has increased since 2004, however a proportion of this potential increase in population would have been taken into consideration at the time of the previous PPC decision in 2008 (Whiteside 204-67 houses).
7.37	Based on the applicant's numbers, the increase in dwellings since the previous NAP decision would be in the region of 83 houses. Using the

	household ratio of 2.4 people in each home this would equate to 180 people.
7.38	Since 2004 the Fairfield Park development (56 houses completed 2013) and Manse Gardens (27 houses completed 2016) have been completed. These consist of good size modern houses with driveways the residents of which appear to be mobile and relatively affluent and unlikely to put significant additional demands on the services in the area. When visiting the area, the high level of car ownership was evident from the number of cars parked on driveways during the day.
7.39	Whilst we appreciate that the panel must take into account future developments in an area, there must be a degree of certainty about such developments and an assessment of how the development will have an effect on pharmaceutical needs in the area when considering whether or not it will have an effect on the adequacy of services.
7.40	Whilst proposals may have been tabled, there is no obvious sign of any new development taking place in the near future and no evidence that the population is likely to increase anytime soon.
7.41	Development proposals are often put forward and proposals of application submitted that never come to fruition, possibly due to issues with planning permission or changes to plans for land use. Furthermore, planning can be granted and the development never take place due to financial constraints, conditions of granting the application or simply a change in the market. We would therefore urge the panel to have regard only to any developments that are underway or where there is a degree of certainty that they will go ahead in the foreseeable future.
7.42	The proposed site
7.43	The proposed site is located at Monkton crossroads, a relatively busy crossing point that is controlled by traffic lights. The roads leading to the crossroads may have on road parking but they are busy roads that are frequently used by buses and lorries.
7.44	The applicant has made reference to two public car parks. Anyone parking in the parking spaces between Burnside Road and Main Street would have to cross two roads to access the proposed site. Furthermore, it is not obvious that there is parking to the rear of the building, if the applicant is referring to the space behind the hall on the corner, at my last visit this is now chained and locked. From what we can see it is not signposted as a designated public parking facility from the road and anyone not familiar with the area is unlikely to know it is there.
7.45	Respondents in the CAR report have commented on how busy the Main Street in Monkton can be at times:

7.46	<p>Page 8 of the CAR</p> <p>Point 4 - My only worry is the parking on main road to pick up prescriptions etc</p> <p>Point 7- in the proposed location there is neither the space nor the parking facilities to adequately cope with the excess traffic this service would create given that the roadway which the pharmacy is proposed to be located is already exponentially too busy...</p> <p>Point 37- at a busy corner near traffic lights and bus stops on either side of a busy narrow road.</p>
7.47	Directly outside the premises, on both side of the road are bus stops for the number 4 service to Prestwick.
7.48	Adequacy
7.49	While there is no pharmacy currently in the neighbourhood defined by the applicant the committee must consider the pharmaceutical services available to the neighbourhood.
7.50	Prestwick, Troon and the wider area provide access to an extensive range of pharmaceutical services as well as access to services in the evening and seven days a week.
7.51	Boots have three pharmacies in Prestwick, one at Prestwick Cross and two on the Main Street. Each has its own loyal customers.
7.52	Between them the pharmacies provide opening hours from 8.30am until 6pm weekdays and 9am until 5.30pm Saturdays. They cover Bank Holidays and any additional requests by the board.. Last year for example we opened 4 hours on Christmas Day which would again show the accessibility of these stores.
7.53	Our pharmacies in Prestwick close for lunch to provide a half an hour rest break for our pharmacists. However, these breaks are staggered so that two pharmacies remain open through the lunchtime period. All of our pharmacists in these stores have been in position for some time now.
7.54	Our pharmacy in Troon is open seven days a week from 8.30am until 6pm (7pm on Tuesday and Thursday), from 9am until 6pm on Saturday and from 11am until 4pm on Sunday.
7.55	All our pharmacies offer all core services and an extensive range of additional services including: DDS packs, methadone supervision and drugs user services, Eyecare Ayrshire, EMAS, CMS, C-card free condom service, Minor Ailments Service, Pharmacy First, Emergency Hormonal Contraception, Gluten Free foods service, paracetamol post-immunisation PGD, smoking cessation (NHS), emergency supply of medicines out of hours, trimethoprim and fusidic acid PGD, palliative care

	scheme.
7.56	We have both Macmillan pharmacists and Dementia Friendly staff in our teams in Prestwick. Our pharmacist at the 66-68 Main Street branch is also an independent prescriber.
7.57	As far as I'm aware there are currently no other services of offer in Ayrshire that aren't being offered from our pharmacies and we would and always do welcome the opportunity to provide new services when requested.
7.58	Medisure compliance aids / domiciliary dosage packs are available from our pharmacies.
7.59	All our pharmacies offer a delivery service and do deliver to Monkton. Delivery slots are available three times a day weekdays and one in the morning on Saturdays. We also offer an emergency delivery service in the late afternoon for urgent items such as antibiotics.
7.60	We note the applicant has proposed to offer a delivery and collection service also. They must therefore recognise that for some patients collection and delivery services are a valued and necessary service and regardless of the location of the pharmacy are the only way in which some patients (i.e. the housebound) are able to receive their medication.
7.61	All our pharmacies in Prestwick and Troon are DDA compliant.
7.62	We believe that all our pharmacies offer a good level of service and this is demonstrated by the high level of customer satisfaction recorded on our feedback survey. Year to date we have had no complaints and customers care scores are higher in this area than the rest of the West of Scotland.
7.63	We have good working relationships with the healthcare providers in the area. Our pharmacy and pharmacist in Main Street Prestwick has a strong working relationship with the practice managers at Station Road and Kirkhall Surgeries - our pharmacy team meets with them quarterly but communication is daily.
7.64	With the exception of the varying late evening opening, the applicant is not proposing to open for hours in excess of those already provided.
7.65	We would also like to highlight that following discussions with the surgery who provides the evening appointments, we were advised there would be no benefit in extending our hours in this way as the patients would all be on repeat medication. We do provide two late nights in our Troon store which could be utilised if the GPs felt a need.
7.66	Furthermore, as the applicant is not proposing to open on Saturday afternoons or Sundays we must assume that the applicant would expect

	residents to access the existing services during these times and that the existing pharmacies adequately meet the neighbourhood's needs outside of their opening hours.
7.67	We submit that the existing pharmacies provide an adequate level and range of pharmaceutical services to residents of Monkton. The applicant has failed to show any evidence of inadequacy in the existing services.
7.68	Access
7.69	Many of the existing pharmacies are located where patients go to visit their GP, access other key facilities such as banks or carry out their regular shop.
7.70	Car ownership generally in South Ayrshire is over 4% higher than the national average and increased between censuses. Car ownership in Monkton is on the whole higher than the national average.
7.71	Parking is available at the existing pharmacies with free parking at a number of sites, including directly outside existing pharmacies, at council car parks in Prestwick Town Centre and at local supermarkets, less challenging than at the proposed site.
7.72	There are numerous council and retail area car parks in Prestwick and Troon along with on street parking.
7.73	A patient wishing to access our Troon pharmacy by car would find parking available in the Academy Street car park immediately outside the pharmacy.
7.74	A patient wishing to visit our pharmacies in Prestwick will find:
7.75	<ul style="list-style-type: none"> • free on street parking immediately outside of the 89 Main Street pharmacy (2 hours) and designated disabled parking on Kyle Street
7.76	<ul style="list-style-type: none"> • On street parking for disabled patients at the junction of Station Street and The Cross. There is some roadside parking on the side streets and free parking at the Station.
7.77	<ul style="list-style-type: none"> • Free parking in the Council Car Park on Bellevue Road (80 spaces free for 2 hours). On Thursday lunchtime there were a number of spaces available here as cars come and go.
7.78	<ul style="list-style-type: none"> • Free parking at Pleasant Field Road (42 spaces free for 2 hours) near to Toll Pharmacy
7.79	<ul style="list-style-type: none"> • Parking in the car park behind BM Home Bargains which appeared to be popular, and also at the main supermarkets - Sainsbury's, Asda, Aldi, etc.

7.80	Bus services run through Monkton notable the number 4 service that runs every 30 minutes from Monkton Cross to Ayr and Troon. The number 14 service also runs hourly between Ayr and Troon calling at Monkton Cross.
7.81	According to current timetables- buses travel from Monkton Cross in to Prestwick three times an hour, for example: <ul style="list-style-type: none"> • 10.07 am (number 14) • 10.27 am (number 4) • 10.52 am (number 4)
7.82	The journey time between Monkton Cross and Prestwick Cross is scheduled to take approximately 7 minutes
7.83	And in the opposite direction from Monkton to Troon and Kilmarnock <ul style="list-style-type: none"> • 10.05 am (number 4) • 10.35 am (number 4) • 10.50 am (number 14)
7.84	These timetables have been in operation since August/September 2017. We are not aware of <i>any</i> plans to change the frequency of these services at the present time. I have never found a problem or been held up when travelling round the area.
7.85	It could be suggested that with such high car ownership in the Monkton area, along with the availability of dial-a-ride services, the bus service is reasonable for the demand.
7.86	South Ayrshire Community Transport operate a wheelchair friendly dial-a-bus scheme which covers the Prestwick and Monkton area.
7.87	Concessionary bus travel is available to those who are eligible (generally the disabled and those over 60). National Entitlement Card holders can travel on all local bus and scheduled long distance coach services throughout Scotland for free at any time of day and for any number of journeys.
7.88	There is no evidence to indicate that patients are experiencing <u>significant</u> difficulties when wishing to access pharmaceutical services.
7.89	Viability
7.90	Given that the population is small and that there are no GPs in the neighbourhood generating prescriptions we believe the actual number of items that would be dispensed by the proposed pharmacy would be small and we question the viability of the pharmacy. The applicant quoted a figure of 34000 items from a population of 1300. This seems rather high and no evidence has been given about the number of

	prescriptions needed to be viable. Each area is different so comparisons can't be made with other pharmacies in neighbourhoods with similar populations. It is not known where people from the proposed neighbourhood are currently fulfilling their prescriptions. Boots looked at opening a pharmacy in Monkton but the number of prescriptions per week was considerably lower than 1600.
7.91	Dispensing data we have shows that all three of our pharmacies in Prestwick, and our pharmacy in Troon, dispense prescriptions for residents of Monkton.
7.92	A pharmacy opening at this site would have a detrimental effect on our pharmacies, particularly those in Prestwick. While we recognise this should not result in a closure there would be implications for staff and employment security.
7.93	The CAR report and representations
7.94	It is worth noting from the CAR that: <ul style="list-style-type: none"> • A quarter of all respondents aren't resident of the neighbourhood • Of the postcodes recorded 170 are from the Prestwick and Monkton area (KA9 and KA8), 5 are from Troon, 18 are from the wider Kilmarnock area and 7 are from a distance outside of the area (Glasgow, Falkirk and Motherwell postcodes)
7.95	What you can see from the CAR report is the desire for the development of any further amenities in Monkton. Not the necessity for a pharmacy. Yes it would be 'nice' and 'convenient' for a few however it could be argued that it would make little difference to the many who are currently leaving Monkton to carry on with daily life.
7.96	Our case
7.97	The control of entry regulations is in place to protect the limited resources of the NHS.
7.98	An application is granted only if it is necessary or desirable to secure the adequate provision of pharmaceutical services in the identified neighbourhood.
7.99	Whilst people may like to see a pharmacy closer to their home, it is the matter of necessity and desirability and not simply convenience that the panel must consider.
7.100	Boots' case is that the existing pharmacy provision more than adequately meets the needs of the local population and persons within the neighbourhood.
7.101	Summary

7.102	There are a number of pharmacies that provide adequate services to the neighbourhood and that are accessible from the proposed site. None of these sites have any complaints against them.
7.103	The applicant has not identified a need for a particular service that cannot be met by the existing contractors.
7.104	The population is generally affluent with high levels of car ownership, bus services service the area, and local pharmacies provide delivery services.
7.105	In summary we submit that the existing pharmacy provision is adequate and that the proposed pharmacy is neither necessary nor desirable to secure the provision of pharmaceutical services in the neighbourhood in question.
7.106	We respectfully ask that the application should be refused."
7.107	This concluded the presentation from Ms Watson.
8.0	Questions from Mr Manson (the Applicant) to Ms Watson (Boots UK Ltd)
8.1	When asked, it was confirmed that Ms Watson did not live in Monkton. Mr Manson therefore asked how Ms Watson knew what it was like to live in Monkton. The response was that Ms Watson had consulted people who lived in Monkton and received customer feedback from residents in Boots stores.
8.2	When gauging public opinion on the existing pharmaceutical service Mr Manson asked what was more important in terms of this application, feedback received in the pharmacy or the CAR. Ms Watson said that feedback in the pharmacy reflected how people found the existing pharmacy service. This feedback indicated that the patients served by Boots found these services adequate.
8.3	Mr Manson enquired whether Ms Watson considered a half hourly and hourly bus service from Monkton a good service. With three services an hour and a seven minute journey time to Prestwick Ms Watson considered the bus service good. Ms Watson had observed that those services were running as described. There was also high car ownership in the neighbourhood and a dial-a-bus service available.
8.4	Mr Manson was interested to know how the dial-a-bus service worked when a resident wanted to use it to visit a pharmacy. The dial-a-bus documentation Ms Watson referred to did not explain in detail how the service worked only that it was a demand responsive transport service operated by volunteer drivers. Mr Manson enquired whether dial-a-bus had to be arranged in advance. Ms Watson thought it did in most cases. If a person fell ill and needed a pharmacy, Mr Manson questioned

	whether dial-a-bus was really an option. In that case Ms Watson said there were other modes of transport e.g. taxi service.
8.5	Assuming patients needed to travel to a Boots pharmacy, Mr Manson asked whether Boots had any plans in place to help people attend the pharmacy. Ms Watson explained that at the moment the only plans in place were in relation to pharmacy opening hours.
8.6	Mr Manson was interested to know whether Boots had any plans in place to improve car parking near its pharmacies. Although Boots could lobby the Council, Ms Watson advised that Boots were unable to control parking as it was under the jurisdiction of the local Council.
8.7	When asked where to park if visiting the Prestwick Cross Boots pharmacy, Ms Watson explained that there were two designated disabled bays outside the pharmacy. There was also metered roadside parking available for 60 minutes down the side streets. Mr Manson asked how this parking situation was better than that at the proposed pharmacy in Monkton. Ms Watson said because there were two disabled parking bays outside the shop and parking down the side streets. Ms Watson said it was not difficult to find a parking space and had counted fifteen roadside parking spaces available in the middle of the day last Thursday. Mr Manson referred to Ms Watson's comment that parking was available in the Morrisons and Aldi supermarket carpark. Mr Manson questioned whether these were the easiest supermarkets to access for residents of the proposed neighbourhood. Ms Watson thought these were. Mr Manson started to comment on this but the Chair reminded the Applicant to keep to questions at this stage.
8.8	Mr Manson asked about the relevance of coinciding a trip to the supermarket with a visit to the pharmacy. Ms Watson explained that it was part of the fabric of peoples' everyday lives.
8.9	Mr Manson wanted to know how far Sainsbury's was from the Boots pharmacy in Prestwick. Ms Watson said it was a 20 minute walk.
8.10	As not many villages had secondary schools, clarification was sought as to whether Ms Watson was saying that villages should not have pharmacies. Ms Watson explained the context of that statement in that people had to leave the village as part of their everyday lives e.g. to attend secondary school.
8.11	Mr Manson referred to workers at Spirit Aerosystems or HMS Gannet and asked whether they would pass the proposed Monkton Pharmacy site in order to get onto the main dual carriageway. As Ms Watson did not know, Mr Manson stated that the location of all entrances and exits to these workplaces meant that workers needed to pass through Monkton to access the dual carriageway.
8.12	Mr Manson asked how many prescriptions were delivered to Monkton per week and how many deliveries were made in an average day. Ms

	Watson did not know how many prescriptions were delivered to Monkton each week but said that delivery was demand led and there was an opportunity for deliveries to be made three times each day.
8.13	When asked if patients had to fall within certain criteria to take advantage of the prescription delivery service Ms Watson stated that this was determined by the pharmacist in charge of each pharmacy.
8.14	Mr Manson referred to Ms Watson's statement that there had been no significant material change in Monkton since the application was refused by the PPC in 2008. Mr Manson asked Ms Watson to define a significant material change. Ms Watson said if there had been a GP Primary Care centre built in the village or a sudden change in population which gave rise to more old people in the area. Mr Manson enquired whether a 30% increase in population was not a significant change. Whilst the percentage figure was high, Ms Watson said that the actual number of people this equated to was small. The influx of people to Monkton also had more cars and bigger houses than other residents. As such Ms Watson did not consider this a significant material change.
8.15	Mr Manson asked whether the data used by Ms Watson concerning the 2008 application when presenting Boots case was ten years old. Ms Watson said the facts on which the 2008 decision was based had been used but had looked at the statistics from the 2011 census.
8.16	With three Boots pharmacies 300 yards from each other, Mr Manson asked if Boots was stifling competition in Prestwick. Ms Watson was not sure this question was relevant. Mr Manson said it was highly relevant given that the regulations stated that an oligopoly should not be created. Ms Watson stated that the three Boots pharmacies gave patients choice and offered a slightly different range of services.
8.17	Mr Manson said that Ms Watson had mentioned potential implications to Boots of this application being granted and asked if Boots reduced income was a matter of consideration for the PPC. Ms Watson stated that the PPC must consider the viability of the proposed pharmacy and its impact on viability of existing pharmacies. That was a matter that Ms Watson was leaving to the PPC to determine.
9.0	Questions from Other Interested Parties to Boots UK Ltd
9.1	Questions from Ms Burns (Toll Pharmacy) to Ms Watson (Boots UK Ltd) - none
10.0	Questions from the Committee to Ms Watson (Boots UK Ltd)
10.1	Questions from Mr Bryson (non-contractor Pharmacist Member) to Ms Watson (Boots UK Ltd)
10.1.1	Mr Bryson noted the positive impressions gained of Boots Pharmacy during the site visit and the professional manner in which questions were

	<p>answered by staff. Ms Watson was asked to expand on the detrimental effect the granting of this application may have on the existing pharmacy network. Ms Watson said it was difficult to quantify the effect of prescription items leaving Boots pharmacies in Prestwick and Troon but where there were two pharmacists this may need to be reduced or decrease hours of work. The free services may have to be curtailed. In the long term the granting of this application may have an effect.</p>
10.1.2	<p>On speaking to Boots pharmacists during the site visit, Mr Bryson recalled the varying responses regarding the current level of activity from the proposed neighbourhood. Some said there was a negligible throughput of patients whilst others thought it was more significant. Ms Watson was invited to comment. Ms Watson explained that the dispensing data from Boots pharmacies in the area had been mapped by patient postcode and it was apparent that each of the Boots stores received business from Monkton. Mr Bryson said it would have been helpful if this information had been presented for consideration by the PPC.</p>
10.2	<p>Questions from Ms Hamilton (Lay Member) to Ms Watson (Boots UK Ltd)</p>
10.2.1	<p>Ms Hamilton referred to the feedback Boots stores received from patients and asked whether that feedback captured the number of prescriptions unable to be completely fulfilled when first presented at the pharmacy. Ms Watson explained that this data wasn't captured from patient feedback but what could be said was that the number of prescriptions requiring a balance was well below that expected. Ms Hamilton asked for further clarification of Ms Watson's response. Following consultation with colleague Mr Kerr, Mr Kerr explained that a tolerance level for prescription balances was set in all Boots pharmacies in order to minimise the need for a second visit. That data was regularly analysed by Boots. The score for the Boots stores in Prestwick was one percent whilst the target for stores was two percent. This one percent included out of stock drugs and drugs that manufacturers were unable to supply. In order to minimise the requirement for customer second visits Boots had access to its own wholesaler, used a number of different wholesalers and had local relationships with its competitors. Dr Cheyne recognised that allowing Mr Kerr to answer this question was unusual but had been necessary in the interests of clarity and enabled the hearing to proceed. Dr Cheyne informed the hearing that all further questions posed to Boots UK Ltd must be answered by Ms Watson.</p>
10.3	<p>Questions from Mr Irvine (Contractor Pharmacist) to Ms Watson (Boots UK Ltd)</p>
10.3.1	<p>Mr Irvine asked about the neighbourhood provided by the Applicant. Ms Watson did not take issue with inclusion of the Adamton Estate but in Ms Watson's opinion, it did not really feel part of Monkton.</p>

10.3.2	Ms Watson was then asked for information on the number of registrations for the Chronic Medication Service from Monkton at Boots pharmacies in the area. Whilst that information was collected by Boots UK Ltd, Ms Watson did not have it available at the hearing.
10.4	Questions from Mr Connolly (Contractor Pharmacist Member) to Ms Watson (Boots UK Ltd) - none
10.5	Questions from Mr Daniels (Lay Member) to Ms Watson (Boots UK Ltd) - none
10.6	Questions from Mr Osborne (Lay Member) to Ms Watson (Boots UK Ltd)
10.6.1	Mr Osborne mentioned that there had been some doubt about how the dial-a-bus service operated. As a dial-a-bus user Mr Osborne offered to shed light on this matter. The Chair suggested this could be discussed during the closed session if necessary to the decision making process.
10.7	As there were no further questions from the Committee, the Chairman invited the submission from the other interested party, Ms Burns. However as Toll Pharmacy's submission was unlikely to be finished before the museum closed, the Hearing moved to Eglinton House and left the museum at 16:20pm.
10.8	Having reconvened in Meeting Room 1, Eglinton House at 5pm, Ms Burns was invited by the Chairman to present the case of Toll Pharmacy.
11.0	Ms Burns (Toll Pharmacy)
11.1	Ms Burns read the following statement making adjustments as necessary:
11.2	"Thank you for giving me the opportunity to speak to the PPC today.
11.3	With regard to the definition of the neighbourhood, we would generally agree with the neighbourhood proposed by the applicant with the exception of the Adamton Estate. Whilst this might be assumed to be in the <i>catchment area</i> of the proposed pharmacy, I think it's a stretch to say that it's in the same neighbourhood.
11.4	The vast majority of residents of this small neighbourhood will currently access NHS pharmaceutical services in Prestwick or Troon.
11.5	With regard to adequacy of existing services, we cannot accept that this village suffers from an inadequate pharmaceutical service.
11.6	Before I explain why in more detail, I want to make some observations about the size and demographics of the population.

11.7	The most recent census information from 2011 gives a population for the neighbourhood as defined by the applicant as being 918.
11.8	The applicant has identified 150 houses having been built since 2011. Using the 2011 figure for average persons per household of 2.4, this gives a population increase since 2011 of 360 and therefore a current population of 1278. For argument's sake let's call it 1,300.
11.9	The applicant has included the residents of the caravan park. He obviously doesn't know much about caravans. 'Residents' of the caravan site will use their caravans for regular short breaks - mainly weekends and during school holidays - and are not likely to use a pharmacy in Monkton any more than on very rare occasions.
11.10	We would also think it highly unlikely that the workforce in the industrial areas close to Monkton would ever use a pharmacy in the village.
11.11	Finally, he mentions the proposed new housing development.
11.12	As of today, there has been no planning permission granted for any new development and therefore the PPC cannot give any weight to this claim.
11.13	In fact the South Ayrshire LDP2 (Local Development Plan 2) published May 2018 states issues regarding the new housing strategy. Page 10 states that ...and I quote <i>"Without doubt this was an issue that raised most comment...almost without exception. It was decried by the local communities that would be most affected if such a strategy be followed (communities in Troon, Loans, Symington and Monkton were particularly vocal in this regard)"</i>
11.14	It was also mentioned in this document that there were concerns about flooding/drainage and whether the road network would be able to cope with additional housing.
11.15	I contacted Persimmons Homes directly on Friday 24th August 2018 who also confirmed that no planning permission has been granted at this site.
11.16	So, the proposal is to provide an NHS Pharmaceutical Service to a village of approximately 1,300 people.
11.17	The applicant has claimed that the 150 new houses have led to an increase in population of 480 residents, but this would seem to be wildly inaccurate. I see in this presentation Mr Manson agreed with a total neighbourhood population of 1300.
11.18	The applicant claims that the population has 'soared'. In a sense he's correct, but it's soared from 'tiny' to 'very small'. In real terms, this is still a very small village.

11.19	The applicant claims that there are ' <i>substantial amounts of elderly and disadvantaged residents</i> ' within Monkton. This claim is false.
11.20	<p>Here are some interesting facts from the last national census (All of the data I am quoting comes from the Scotland's Census official website and is for the Monkton locality in the 2011 census which exactly matches the applicant's neighbourhood):</p> <p>95.3% of the population are in very good, good, or fair health. This is above the national average.</p> <p>Only 4.7% of the population consider themselves to be in bad or very bad health. This would equate to around 60 people.</p> <p>70% of the population have no long-term health condition.</p> <p>80% of the population have no limiting disability or health condition.</p> <p>Only 6.6% of the population are elderly (i.e. over 74). The national average is 7.7%. So, there are not substantial amounts of elderly residents. There are, in fact, approximately 84 elderly people in the village. The applicant also claimed that there were substantial numbers of '<i>disadvantaged</i>' residents. We're not sure what he means by this, but we cannot find any measure by which you could call any significant number of residents of Monkton '<i>disadvantaged</i>'.</p>
11.21	The applicant himself has accepted that this is an affluent population, and ranks highly in the SIMD tables. This is clear to see when you visit this neighbourhood.
11.22	As you would expect from an affluent dormitory village on the periphery of a large conglomeration (that being Troon-Prestwick-Ayr) car ownership is exceptionally high with most households having more than one car.
11.23	In 2011 there were 1.3 cars per household in the village of Monkton which is 30% higher than the national average.
11.24	So, this is an affluent, healthy, and mobile population.
11.25	One other important observation is that there are almost no other 'services' one might require as part of day-to-day living in the village.
11.26	This is very important because it gives an indication of how people in the village live their day-to-day lives: they will do their shopping, etc... in Prestwick, Troon or Ayr. And that will include any visit they may make to a pharmacy.
11.27	Let me explain why this is important:
11.28	In a hypothetical village with a comprehensive range of local services you could make an argument that residents would be disadvantaged by the lack of a pharmacy. Why? Because in their day-to-day lives they

	don't need to leave the village to shop, or bank, or whatever. A visit to a pharmacy would require a specific journey and it could be argued that by forcing the residents to leave their village just to access a pharmacy then pharmaceutical services are inadequate.
11.29	The applicant has given us a list of all the services in the village, but you know things are desperate when he includes things like a football pitch and a swing park.
11.30	The simple fact is that the village has almost no existing services. If you exclude the petrol station and other 'out of town' facilities that have nothing to do with the village and which in fact cater to visitors to the airport then you're left with a Post Office and a small convenience store. The newsagent which provides rolls to workers would obviously close if the pharmacy were opened.
11.31	The village was unable to sustain its local pub - the Wheatsheaf. This closed down and a coffee shop opened. But the coffee shop was also unsuccessful and planning permission has been granted to turn it into a nursery. Parents will drop their children at the nursery when they leave the village to continue their normal daily routine.
11.32	So, how does this population currently get to a pharmacy?
11.33	Well, the vast majority will make the 5-10 minute car journey to Prestwick or Troon.
11.34	For those who don't have a car, there is a regular short bus journey.
11.35	The No. 14 (Ayr to Troon) calls at Monkton every hour going either to Troon or Ayr. The No. 4 (Ayr to Glasgow) has 2 buses per hour in each direction. So in total there are three buses every hour to take residents to Prestwick or Ayr.
11.36	Don't forget - if you live in Monkton and are one of the small number of residents who don't have a car, this will be a bus journey you will make regularly since you will need to get somewhere to shop.
11.37	Remember - this is important. Residents aren't being forced to travel to the larger shopping areas just to get to a pharmacy. They'd be going to Prestwick or Ayr to do all the other things that make up our every-day lives!
11.38	I notice the applicant claims that the bus service is under 'existential threat'. This is nonsense.
11.39	There will, of course, be a small number of residents who have mobility problems and who may be housebound. These patients will currently be benefiting from a delivery service from existing pharmacies - I know I provide a delivery service to some of them.

11.40	So, given the above, existing services are adequate.
11.41	The application falls at the first hurdle.
11.42	I'd like to make a few points about the applicant's CAR (consultation analysis report)
11.43	I would agree that the response rate is excellent and whilst the consultation is a useful tool in this process, decisions about a new pharmacy are not decided by a public vote. They're decided by this PPC.
11.44	I think it's also fair to point out that the applicant has told us he was brought up in the village, and his parents still live there. 'Public support' would be expected for a 'local lad' - but well-meaning enthusiasm shouldn't be mistaken for actual need .
11.45	Here are some quotes I have taken from the positive responses: "not convenient for those that don't drive" "Easier than going into Prestwick" "A lot of people have to get public transport" "Will save people a trip to Prestwick" "We go to Prestwick or Troon for nearest pharmacies. A pharmacy in Monkton would be very convenient "
11.46	Having read every single response to the consultation, the key message from those who support a pharmacy is that it would be ' convenient '. Where respondents talk about any difficulty in accessing the pharmacies in Prestwick or Troon it's always a difficulty <i>other people</i> might have!
11.47	There is not one single response which gives an example of how that person has any difficulty in accessing a pharmacy in the adjacent towns. As you would expect, given that as part of their daily lives almost all the residents of the village will be going to Troon or Prestwick to shop, work, etc ...!
11.48	Of course people in Monkton want a pharmacy! Why wouldn't they? But that's not the point and this support is meaningless in the context of the Legal Test. This CAR shows absolutely no evidence of an inadequacy in the current provision. Not one single response gives any reason for support other than convenience .
11.49	As the PPC will know, new contracts are not granted for the sake of convenience. The applicant must show that the existing service is INADEQUATE, and this application completely fails to do so.
11.50	So to summarise, this is a small neighbourhood with a generally affluent, healthy, young, mobile population. The neighbourhood contains very few 'facilities' that would support the normal day-to-day lives of the residents

	and therefore as part of their normal daily activity residents will travel to Prestwick, or Troon, or wherever else is most convenient for them.
11.51	But there is one other aspect of this application which I would ask the PPC consider.
11.52	The regulations only allow for a contract to be granted where it is necessary or desirable to secure an adequate pharmaceutical service in the neighbourhood in which the proposed premises are located.
11.53	The first part of the test - which I have discussed - is the question of the adequacy. I believe that the application fails that first part of the test.
11.54	But there is another important word in the regulation, and it is there for a very good reason. That word is <i>secure</i> .
11.55	There seems to be a misconception amongst PPCs that <i>viability</i> of a proposed pharmacy is not a matter for the PPC.
11.56	This is not correct, and we are delighted that the Chair of the National Appeal Panel has reiterated this point in his letter of April 2018. I quote: <i>"[The PPC] has made no comment on the viability of the contract under discussion. The PPC ought to have done so."</i>
11.57	This is very important.
11.58	What is true is that it is not for a PPC to examine a business plan for a proposed new pharmacy, or consider whether the applicant has sufficient 'business acumen' to run a pharmacy.
11.59	However, the PPC must be satisfied that the neighbourhood in which the proposed premises are located has - at the very least - a sufficient population to support an NHS pharmaceutical service.
11.60	Such a consideration can be made by looking at three important variables: <ul style="list-style-type: none"> • What is the population of the neighbourhood in which the pharmacy is to be located • What are the demographics of the population • How easy is it to access other pharmacies. and from that what is the likely number of prescription items that this neighbourhood will generate each month.
11.61	The average number of prescription items per person per month in Scotland is 1.4. That gives an absolute maximum estimate of 1,800 items per month for the village of Monkton. (1,300 x 1.4)

11.62	The demographics of this population are 'better than average' - in other words there will be less than 1.4 items per person as there are very few deprived residents and below average elderly residents . These are the two factors which have the greatest effect on prescription numbers. The effect of this demographic on our first calculation will be to bring that number down significantly. Say 1400 items?
11.63	And finally, it is easy to access other pharmacies and so a new pharmacy will only attract a portion of the local population. People are loyal to their existing pharmacy, and it's only when there is an obvious problem in accessing a 'regular pharmacy' that a new entrant will gain the majority of local patients. But let's be generous. Let's assume that 80% of the residents decide to use the new pharmacy. Well, that brings the monthly script estimate down to 1,120.
11.64	There are pharmacies that dispense 1,120 items in a day - let alone in a month.
11.65	Now I appreciate that we have made some assumptions to get to this number - but they are reasonable assumptions. Our starting point - 1,800 items a month - is not up for debate. The question is how much the other factors (i.e. the local demographic and the loyalty to existing pharmacies) brings this number down. As I said, I think I've made reasonable assumptions.
11.66	The problem for the applicant is this: The starting point - 1,800 - is insufficient to run a financially viable pharmacy.
11.67	There's a very good reason for this additional aspect of the Legal Test. There are literally hundreds of small hamlets across Scotland with populations similar, or less than, the population of Monkton. Very few of these will have an existing pharmacy (for an obvious reason) but in many of these small communities - especially those that are much more isolated than a dormitory suburb such as Monkton - it would be very easy to argue that the existing pharmaceutical service is inadequate.
11.68	Does that mean that the PPC should grant every application made in every small isolated village regardless of the size of the population? Of course not. An NHS pharmacy costs the NHS money, and not an inconsiderable amount .
11.69	In the past we had the Essential Small Pharmacy Scheme.
11.70	The Essential Small Pharmacy scheme is now closed to new applicants.
11.71	In order to be considered an 'Essential Small Pharmacy', a pharmacy had to dispense less than 1,400 prescription items per month. That was the figure which the NHS determined to be the point below which a pharmacy is not economically viable.

11.72	Incidentally, the huge increases in prescription numbers since that number was calculated way back in the 1990s and the corresponding reduction in the value to a contractor of each dispensed item has made this 1,400 number completely out of date. At a conservative estimate, a pharmacy in 2018 would need to dispense at least 2000 items per month to be economically viable.
11.73	A pharmacy in Monkton is, in isolation, not viable . What I mean by that is that the population resident in the neighbourhood is not sufficient to make the pharmacy viable. And that is the basis by which a PPC should refuse an application in any circumstances .
11.74	Does the applicant have a business plan that might make a pharmacy in Monkton viable? I'm sure he does whether it's by doing internet pharmacy, or by offering a delivery service to Prestwick and Troon, or by doing MDS trays, or whatever. But that's not the point. A PPC should not grant an application in a non-viable neighbourhood as a springboard to an entirely different type of business. That would be a shocking waste of scarce NHS resources.
11.75	So to summarise: The neighbourhood is the small village of Monkton. The population is approximately 1,300. Car ownership is high, public transport to nearby shopping areas is excellent, and the population is relatively young, affluent and healthy. All of our statistics are from the Government's 2011 census. Pharmaceutical services available to the population of the village are adequate.
11.76	This application fails the Legal Test at the first hurdle and I would ask the PPC to reject it.
11.77	Further, the population of the village is far too small (and of the wrong demographic) to support an NHS community pharmacy. It is quite simply not viable and would not secure a service. The application must be refused."
12.0	Questions from Mr Manson (the Applicant) to Ms Burns (Toll Pharmacy)
12.1	Mr Manson wanted to know whether Ms Burns lived in Monkton and if not how it was known that the existing pharmacy services were adequate. Ms Burns did not live in Monkton but had lived and worked in Ayrshire for over 20 years. As a result of not living there, Mr Manson queried that Ms Burns knew what it was like to live in Monkton. Ms Burns replied that she knew people who lived there.
12.2	In relation to adequacy of the existing pharmaceutical service, Mr

	<p>Manson asked which was more important, Ms Burns views or those from the CAR. As Ms Burns had already said in the case presented, pharmacy applications were not awarded by public vote but by the PPC. Mr Manson asked if the CAR was not the main determinant influencing the PPC's decision. Ms Burns stated that the CAR was one part of the process but it was not the full process.</p>
12.3	<p>Mr Manson referred to the comment that residents of the caravan park were there at weekends and for regular short breaks and asked if Ms Burns was aware that many were owned by local residents. From looking at the gardens Ms Burns agreed that some were owned by residents. Mr Manson stated that people were situated there the majority of the time. Dr Cheyne reminded Mr Manson to ask questions.</p>
12.4	<p>Ms Burns was asked about car ownership in Monkton and how this compared to the national average. Ms Burns said there were 1.3 cars per household which was 30% higher than the national average. It was an affluent, young population.</p>
12.5	<p>When asked, Ms Burns did not know where Monkton sat on the SIMD tables in comparison to Prestwick and Troon. As Mr Manson proceeded to explain the situation, Dr Cheyne reminded the hearing that Mr Manson must only ask questions at this point in proceedings. As this application involved a proposed pharmacy in Monkton, Ms Burns had comparative figures for Monkton with Scotland but not for Monkton with Prestwick</p>
12.6	<p>Mr Manson continued by asking whether Ms Burns considered Monkton a hamlet. Ms Burns did not and had never said Monkton was a hamlet adding that people from Monkton needing to visit a pharmacy just got on with it and possibly did food shopping at the same time. There were always two pharmacists in Toll Pharmacy so a pharmacist could leave the store if need be to make home visits. Alternatively telephone consultations were available and it had a very good delivery service to Monkton.</p>
12.7	<p>Mr Manson enquired about the number of home visits Toll Pharmacy made in Monkton. Ms Burns stated that Toll Pharmacy had only a small number of patients in Monkton. Although information about the number of home visits was not available, what could be said was that over a two month period prescriptions were delivered to 60 people (i.e. 30 deliveries per month). Toll Pharmacy did not do a lot of business in Monkton but deliveries were available every day. House visits tended to be made for monitored dosage packs in order to remove all old medicines and explain how to use the pack.</p>
12.8	<p>Mr Manson asked whether it was Ms Burns position that Monkton shouldn't look forward and plan for any changes. Ms Burns said that planning permission had not been agreed. Local development plans produced by Councils showed areas zoned for housing all over Scotland but that didn't meant that these developments would take place. Prestwick was supposed to have new housing development when Ms</p>

	<p>Burns first moved to the area 20 years ago but that never came to fruition. Ms Burns added that there had been vigorous local opposition concerning the detriment of the green belt round Monkton – people did not want to be part of a large housing estate. The fact that sites had been zoned for development did not mean that it was inevitable, at this time the ground had not been broken and no planning permission granted. Housing development was still in the consultation phase as there was local concern about flooding, draining and the road network. Mr Manson queried the response to the consultation as the Community Council saw the housing development as inevitable. Ms Burns questioned whether the Community Council had taken on board the views of those concerned about the green belt. Dr Cheyne reminded Ms Burns to only provide answers at this stage and not ask questions.</p>
12.9	<p>Mr Manson noted that Ms Burns had said much about the viability of the proposed pharmacy. Ms Burns was asked to explain the difference between the viability of the proposed pharmacy in Monkton and profitable pharmacies in other small communities such as Springside, Ochiltree and Symington. Ms Burns said that the others had satellite GP surgeries. There was no GP in Monkton and no likelihood of one opening because of the current GP crisis. Tarbolton Pharmacy was under threat and Troon had recently lost a GP surgery. Symington had only a part time pharmacy and satellite GP practice. Ms Burns did not know these areas well but said each area had different geography. Questioning was stopped by the Chairman when it strayed into commercial matters.</p>
12.10	<p>Mr Manson referred to Tarbolton which had a pharmacy but no GP surgery. Mr Manson asked whether the fact that a neighbourhood had no medical surgery made more of a case for a pharmacy rather than less. Ms Burns said that everyone was working harder for less return. The cost to the NHS to open a new pharmacy was not a small sum. Ms Burns was of the view that existing pharmacy services should be protected and not diluted.</p>
13.0	<p>Questions from the Other Interested Party (Ms Watson Boots UK Ltd) to Ms Burns (Toll Pharmacy) - none</p>
14.0	<p>Questions from the Committee to Ms Burns (Toll Pharmacy)</p>
14.1	<p>Questions from Mr Bryson (non-Contractor Pharmacist Member) to Ms Burns (Toll Pharmacy)</p>
14.1.1	<p>Given that pharmacies were supposed to be the first port of call when patients became ill, Mr Bryson asked whether it would not be beneficial to the population of Monkton to have pharmacy services within walking distance. Ms Burns said that question could be applied to any small area in Scotland. Within the Toll Pharmacy store there were two or three pharmacists and three delivery vans. It prided itself on being responsive to the needs of the population not only of Monkton but anyone that needed a pharmacy service. Toll Pharmacy provided quick responses</p>

	for palliative care and two of the pharmacists provided a prescribing service. These pharmacists were allowed to make home visits. Ms Burns was very aware that Boots were all around Toll Pharmacy and sometimes acted as Boots wholesaler.
14.2	Questions from Ms Hamilton (Lay Member) to Ms Burns (Toll Pharmacy) - none
14.3	Questions from Mr Irvine (Contractor Pharmacist Member) to Ms Burns (Toll Pharmacy) - none
14.4	Questions from Mr Connolly (Contractor Pharmacist Member) to Ms Burns (Toll Pharmacy) - none
14.5	Questions from Mr Daniels (Lay Member) to Ms Burns (Toll Pharmacy) - none
14.6	Questions from Mr Osborne (Lay Member) to Ms Burns (Toll Pharmacy) - none
15.0	Summing Up
15.0.1	The various parties were asked in reverse order to sum up their arguments without adding any new information.
15.1	Ms Burns (Toll Pharmacy)
15.1.1	Ms Burns thanked all for their contributions today. Mr Manson had said that planning permission was inevitable but Ms Burns challenged that. The fact that the area had been zoned for housing didn't make house building inevitable and to date planning permission had not been granted. There were vigorous local concerns about erosion of the green belt, flooding, drainage and the road network's ability to cope with additional traffic. NHS resources were extremely stretched and all were working much harder. Existing pharmaceutical services to the Monkton population were adequate. The population was currently too small and of the wrong demographic to make the proposed pharmacy viable. For all these reasons Ms Burns said that this application must be refused.
15.2	Ms Watson (Boots UK Ltd)
15.2.1	Ms Watson stated that from all the information heard, there had been no evidence provided that the existing pharmaceutical service was inadequate or that there was difficulty in accessing these services. Boots analyst calculations agreed with those from Toll Pharmacy in determining the viability of the proposed pharmacy. If the award of a pharmacy contract was as easy as applying a number for the neighbourhood population using it then there would be no need for controlled entry via the PPC. Ms Watson asked for this application to be refused.
15.3	Mr Manson (the Applicant)

15.3.1	Mr Manson read aloud the following pre-prepared statement:
15.3.2	"I am a committed community pharmacist who has the people in communities at heart. I was brought up in this village and still have close ties to there. I thrive within small communities, I have extensive experience and I want to do my best to serve this community.
15.3.3	Monkton is a distinct neighbourhood, with all the amenities to support day-to-day life. Residents do not have to venture outside of the village for daily needs. Monkton is not in any way a domiciliary area of Prestwick, and primary care services should be provided as part of the NORMAL fabric of people's lives.
15.3.4	Monkton has expanded by 75% in the last 14 years, far more than any other Ayrshire village, and currently have 1,300 permanent residents; 277 new houses will soon be added and then further developments which will follow on from this.
15.3.5	It's not a case of IF but WHEN , and anticipation of these future developments should be factored.
15.3.6	This will double if not triple Monkton's population within the next decade. The future demand will be much greater and we must accommodate the rapidly growing population with a health care service.
15.3.7	Monkton also has an additional 240 temporary residents, alongside a workforce in excess of 2,000. The regulations state that the resident and transient population of the village must be considered.
15.3.8	This is needed now right now, and that need will only intensify as the village expands.
15.3.9	As outlined in the "Achieving excellence in Pharmaceutical Care" document, modern community pharmacies offer a much more comprehensive range of services which are highly valued by many, but may not be recognised by those who do not have READY access to a community pharmacy. This is the case in Monkton, and this is evidenced through the community council and the CAR report.
15.3.10	Ochiltree, Symington, Logan and Springside are settlements of fewer people than Monkton - and they all have their own successful pharmacies. These locations are not only smaller in terms of size, but some have even better transport links to neighbouring towns. Parity should be shown to Monkton.
15.3.11	Monkton will be a secure and viable pharmacy, we have the population numbers and the overwhelming support of the public.
15.3.12	We are a population who have many children and over 65s who will make above average use of a pharmacy and the trend of over 65s are only set to increase. The SIMD tables also state that we aren't as affluent

	as our neighbours in Prestwick and Troon. We score poorly for geographic access and we have lower car ownership than similar accessible rural settlements.
15.3.13	As has been well evidenced in the CAR report, it is clear that the current pharmaceutical service level in Monkton is inadequate and patients have problems with access to nearby towns' pharmacies and the services they provide. This all leads to an inequality faced by the residents.
15.3.14	Parking in Prestwick and Troon is challenging, making access to the pharmacies very difficult.
15.3.15	The bus service is poor. A 30-minute unreliable bus service to Prestwick and a 1-hour service to Troon cannot be seen as adequate. The bus is expensive and sometimes fails to arrive at all. There have already been cuts to the service through the village and it is likely further cuts will follow.
15.3.16	And walking is not feasible due to the distance and unsafe nature of the pedestrian walkways.
15.3.17	These difficulties force people in Monkton, especially vulnerable residents to heavily rely on delivery services.
15.3.18	As I repeatedly mentioned in my presentation, delivery services to the village do not constitute adequate provision and cannot replace face-to-face Pharmaceutical services. There are constantly pharmacy delivery vans in the village and the regulations state - "At all times, the governing principle will be to provide the local population with reasonable and adequate access to the FULL RANGE of NHS pharmaceutical services"
15.3.19	Pharmacies are not just about dispensing medicines. And many of the services we provide for patients require patients to actually be there in person. When patients have difficulty in accessing pharmacies in Prestwick and Troon it creates a barrier to care and they don't get to take advantage of the services.
15.3.2	These services which we provide are becoming increasingly important to address the pressure in GP Practices in this day and age. It is paramount to improve the health and wellbeing in local communities such as Monkton.
15.3.21	ASSESSING ADEQUACY OR INADEQUACY must now be based on pharmaceutical services as a full package of what we offer in pharmacies ... and not simply one element of what we do.
15.3.22	The APPC have stated in their letter within the committees' pack that Monkton has access to neighbouring towns out-with the village via "well-lit roads" - I have evidenced this to be categorically wrong. The APPC also states in the same letter that a reason that Monkton should not be

	granted a pharmacy is that "nearby pharmacies deliver". This is in contrast to the advice issued within the regulations and I believe this to be completely out of touch with what the needs of having a local and accessible community pharmacy are.
15.3.23	For all of the above reasons, I urge the committee to discount the views of the APPC when arriving at their decision.
15.3.24	There is a monopoly of Boots Pharmacies in Prestwick alongside one of the biggest independent pharmacies in the whole country. Neither could adequately address how they currently meet the face-to-face pharmaceutical services demand in Monkton and I believe their motives are completely financial rather than truly caring about what is best for the citizens of Monkton. The provisions do not allow for the creation an oligopoly for existing contractors, but this is exactly what has happened here.
15.3.25	The CAR report quite clearly backs up the points I have made. The response rate was exceptional and the public very strongly support this application. 95% of this population see that a pharmacy is now a necessary addition to the neighbourhood. The community council and local councillors also support this greatly.
15.3.26	These are the voices of the people who actually live here and should carry most weight within this application.
15.3.27	I have established the fact that Monkton does not have adequate provision of pharmaceutical services from a wide range of analysis and a new pharmacy would solve this problem. And if the service for the CURRENT population is inadequate - then this problem will only become worse as the village grows. So, a new pharmacy in this area is a matter of necessity and desirability and not simply a question of convenience.
15.3.28	Finally, you're hearing first hand from a local how needed this facility is. Monkton is a real community who is disadvantaged when it comes to access to pharmaceutical services. We have lots of above average users of a community pharmacy.
15.3.29	Special regard must be had to these groups under the requirements of the Equality Act 2010 in considering applications; and I'm fighting for them.
15.3.30	So, I ask of you to please think of these groups when making your decision today. Not only the OAPs, but also the many other groups of patients to whom a pharmacy in this village is vital to delivering adequate access to pharmaceutical services. Think of the parents with sick children relying on the bus on a frosty winter's day. Think of the patient in the CAR report with MS or the mother with the autistic son who cannot leave the house. Think of those who use pharmacy services on a regular basis and the burden they have to access them in person.

15.3.31	These groups were so overwhelmingly happy when news broke that Monkton was being allowed a pharmacy, only for this to be taken away from them.
15.3.32	So -I ask of you to please allow this application to be granted again and allow the residents of Monkton to enjoy this pharmacy as a hub of the community.
15.3.33	Thank you"
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. 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 and Interested Parties left the room.
17	Supplementary Information
17.1	Following consideration of the oral evidence, the Committee noted:
17.2	<ul style="list-style-type: none"> • That they had jointly undertaken a site visit of Monkton and the surrounding area noting the location of the proposed premises, the pharmacies, general medical practices and the facilities and amenities within. • Maps showing Monkton and the surrounding area, covering location of the pharmacy in relation to Troon Pharmacies and Troon and Dundonald GPs plus Prestwick Pharmacies and Prestwick and Ayr GPs. • Extract from Information Services Division Community Pharmacy Activity January to June 2017 including details about the existing

	<p>Provision of Pharmaceutical and Medical Services in/to Monkton Report on Pharmaceutical Services provided by existing pharmaceutical contractors to the neighbourhood</p> <ul style="list-style-type: none"> • Extract from South Ayrshire Housing Land Supply report 2016-2021 • Extract from South Ayrshire Main Issues Report 2017 • Datazone Information on population • Bus Timetables • Further information • NHS Ayrshire & Arran Pharmaceutical Care Services Plan 2012 • The application and supporting documentation including the Consultation Analysis Report provided by the Applicant.
18	Summary of Consultation Analysis Report (CAR)
18.1	<u>Introduction</u>
18.2	NHS Ayrshire & Arran undertook a joint consultation exercise with Mr Manson regarding the application for a new pharmacy at 77 Main Road, Monkton, KA3 7DU.
18.3	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 for the proposed new pharmacy.
18.4	<u>Method of Engagement to Undertake Consultation</u>
18.5	The consultation was conducted by placing an advertisement in the Ayrshire Post; notifications being placed on the Health Board Twitter and Facebook pages; a link to the consultation document on NHS Ayrshire & Arran's website (www.nhsaaa.net) as well as provision of the address directly to the Consultation on SurveyMonkey; hard copies of the questionnaire were available at 15 locations in Monkton, Ayr, Troon, Prestwick and Dundonald and could be requested by telephone. Respondents were invited to respond electronically via SurveyMonkey or by returning the hardcopy questionnaire.
18.7	The Consultation Period lasted for 90 working days and closed at 12 noon on 25 August 2017.
18.7	<u>Summary of Questions and Analysis of Responses</u>
18.8	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 circumstances.

Question	Response Percent			Response Count		
	Yes	No	Don't know	Yes	No	Don't know
1. Do you agree this describes the neighbourhood to be served?	95.47	2.06	2.47	232	5	6
2. Do you think the proposed location is appropriate?	92.28	5.28	2.44	227	13	6
3. Do you live within the above neighbourhood?	74.80	24.80	0.41	184	61	1
4. Do you think the proposed hours are appropriate?	95.12	4.07	0.81	234	10	2
5. Do you think that the services listed are appropriate for the proposed new location?	94.72	4.07	1.22	233	10	3
6. Do you believe there are any gaps/deficiencies in the existing provision of pharmaceutical services to the neighbourhood?	68.22	22.88	8.90	161	54	21
7. Do you agree with this Statement? Wider Impact – Monkton Pharmacy believes that a proposed new pharmacy is now necessary for the village to ensure that an adequate provision of pharmaceutical services are delivered to the residents of the village.	93.03	4.92	2.05	227	12	5
8. Do you believe this proposal would have any impact on other NHS services?	19.17	66.67	14.17	46	160	34
9. Do you support the opening of the proposed pharmacy?	93.47	5.71	0.82	229	14	2

18.9 In total 246 responses were received. All submissions were made and received within the required timescale, thus all were included in the Consultation Analysis Report.

- 18.10 From the responses 240 were identified as individual responses and 2 responded on behalf of a group/organisation. 4 respondents did not provide an indication as to whether the response was individual or on behalf of an organisation.
- 18.11 Postcode information was received from 200 respondents and the number of occupants in the household received from 193 respondents. The total number of occupants in the household ranged from one to six people. The average number of occupants per household taking into account only those who had responded was 2.7 people.
- 18.12 The use of SurveyMonkey allowed views to be recorded and displayed within the full Consultation Analysis Report in a clear and logical manner for interpretation.

19 Decision

- 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

- 19.3 The Committee noted the neighbourhood as defined by the Applicant, that defined by the Interested Parties and Area Pharmaceutical Committee. A number of factors were taken into account when defining the neighbourhood, such as those resident in it, natural and physical boundaries, general amenities, the distances residents had to travel to obtain pharmaceutical and other services and also the availability of public transport.
- 19.4 The Committee agreed with the Applicant that the neighbourhood should be defined by the following boundaries and include the Adamton Estate –
- Northern boundary – A78
- Eastern boundary – A77 and the Adamton Estate
- Southern boundary – Station Road/B739 Baird Road (including Adamton Estate)
- Western boundary – A79
- 19.5 This definition had been reached because the major roads (A78 and A79) provided physical boundaries. For the most part, the A77 provided a physical boundary but there was an underpass under the A77 linking the Adamton Estate with Monkton. This was used by Adamton Estate residents to access amenities in Monkton. For this reason the Adamton Estate was included in the neighbourhood. The general public was not permitted access through the gated boundaries of Prestwick Airport, Spirit Aerosystems and the other large employers to the south of Monkton so these formed the southern boundary.

19.6 Adequacy of existing provision of pharmaceutical services and necessity or desirability

19.7 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.

19.8 The Committee noted there were no pharmacies within the neighbourhood and the location of the six existing pharmacies serving the neighbourhood in Prestwick (three Boots and Toll Pharmacy) and Troon (Boots and Willis Pharmacy). In accordance with the Regulations it was not necessary for a pharmacy to be located in a neighbourhood provided access to existing pharmaceutical services was adequate.

19.9 Census information from 2011 showed the Applicant's proposed neighbourhood population to be healthy, wealthy and mobile.

- 95.3% were in very good, good or fair health
- 4.7% (60 people) considered themselves to be in bad or very bad health
- 80% had no limiting disability or health condition
- only 6.6% (84 people) were elderly (i.e. over 74 years of age)
- the neighbourhood ranked highly in the SIMD tables
- there were 1.3 cars per household (30% higher than the national average).
- 81.3% of households had a car (6.7% below other accessible rural settlements)
- 72.3% of people aged 16-74 were economically active compared with 69% for Scotland

19.10 Although statistical information indicated that Monkton scored poorly for geographic access to services, the need to access these services was low.

19.11 Results from the CAR showed that public support for the proposed pharmacy was unusually high at 93.47% and was perhaps not surprising given that the Applicant grew up in Monkton. It was also noted that there was a significant proportion of handwritten responses compared to those submitted electronically via SurveyMonkey. The PPC would have liked more clarity on the methodology used. It was highlighted by Boots UK Ltd that provision of methadone had not been listed in the services to be provided at the proposed pharmacy yet it had been included in the Applicant's presentation. The reason given for this by the Applicant was that it was a locally negotiated service and as such not included as provision of this service was not guaranteed. However the Applicant had included other locally negotiated services in the consultation questionnaire

namely Care Home Services and the C-Card Scheme. It was the view of the PPC that this was not accidental and that provision of methadone had intentionally been omitted from the services listed in the consultation to minimise the number of negative responses received. The Panel agreed with the comments from Ms Burns that excellent public support did not equate to a need for the proposed pharmacy. This application could only be granted if the Applicant demonstrated that the existing pharmaceutical provision was inadequate and that granting the application was necessary or desirable to secure pharmaceutical services for that neighbourhood.

19.12 Mr Irvine had directly asked the Applicant during questioning to summarise the reasons for inadequacy of the current pharmaceutical provision. The Applicant responded that people couldn't walk to the existing pharmacies in Troon and Prestwick, the bus service was poor, parking was difficult, the public themselves had said so during the consultation exercise, that residents of the neighbourhood currently relied on a delivery service and were unable to access the full range of services offered at the pharmacies. The PPC noted that this was not evidence that the existing provision was inadequate. There had been no evidence submitted about complaints received by the Health Board in relation to the services currently provided.

19.13 The Panel looked to the CAR for evidence of inadequacy in the existing pharmaceutical service. Despite 161 respondents confirming there were gaps/deficiencies in the existing pharmaceutical service provided the comments did not support this. There were two common themes from these comments; the difficulty in accessing services related to someone else and that access to current pharmaceutical services was not convenient. Examples of such comments were as follows:

- "not convenient for elderly & added expense"
- "Transport for elderly and mother with young children"
- "A lot of people struggle with getting to a pharmacy with regards to transport, being elderly etc"
- "There are a lot of elderly residents in the village and this would definitely help them access these services easier"
- "Public transport is OK but still an inconvenience to have to pay for buses or other forms of transport to get prescriptions so this helps"
- "For picking up a repeat prescription it would be much easier for me to stay in the village than go into Prestwick"

19.14 During the site visit the Panel was struck by the high number of cars parked in driveways and, in some cases, multiple vehicles. Although 81.3% of households had access to a car, 40.2% of households had only one car. This contradicted the Applicant's view that "since many people worked there was clearly a situation during the day whereby a car was not available to other residents within the household". It could not be said that all those in the neighbourhood who worked used a car to travel to their workplace. The Applicant had estimated the workforce within the village at 2,184. Some of these people may live in the village itself and if so would

be able to walk to work. Those commuting may also use public transport. Monday to Friday Stagecoach service 4 ran four buses from Monkton to Ayr between 07:22 and 08:18 and two an hour between Monkton and Glasgow via Kilmarnock. Alternatively there was an express bus X77 which connected Ayr to Glasgow with various bus stops in Ayr, Prestwick Cross and Prestwick Airport. Although car ownership was 6.7% below other accessible rural settlements, this equated to only 35 households in the proposed neighbourhood.

- 19.15 There had been much said by the Applicant about parking difficulties at the existing pharmacies. It was recognised by the Committee that whilst the parking situation in Prestwick and Troon was not ideal, it was not impossible especially if patients were able to choose the time of day to visit the pharmacy. Evidence had been heard that last Thursday afternoon Ms Watson had a choice of several parking spaces in Prestwick and Troon. During the site visit it had not been apparent that there was public parking behind the proposed premises because of the building works going on at an adjacent premise where scaffolding prohibited access. In fact some respondents to the consultation had concerns about parking at the proposed pharmacy location e.g.

- "my only worry is the parking on main road to pick up prescriptions etc."
- "in the proposed location there was neither space nor the parking facilities to adequately cope with the excess traffic this service would create given that the roadway which the pharmacy is proposed to be located is already exponentially too busy"
- "at a busy corner near traffic lights and bus stops on either side of a busy narrow road"
- "This is a main road directly close to the school and down from the other very busy school and post office. There is zero parking just now as it is, any further volume of traffic poses a danger to pedestrians. This along with the traffic parking issues on going with police."
- "parking will be a major issue"

- 19.16 The PPC agreed that walking from Monkton to the nearest pharmacies in Prestwick or Troon in order to access pharmaceutical services, especially if under the weather, was impractical and unsafe. The distances involved for a single journey were beyond a reasonable walking distance at 2.3 and 3.6 miles respectively. The route to both towns was predominantly unlit, the surface uneven and patchy in places, next to a dual carriageway and involved crossing a busy stretch of road with no pedestrian crossings.

- 19.17 There were three buses an hour from Monkton to Prestwick and one bus an hour from Monkton to Troon. Bus number 14 ran hourly through Troon, Monkton and Prestwick whilst the number 4 bus connected Monkton and Prestwick every 30 minutes. Bus journey times were short - the number 14 bus took 13 minutes from Monkton to Troon and 5 minutes from

Monkton to Prestwick Cross whereas the journey time from Monkton to Prestwick Cross on the number 4 service was scheduled to take 7 minutes. The Committee acknowledged the high cost of return bus fares from Monkton (i.e. £3.70 to Prestwick and £5.00 to Troon). However concessionary bus travel was available for those under 16, over 60 and the disabled i.e. those most likely to use pharmacy services. The Applicant claimed that Stagecoach would eventually cut the number 14 bus service because the congestion in Prestwick made it unreliable. The Panel suggested that this service may have been under threat because it was not being sufficiently used to be profitable. Evidence was provided during the hearing that Ms Watson had never had any trouble travelling round the area and Ms Burns disagreed that the service was under existential threat.

- 19.18 Evidence had been heard from both Boots and Toll Pharmacy that although not part of the core service, a delivery service for prescription medication was available and more importantly telephone consultations or home visits by a pharmacist for those unable to visit the pharmacy. The Regulations did not stipulate that a face to face patient consultation was necessary to benefit from the services offered at the pharmacy such as the minor ailment service.
- 19.19 The professional members of the committee had gained a positive impression of the existing pharmacies during the site visit. Boots delivered medication three times a day and Toll Pharmacy daily. All provided the full range of core services and some non-core services. The committee had heard how the pharmacists at Toll Pharmacy had been proactive in gaining independent prescriber qualifications and had two and sometimes three pharmacists in the Prestwick store. This enabled the pharmacist to make a home visit when required by the patient and did not need to take place out of hours as proposed by the Applicant. The PPC also noted that social services collected prescriptions and delivered medicines to those with care packages. The needs of disadvantaged groups were therefore accommodated by the existing pharmaceutical provision.
- 19.20 The opening hours of the four existing pharmacies in Prestwick varied but covered 8:30am-6pm Mon-Fri and 9am-5pm Sat. There were extended pharmacy opening hours at the Boots in Troon 8:30-6pm Mon, Wed, Fri; 8:30am-7pm Tue, Thu; 9am-6pm Sat and 11am-4pm Sun. The Willis Pharmacy in Troon was open 8:45am-5:45pm Mon-Fri and 9am-5pm Sat. Taken collectively the opening hours of the existing pharmacies, with the exception of the late evening opening at the proposed pharmacy to coincide with the late opening of GP surgeries in Prestwick, exceeded those proposed by the Applicant of 9am-5:30pm Mon-Fri and 9am-1pm Sat.
- 19.21 Contrary to the statement made in the Applicant's case, the Panel did not get the impression during the site visit that Monkton was a bustling community or hive of activity. Even though it was the summer season for visitors to the caravan park there were hardly any people milling about at all. It would have been expected that had the transient population and visitors to the caravan park made use of the local amenities then Polly's

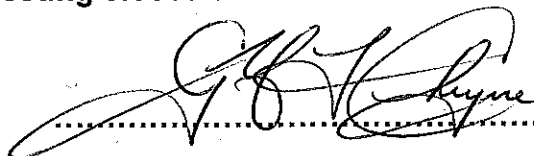
tea room would not have closed. A change of use had recently been granted by the council to change these vacant premises to a children's nursery. The proposed pharmacy premise was currently a snack shop which was to close in the event that this application was granted. The fact that the snack shop would close was also indicative that the transient population were not using the amenities in Monkton.

- 19.22 Unless residents obtained grocery deliveries via online shopping then it was necessary to travel out with the village to supermarkets as there was only a small convenience store in the village. Residents would need to drive through Prestwick to access Sainsbury's and Aldi or go to Heathfield for Asda and Tesco. People were generally therefore not being forced to make special trips to collect prescription medication or access pharmacy services but travelled to Prestwick, Troon or other surrounding towns as part of their normal daily activities.
- 19.23 The Applicant estimated that the neighbourhood population during peak season was 1540 (1300 permanent residents and 240 visitors to the Caravan Park). It was also stated that there were 2184 workers within the village. Given that some of the proposed neighbourhood residents may actually work in Monkton, the PPC considered there may be an element of double counting in the estimated population figures provided by the Applicant.
- 19.24 The future planned developments were considered by the Committee. However none were significantly advanced to be factored in at this stage and were not considered a certainty. An area may be zoned for housing but was dependent on Geo Survey results. To date there had been no planning permission granted for any of these new developments.
- 19.25 Although it was true that four out of the six nearest pharmacies serving the Applicant's proposed neighbourhood were Boots stores and it could be argued that an oligopoly had been created, this did not have a bearing on the award of a new pharmacy contract to Mr Manson in Monkton as it was not part of the legal test.
- 19.26 Following the withdrawal of Mr Bryson, Mr Connolly and Mr Irvine 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, unanimously considered that the pharmaceutical service into the neighbourhood was adequate.
- 19.27 Accordingly, the decision of the Committee was that the provision of pharmaceutical services at the premises was neither necessary nor desirable in order to secure adequate provision of pharmaceutical services within the neighbourhood in which the premises were located by persons whose names were included in the pharmaceutical list, and accordingly the application was rejected. This decision was made subject to the right of appeal as specified in Paragraph 4.1, Regulations 1909, as amended.

19.28 Mr Bryson, Mr Connolly and Mr Irvine returned to the meeting, and were advised of the decision of the Committee.

19.29 The meeting closed at 1845 hours

Signed:



Dr Martin Cheyne
Chair – Pharmacy Practices Committee

Date:

10 September 2018