

Minutes of the meeting of the Pharmacy Practices Committee (PPC) held on Tuesday 26 June 2018 at 13:15 hours in the Waterside Inn, Seamill, West Kilbride

The composition of the PPC at this hearing was:

Chair: Mr Alistair McKie

Present: Lay Members Appointed by NHS Ayrshire & Arran

Ms Joy Chamberlain
Canon Matt McManus

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

Ms Morag McConnell (non-voting)

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

Ms Diane Lamprell (non-voting)

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

1. APPLICATION BY MR NEERAJ SALWAN ON BEHALF OF VILLAGE PHARMACY

1.1. There was submitted an application and supporting documents from Village Pharmacy received on 23rd April 2018 for inclusion in the pharmaceutical list of a new pharmacy at 126 Main Street, West Kilbride, KA23 9AR

1.2. Submission of Interested Parties

1.2.1. The following documents were received:

- (i) Letter dated 11 June 2018 from Mr Matthew Cox of Lloyds Pharmacy
- (ii) Letter dated 14 June 2018 from Mrs Gillian Jardine, Chair of the Area Pharmaceutical Professional Committee

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

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

2. Procedure

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

2.2. At 13:15 hours on Tuesday 26 June, the Pharmacy Practices Committee (“the Committee”) convened to hear the application by Mr Neeraj Salwan on behalf of Village Pharmacy (“the Applicant”). The hearing was convened under Paragraph 2 of Schedule 3 of The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, as amended, (S.S.I. 2009 No.183) (“the Regulations”). In terms of paragraph 2(2) of Schedule 4 of the Regulations, the Committee, exercising the function on behalf of the Board, shall “determine any application in such manner as it thinks fit”. In terms of Regulation 5(10) of the Regulations, the question for the Committee was whether “the provision of pharmaceutical services at the premises named in the application is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located by persons whose names are included in the Pharmaceutical List”.

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

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

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

2.6. Members of the Committee had undertaken a joint site visit to the proposed new pharmacy premises at 126 Main Street, West Kilbride, and a tour of the other medical practices and pharmacies: Lloyds Pharmacy in West Kilbride, West Kilbride Group Practice, Central Avenue Surgery in Ardrossan, South Beach Medical Group in Ardrossan, Three Towns Medical Practice in Stevenston and had also visited Portencross in order to understand the geography of the area. 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, and churches had been noted. It was noted there was no bank.

2.7. The Chairman outlined the procedure for the hearing. All confirmed an understanding of these procedures.

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

3. Attendance of Parties

- 3.1. Mr Neeraj Salwan (“the Applicant”), was accompanied by Mr William Black. From the Interested Parties eligible to attend the hearing, the following accepted the invitation: Mr Tom Arnott (Lloyds Pharmacy) who was unaccompanied.
- 3.2. The Chairman confirmed to all parties present that the decision of the Committee would be based entirely on the evidence submitted in writing as part of the application and consultation process, and the verbal evidence presented at the hearing itself, and according to the statutory test as set out in Regulations 5(10) of the 2009 regulations, as amended, which was set out in the Role and Function of the Committee which the Chairman read out in part:
- 3.3. “5(10) an application shall be ... granted by the Board, ... only if it is satisfied that the provision of pharmaceutical services at the premises named in the application is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located...”
- 3.4. The three components of the statutory test were emphasised. It was explained that the Committee, in making its decision, would consider these in reverse order, i.e. determine the neighbourhood first and then decide if the existing pharmaceutical services within and into that neighbourhood were adequate. Only if the Committee decided that existing services were inadequate would the Committee go on to consider whether the services to be provided by the applicant were necessary or desirable in order to secure adequate services. That approach was accepted by all present.

4. The Applicant’s Submission

- 4.1. The Chairman invited the Applicant, to speak first in support of the application who read from a pre-prepared statement.
- 4.2. “Thanks for giving us the opportunity to speak here today.
- 4.3. Just to clarify the situation regarding the West Kilbride Community Council. This has been a genuine mix up as the Chairman was all set to attend to voice his support and answer questions from the panel and interested parties, but had assumed that the meeting was to be a public meeting and that they would automatically be entitled to attend. They feel the Health Board’s letter was not specific on this point. They received notification letter two days earlier and would be here today if it had not been for the mix up. They have sent a letter of support on behalf of the residents of West Kilbride and an email highlighting the main concerns of the current pharmacy offering and the reason why a new pharmacy must open. Would it be appropriate if I read it now?”
- 4.4. Mr Arnott stated that he did not have the letter or emails. Following a brief recess in order to read the documents which had been submitted to all parties on 22 June, the meeting reconvened.
- 4.5. The Applicant read the letter from the Chairman of West Kilbride Community Council (Mr John Lamb):
- “West Kilbride Community Council is totally in agreement with supporting your Application to open a new pharmacy in West Kilbride.*
- After your presentation last August, we were agreed with your proposals that the pharmacy services that you were proposing would not only support the whole Community, but would also alleviate the strain on the local surgery.*
- We trust this letter of support will be taken into consideration by the Pharmacy Practices Committee at the Waterside Hotel on Tuesday 26th June”.*
- 4.6. Billy (Mr Black) had been to the West Kilbride Council a couple of times to let them know of our proposal.
- 4.7. BACKGROUND
- I’m going to start with a little background to who we are and why we applied to open up a pharmacy in West Kilbride.
- 4.8. Billy Black and I are both experienced pharmacists, having worked in community pharmacy for over 30 years between us. We are used to

dealing with all aspects of running a pharmacy, which includes building a trained team of support staff, dealing with suppliers, liaising with surgeries/GPs/receptionists and other healthcare professionals eg dentists, nurses, carers etc and sorting out all the challenges that come with a modern day pharmacy, all in the interest of making sure our customers get a first class and focussed service. Billy - my business partner and supplementary prescriber who has stayed in West Kilbride for many years – is registered with the local GP surgery here. On one occasion during a consultation, one of the GP partners asked Billy if he could open up a proper community pharmacy in West Kilbride that would help alleviate the problems they face with the current pharmaceutical provision. When one of the local GPs says something like this, then alarm bells start ringing and that really was our incentive to put in an application; fast forward a year later, we have conclusive evidence of what the GP was alluding to through the findings of the Consultation Analysis Report (“CAR”).

- 4.9. Under the Regulations, it is up to the Committee to decide if the legal test has been proven by the Applicant under Regulation 5(10) of the NHS Regulations. Factors to be considered:
 - (a) What is the neighbourhood in which the premises are located?
 - (b) What are the existing services in the neighbourhood?
 - (c) Are these services adequate or not?
 - (d) Is it necessary or desirable to grant the application in order to secure adequate provision of pharmaceutical services in the neighbourhood?
- 4.10. What it does not mention is where in a neighbourhood these services have to be provided from – that is not the consideration here. Under consideration is that of securing adequate services to the neighbourhood. Planning, location, getting traffic calming measures such as speed bumps or zebra crossings is a matter for the Council and only the Council will decide that.
- 4.11. North Ayrshire Council’s Scottish Index of Multiple Deprivation states that of all postcode areas within North Ayrshire that register as belonging to 15-20% of the most deprived in Scotland, 7.5% of these are in the town of West Kilbride. This is taken from the West Kilbride Initiative website. http://www.scdc.org.uk/media/resources/what-we-do/Ayrshire_21/Barony%20pdf%20version.pdf
- 4.12. Disadvantaged areas still exist in West Kilbride. In 1996, West Kilbride’s centre was in decline with 21 out of 40 businesses closed and boarded up. In 1998, the West Kilbride Community Initiative Ltd (which is a company limited by guarantee with charitable status) was set up and came up with setting West Kilbride up as a Craft & Design town with studios open to the public to try and reverse the high levels

of deprivation.

4.13. NEIGHBOURHOOD

Having been to many PPC hearings, I am aware that Neighbourhood definition is not an exact science. So, having taken into account natural boundaries, local topography and gut feel, we feel that the boundaries that make up the neighbourhood are :

NORTH Portencross Road / B7408 with various outlying holdings with its junction at B781.

EAST The fields/farmland/open land encapsulating the housing east of Meadowfoot Road and Ardrossan Road.

SOUTH B7047 to its junction to A78

WEST The shoreline running in parallel to the A78 running along the periphery of the West Kilbride Golf Links with outlying buildings on the upper North/West side (Portencross)

87% of residents in the CAR agree with this definition.

4.14. Within the defined boundaries of the neighbourhood, there are many amenities and community facilities which any neighbourhood enjoys and makes use of on a daily basis as part of their everyday fabric of life, including places of worship, West Kilbride Medical Practice, one pharmacy, a dental practice, an optician, a podiatrist, a library, a nursery, a community centre, a post office and, being designated as a craft town, contains a numerous amount of small and diverse businesses including a West Kilbride business group which represents a lot of these. I have a letter of support from them too. The presence of the active local Community Council and West Kilbride Initiative Ltd shows what a strong sense of community there is in West Kilbride. Some quotes from the CAR:

4.15. Quote 34(1): *it defines what is generally understood to be “West Kilbride”*

4.16. Quote 20(1) *“This covers most of the housing in West Kilbride although with a good pharmacy people from further afield would make use of it as well.”*

4.17. Quote 54(9). *“West Kilbride is very much a community and it is missing a strong community people focussed pharmacy. In West Kilbride, we care about local people and still have a strong sense of community, and looking after neighbours etc. We are very disappointed by the current Lloyds pharmacy who are a £multi-million company and clearly have no sense of community, or neither do they care about the people. We feel let down since they took over. So we*

would welcome with open arms the opportunity to have an independently owned pharmacy that was community focussed and could provide additional services to support the community and be more than just a dispensary.”

- 4.18. This is quite an unusual one for me, as in the past when I have applied for a new contract, you normally try and keep any pharmacy out of your neighbourhood definition. But in this situation, we are saying there is one pharmacy but it is not providing adequate services to the Neighbourhood. At this point, i would also like to mention that in no way is this a slagging game of the current pharmaceutical provider Lloyds Pharmacy; we are only focussed on making sure that the residents of West Kilbride receive the best possible pharmaceutical provision possible. This presentation really wrote itself and I was tempted to just read the comments from the CAR as that is what we have used to back up a lot of our points that we made over a year ago when first discussing the application with the Health Board.
- 4.19. It is our firm belief that, under the new contractual arrangements, two pharmacies can work together to serve a population where service provision is the goal rather than chasing prescriptions, as was the case under the old arrangements.
- 4.20. Quote 32(5) *“They will take a lot of pressure off the surgery staff ie practice nurses, treatment room nurses and admin staff.”*
- 4.21. We could also share opening times at Bank and Public Holidays. It is known that issues have arisen when the existing pharmacy in West Kilbride is closed on these holidays and there is no pharmaceutical cover for the neighbourhood. I view two pharmacies West Kilbride complementing each other as opposed to competing with each other. I think it will be possible to achieve an excellent working relationship with Lloyds.
- 4.22. Being an independent pharmacy, we will be using different wholesalers to the current pharmaceutical provider and would hope to achieve an arrangement whereby medication could be borrowed between each pharmacy when wholesalers are out of stock. This is the sort of arrangement which operates in other areas and allows patients always to come first and to receive their medication without having to wait an extra day.
- 4.23. There are many examples of neighbourhoods with less than the population of West Kilbride with two pharmacies. With Lloyds West Kilbride turning over £1.2 million per year in NHS income alone, adequacy will be secured without any risk of them closing – many

pharmacies trade on turnovers on a third of this or less.

- 4.24. The below figures demonstrate and highlight how the people of West Kilbride are at a disadvantage compared to other areas within Ayrshire & Arran and other Health Boards. These neighbourhoods have varying populations, but, however have access to more community Pharmacies. Comparing this with West Kilbride, the residents of the neighbourhood are at an obvious disadvantage when compared to the areas highlighted. The population of patients accessing pharmacy services within this neighbourhood could be placed over 5,500 patients. However, they only have access to one pharmacy.

4.25.

Town	Population	Pharmacies
Irvine	34,090	10
Kilwinning	16,460	3
Saltcoats	12,640	3
Largs	11,260	4
Ardrossan	10,670	2
Stevenston	9,230	2
Kilbirnie	7,340	2
Beith	6,040	2
Dalry	5,360	2
West Kilbride	4,894	1

- 4.26. The above are populations based upon latest statistics available via North Ayrshire Council's website. There are, on average, 3,800 people serviced by each community pharmacy. West Kilbride has the third highest average at 4,894 per pharmacy. This is 28% above the North Ayrshire average.

- 4.27. According to the latest North Ayrshire Local Development Plan 2, planning estimates suggest that there are currently 499 potential dwellings proposed. 154 of these are under construction with planning permission submitted for 345. It is proposed that the population could increase by 20% in the very near future in West Kilbride. The recent Community Council Report of May 2018 states that there is severe strain upon the GP services - and also the local school - with the existing population.

- 4.28. I have summarised a number of various property developers.

- Hope Homes – Chapleton West Kilbride/Seamill development, Ardrossan Road 124 family houses being built, some have

already been built.

- Milestones Development –30 houses built in Bowfield.
- Proposed development (information received from Ross Middleton, senior development officer, planning services in North Ayrshire Council) - 70 homes for Chapleton Road, Lawhill Farm for 50 homes, the area between Sumerlee Road and South of Portencross Road for 150 homes and Ardrossan High Road for 50 homes. That is way in the future. Ross said that there is potential for a further 280 homes in Tarbet Avenue, and Portencross can take another 100 homes, so a lot of housing yet to be built.

4.29. <http://www.gov.scot/topics/statistics/SIMD> shows [Datazones S01011315](#) and S01011316 are in the bottom 25% on the Scottish Index of Multiple Deprivation and that 25% of households are overcrowded, which also helps explain the increase in new housing in West Kilbride. The datazones on the East side are quote near where our pharmacy will be.

4.30. West Kilbride is a typical rural village with other outlying holdings such as Portencross travelling to West Kilbride to access pharmaceutical services, so is seen as being at the very heart of the community for this population where they travel to access GP appointments and pharmacy services. This is further evidenced when reading the responses from the CAR and the practice list of the surgery. The total number of patients registered at West Kilbride Medical Practice was 5413 - figures were taken from ISO Scotland in April 2018. This demonstrates that the current pharmaceutical provider serves a population of about 5,500 which will grow as the houses fill up.

4.31. The CAR, which was conducted in the latter part of 2017, asked the local population for its views with regard to offering an additional community pharmacy. The Health Board helped with the selection of questions, the collection of data and the presentation of this data. Over 70% of the population who returned the questionnaire online or in writing stated they wished to see an additional pharmacy situated within the village. .

4.32. INADEQUACIES

Below I will demonstrate the inadequacies - of which there are many – faced by residents of the neighbourhood with examples from the CAR

4.33. The existing services being provided are not to a satisfactory quality and could therefore be deemed inadequate. 52% of residents believe

there are gaps/deficiencies in the existing provision of pharmaceutical services to the neighbourhood. These responses were from the patients accessing the services, and therefore give a true reflection of the inadequate service they were being provided with.

4.34. INADEQUACY 1 – Errors and Complaints.

4.34.1. I have a link taken from the ISD regarding complaints from family health services contractors <http://www.isdscotland.org/health-topics/Quality-Indicators/publications/2017-10-03/2017-10-03-complaints-report.pdf>

4.34.2. On page 22 of the NHS Scotland Complaints statistics, it shows the number of complaints received over 2016-2017 was 585 for Ayrshire & Arran Family Health Service contractors which includes dentists, opticians, pharmacists etc. Analysis by service type/contractor shows that 8% of these were from the pharmacy sector which equates to a total of 46 for pharmacies in Ayrshire and Arran. From our Freedom of Information request (Tara Palmer, Freedom of Information, Information Governance, 14 Lister Street, University Hospital Crosshouse, Kilmarnock, KA2 OBE), we have been provided with figures over the last 4 quarters of 2017 which shows that Lloyds Pharmacy in West Kilbride advised the Health Board of a total of 18 complaints, which means that 40% of complaints/errors from pharmacies in Ayrshire were from Lloyds in West Kilbride. There are about 100 pharmacies in Ayrshire and Arran which means the remaining 28 complaints equates to 0.28 complaints per pharmacy. 18 complaints is an incredible figure and demonstrates the level of issues that Lloyds are facing due to being far too busy and not able to cope. This will be expanded on later.

4.34.3. John Lamb, Chair of West Kilbride Community Council at point 4 of his email of 21 June stated “*Yes I have known about errors made to the pharmacy where there are two patients with the same name eg father and son*”.

4.34.4. The most prevalent issues concerned “Treatment” (40%), followed by “Staff” (31%) and “Waiting Times” (8%). Treatment issues relate to clinical care, treatment and quality of advice. Staff issues relate mainly to staff attitude/behaviour/communication. Delays/Waiting times issues are concerned with waiting times for and/or delays in appointments/referrals/test results. For 18 complaints, this then equates to 7 treatment complaints, 6 staff complaints, 2 waiting times complaints and 3 others. A lot of these are themes are prevalent in the CAR and will be discussed later.

4.35. INADEQUACY 2 – Lack of Competition as only one Pharmacy and

Supplier

- 4.35.1. Pharmacy services available to West Kilbride is currently provided by the local Lloyds Pharmacy. It is supplied by one main wholesaler – AAH Pharmaceuticals. The International Healthcare company (McKessons) owns both the Lloyds Pharmacy chain and the wholesaler.
- 4.35.2. Quote 19(1) *“At the moment there is one pharmacy in town which now no longer offers the range of goods it used to, plus I have had to move my prescriptions away from West Kilbride as apparently Lloyds are no longer able to source my medicine, plus the advice given by staff is not very good”.*
- 4.35.3. Quote 42(1) *“Existing pharmacy doesn’t offer a wide range of services and products”.*
- 4.35.4. Quote 45(1) *“There is hardly ever medicines in stock.”*
- 4.35.5. Quote 65(1) *“The current pharmacy struggles to deliver services in a timely manner. They keep a limited stock of what appears to be a large range of medicines.”*
- 4.35.6. Quote 66(1) *“...Because the local pharmacy does not have all the needs for the village”*
- 4.35.7. Quote 35(2) *“For the sake of the village, one is inadequate and Lloyds require competition”.*
- 4.35.8. Historically, West Kilbride had three pharmacies which was reduced to two over 60 years ago. The village was serviced by two pharmacies for 53 years until they were merged into one pharmacy around 2 years before its purchase by Lloyds Pharmacy.
- 4.35.9. Quote 132(2) *“The village is getting bigger and I feel that we could benefit by having two pharmacies in the village. I belong to West Kilbride and going back years, there were there chemist shops in West Kilbride.”*
- 4.35.10. Lloyds has a huge pharmacy presence within the UK. It plans to reduce the number of pharmacies by 190 as part of a strategic review. The company is heavily promoting its online delivery service which uses a remote robotic dispensing service and undermines the traditional community service. It is a company under severe strain from shareholders and we don’t really know what services they will cut or start charging from one minute to the next to maintain profits for these shareholders.
- 4.36. INADEQUACY 3 – Charging for prescription collection and delivery service

- 4.36.1. Lloyds are now charging for a collection and delivery service which is an essential service in a place like West Kilbride with the big numbers of elderly and housebound residents.
- 4.36.2. Quote 48(5) *“The collection delivery service is a massive addition to the village as currently elderly people/people of need are unable to receive such a service in the village.”*
- 4.36.3. To start charging for this service is a tax on the elderly, sick and financially challenged.
- 4.36.4. To confirm: we will be providing this service and will not be charging for it. Billy – being local to the area – will also be providing deliveries after work where he can visit patients he feels need extra pharmaceutical input and is a weak spot in the collection and delivery of prescriptions that we both agree can be improved on by this type of enhanced offering.
- 4.36.5. From a recent Chemist and Druggist article, Lloyds UK Operations Director Catherine McDermott describes the reasons in length for this decision to start charging, which seems to be a commercially driven decision to drive business to its online business where deliveries will be free. <https://www.chemistanddruggist.co.uk/opinion/why-weve-decided-charge-patients-home-deliveries> If you register online, you can get free delivery, which takes away from high street businesses.
- 4.37. INADEQUACY 4 – Failure to deliver the Minor Ailments Service (eMAS) adequately
- 4.37.1. The local Lloyds Pharmacy dispenses 91% of prescriptions issued by the local GP surgery. The remaining prescriptions are dispensed at other pharmacies situated 3-7 miles from West Kilbride. In addition, a small percentage of the population are registered at GP surgeries outwith the village. The current provider is a heavy dispensing pharmacy.
- 4.37.2. Quote 18(4) *“Work within it with local authority supporting many vulnerable services users who frequently require medication”.*
- 4.37.3. I have a table outlining Information obtained from the ISD website on the West Kilbride Medical Practice patient list as of April 2018 for code practice 80631 is 5413. Looking at the age ranges of 0-15 and 65 and above, it shows that there is at least a population of 2300 available for eMAS sign up. As of March 2018, Lloyds had a total of 267 people registered for eMAS, well below the Ayrshire and National Average.

All ages	0-4	05-14	15-24	25-44	45-64	65-74	74-84	85+
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5413	228	546	520	1016	1611	934	424	134
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- 4.37.4. As stated above, the strain on existing services being reported by the Community Council is significant. This is also true of the only pharmacy in the village. There were numerous reports of this within the CAR but one specific example underlines the inability of the single pharmacy to provide adequate pharmaceutical care to the village.
- 4.37.5. www.Opendata.nhs.scot shows that, at the start of 2017, the pharmacy had 300 patients registered for eMAS. This service is able to be accessed by all eligible patients and pharmacists can issue a prescription for a huge range of minor ailments. This means patients do not have to visit the GP for an appointment, thus relieving the strain placed on GP services. The whole aim of the eMAS service is to transfer care from GPs and nurses to pharmacists, thereby reducing the workload and waiting times at GP surgeries.
- 4.37.6. The service also provides the pharmacist with the opportunity to treat common illnesses, as well as identifying and signposting more serious health problems at an early stage.
- 4.37.7. During 2017, the local GP surgery went through significant disruption, leaving it with no GPs. The pressure experienced by the GP surgery was significant. The Lloyds Pharmacy reduced its Minor Ailments Service to 254. During this period when the surgery was going under pressure, Lloyds should have been increasing the number of registered patients, thus reducing the strain upon the surgery and reducing the stress placed upon the West Kilbride population.
- 4.37.8. Around 60-70% of the population of West Kilbride is eligible to register for eMAS (a trial in Inverclyde is making it accessible to everyone), yet only 6% were registered during 2017. The above illustrates that this service is not accessible to patients. The pharmacist was too busy to consult or advise patients on ways to manage or treat their common illnesses. As a result, the workload was shifted back to the GPs and nurses, with patients being forced to wait weeks for an appointment to treat a minor ailment.
- 4.37.9. A report published in March 2017 by ISD Scotland highlighted the number of minor ailment items being dispensed across Scotland between the financial years 2012-13 and 2015-16 had increased by 3% per year. Lloyds had demonstrated a decrease in items dispensed from 2012 until present. This was due to the service being inaccessible. The pharmacist was too busy to consult with the patient

and prescribe a suitable form of treatment. Patients were losing faith with Lloyds and instead would wait several weeks to speak to a GP or were forced to take a long journey to a pharmacy outwith the neighbourhood to access this service.

- 4.37.10. This is a clear contraindication to the core objectives of eMAS and, once again, proves there to be an inadequate provision of pharmaceutical services.
- 4.37.11. During the last decade, pharmaceutical services provided by community pharmacies has increased enormously. Services such as emergency hormonal contraception, nicotine replacement therapy, eMAS, gluten free foods are now regularly accessed by the public from the local community pharmacy. The Chronic Medication Service (CMS) has also been slowly introduced which offers enhanced shared care of patients by GPs and community pharmacies. All of these services reduce the workload placed upon local GP surgeries, but increase it for pharmacies.
- 4.37.12. Quote 31(5) *“Much needed. Current Lloyds Pharmacy overstretched.”*
- 4.37.13. Looking at the ISD Data for Prescribing Statistics for West Kilbride Surgery Practice Number 80631, it can be seen they are prescribing a lot of medicines which would easily be prescribed by a pharmacist on eMAS (eg Gaviscon, loperamide, paracetamol etc) which further backs up our arguments that a surgery that is under so much pressure isn't being offered the support they should be by the only pharmacy in the neighbourhood.
- 4.37.14. Our proposed pharmacy will have a networked slave EPOS computer on the front counter where staff will be proactive and be able to sign patients up for eMAS here. I have introduced this at another pharmacy and they have increased their eMAS registrations substantially.
- 4.37.15. In addition, there has been an expansion in services provided by the Community Pharmacist which is part of the wider “Pharmacy First” initiative, making pharmacists the first port of call when treated an uncomplicated Urinary Tract Infection or Impetigo. This has increased demand on the current pharmacy. More patients will be turning to their pharmacist as the first port of call, adding additional pressure to the already overburdened Lloyds.
- 4.37.16. There are many more services on the horizon to be delegated from General Practice to the pharmacy network eg Oral Nutritional Supplements supply, Quality Improvement – Care Bundles management eg NSAIDS, ‘flu vaccination scheme, etc. It is hard to

have any confidence in Lloyds delivering these services when it can't even manage the most basic of core functions in delivering eMAS.

- 4.37.17. *Quote 38(5) "Currently pharmacy are very reluctant to offer the minor ailment service, which is the most basic of additional services. I am unaware of any services that they offer, and I have lived in the village for 21 years. Both my elderly parents who are in their '80s and on many medications, took their prescriptions to Morrisons in Largs as this was the only pharmacy locally to offer a collection/delivery service, and offered them blister packs to aid them with their medication. It would be great to have this service in West Kilbride."*
- 4.37.18. *Quote 126(6) "Inefficient unfriendly service. Poor communication with GP practice. Refusal to prescribe on minor ailments service".*
- 4.37.19. *Quote 128(6). "Existing pharmacy too busy, never have prescriptions when they say they will have them. In general, unhelpful, untimely service provided. As a mother of 3 children, I go in and inform staff of the children's ailments and they have made me pay for items such as ibuprofen, calpol etc. Only lived in West Kilbride for 3 years and never experienced such an unhelpful minor ailments service. The medicines required for children's common ailments such as temperature, colds etc should be offered under direct care, and not having to "beg" for these medicines for children."*
- 4.37.20. *Quote 15(5) "A more hands on pharmacy will help alleviate excess load on GPs for minor problems, whereas current facility pharmacy does not do these services."*
- 4.37.21. *Quote 48(5). "There are many new services that are currently unavailable in West Kilbride, that should be. I know a lot of young people that currently travel to other towns to get emergency contraception. This will definitely be welcomed with open arms as it is important to feel comfortable receiving this service and feel you can return if needed."*
- 4.37.22. *Quote 55(6) "I don't feel there is any privacy in the current pharmacy and also since changing to Lloyds, there isn't much variety of product"*
- 4.37.23. *Quote 118(6) "opening times inadequate. Lack of privacy. Staff not particularly helpful".*
- 4.37.24. *Quote 28(9) "Present services are very poor".*
- 4.37.25. *Quote 108(9) "I support this proposal as I think West Kilbride and its inhabitants would benefit from increased availability for services and it would provide patients with choice. Care pathways and supporting schemes will continue to develop and, as such, an additional*

pharmacy will assist in meeting the needs of schemes such as MAS and Eyecare Ayrshire”.

4.38. INADEQUACY 5 – Failure to open during contracted hours

4.38.1. From the evidence submitted, you will see Lloyds has had significant operational issues involving pharmacist cover within Ayrshire (and other areas). Many of its pharmacies either failed to open or opened only part of the day - we have an FOI to prove this.

4.38.2. Quote 53(4) *“The pharmacy here at present does not have a pharmacist available at lunchtimes and closes early on Sunday.”*

4.38.3. Quote 74(4) *“... early closures or shut at lunch”.*

4.39. INADEQUACY 6 – Opening Hours / Lunchtime Closed – no pharmaceutical service available

4.39.1. Because there is only the one pharmaceutical provider in the neighbourhood and other pharmacy access is over five miles away, it does have an exaggerated effect on the importance of the opening hours. Lloyds open 8.45am-5.30pm with a 1 hour lunch break. We propose 8.30am to 6pm Monday to Saturday. The lack of a pharmacist at lunchtime is highlighted as an issue within the CAR, as patients have no access to pharmaceutical services during these hours. Therefore in the event of a sick child needing antibiotics or a palliative care prescription needing dispensed urgently, the service would not be available. This is a major issue because they are closed at lunchtime and backs up the point they close earlier than contracted to close at.

4.39.2. If this contract were granted, Billy would be accessible for offering advice and dispensing from 8.30am-6pm, he would take regular breaks throughout the day and eat lunch on the premises. This would offer the additional support and care that residents of West Kilbride required. In the event that the pharmacist needed to attend a GP meeting or clinics, we would have pre-arranged locum cover, enabling the freedom to build a healthy working relationship with other healthcare providers. We will also look to employ an Accuracy Checking Technician (ACT) with a dispenser, so Billy can do the clinical check of the prescription, the dispenser can dispense and the ACT can check and bag it up. This will afford Billy time to be able to offer the additional services we have alluded to in the Application.

4.39.3. Carolyn Dickson, Assistant Primary Care Manager – Pharmacy & Optometry has confirmed in an email *“that I can confirm that our records show the opening hours for Lloyds are 8.45am to 1pm and 1pm to 5pm and therefore appears to be closed at lunch”.* The

papers sent out from the Ayrshire & Arran Healthboard confirm these are the hours on the Pharmaceutical List for Ayrshire & Arran, so Lloyds are shut at lunchtime.

- 4.39.4. Quote 4(4) *“Great to open without a lunch break”.*
- 4.39.5. Quote 8(4) talks of the new pharmacy and says *“It caters for people who don’t finish work early and gives them the opportunity to pick up prescriptions early in the morning or late at night”.*
- 4.39.6. Quote 11(4) *“Pleased to see that they will be opening during lunch time - as long as a pharmacist is available – as, if your appointment with the doctor is 12.50pm and you get a prescription, you will be able to get it then instead of having to go home and come back again. This happened to me twice. I am 82 and live in Seamill.”*
- 4.39.7. Quote 12(4) *“Wonderful. Especially for young families as mum might need to get something for her child before school.”*
- 4.39.8. Quote 18(4) *“... Good to know there will be no lunch time closure. I would suggest they operate occasional Sundays too, become part of the emergency cover rota....”*
- 4.39.9. Quote 20(4) *“Opening hours would suit most people. Would like some cover on a Sunday and public holidays as this would prevent people from having to use services for minor ailments and illnesses thus freeing up hospital and out of hours doctors.”*
- 4.39.10. Quote 26(4) *“can go before or after work”*
- 4.39.11. Quote 32(4) *“there is no provision for people who don’t get home til later in the evening” with the current provider.”*
- 4.39.12. Quote 34(4) *“Helpful early opening for working people, late opening for same reason and no frustrating break in service for lunchtime closure.”*
- 4.39.13. Quote 40(4) *“The current Lloyds pharmacy in the village closes at 5.30pm when the Doctor’s surgery very often is seeing their last patient. Over the years, I have found myself in this situation, and Lloyds Pharmacy is closed! This means having to take a sick child in the car, drive to Largs to the nearest pharmacy at Morrisons (which is still open, after the drive) and stand in a busy supermarket.” Again, this is a point. Lloyds closed at 5.30pm but the surgery had patients coming out at 6.10pm but no pharmacy to go to as Lloyds was closed. We would open until the last patient came out.*
- 4.39.14. Quote 45(4) *“The pharmacy at the moment closes at 5.30pm. Opening til 6 will allow patients on way home from work to collect prescriptions.”*

- 4.39.15. Quote 49(4) *"Sounds brilliant for people who work outside the village and for those who need to consult with a healthcare professional outwith surgery hours (like Saturdays!). Being able to collect a prescription first thing or at lunchtime would be a great improvement on current provision."*
- 4.39.16. Quote 72(4) *"The existing pharmacy shuts at 5.30pm and the last appointment at the doctor's is 5.30pm so if you need the prescription, you have to travel to another chemist or wait til morning."*
- 4.39.17. Quote 75(4) *"As carers, we often need a pharmacy open long hours to accommodate our service users needs."*
- 4.39.18. Quote 94(4) *"Would be great to have it open at 8.30am as I work out of the village and therefore find it difficult to access if only open during normal office working hours".*
- 4.39.19. Quote 48(6) *"Better opening hours are proposed. Inefficient and/or rude service currently being provided at times."*
- 4.39.20. Quote 95(6) *"We need better opening and closing times, late appointments can mean our current pharmacy is closed when leaving doctors! If quite unwell, need to drive to get prescription."*
- 4.39.21. Quote 113(6) *"Opening times and lack of pharmacist cover at lunchtime mean access can be restricted to some members of the community."*
- 4.39.22. John Lamb, Chair of West Kilbride Community Council, at point 3 in his email of 21st June says *"The main issue is the opening hours of the existing pharmacy, as with only one pharmacist on the premises, when they are at lunch or on a break, then prescriptions cannot be issued. It also does not cater for any patient/resident who is out of the village from 9.00 til 5.00. Also the time delay in processing repeat prescriptions sent from the surgery."*
- 4.39.23. I am now going to highlight a judicial review of Lord Drummond Young in the case of the National Appeal Panel vs Lloyds Pharmacy, 2004 making specific reference to Lord Drummond Young's statement at point 10 which indicates that there is a requirement to consider probable future developments for two reasons. Firstly that the neighbourhood may change, involving new housing developments or a population shift, and secondly, there may be changes in pharmaceutical practice, reference the implementation of the new pharmacy contract. I have already shown the Panel that there has been a significant neighbourhood population increase since 2001. In my considered opinion, the changes in pharmacy practice in the future will have a major impact on an already very busy

pharmacy.

- 4.39.24. Point 11 of Lord Drummond Young's decision states that a PPC or a panel can award a contract which results in some degree of "present over provision" if it secures adequacy into the future.
- 4.39.25. I do not cast any aspersions on the only pharmaceutical provider in the neighbourhood. I have worked in many pharmacies that do over the average number of items and have long waiting times. This situation is compounded by the fact that there is only one pharmacy in the town.
- 4.39.26. The large numbers of patients eligible for the Minor Ailment Service, the pressure that the changes to the Public Health Service will bring, along with the increased time that it takes to implement the Acute Medication Service and Chronic Medication Service, I consider this all adds up to create an even greater demand for local health needs to be met in the pharmacy environment.
- 4.39.27. Quote 8(5) *"The new pharmacy will take pressure.... off the surgery and the other pharmacy and provide a unique service to the village. The delivering of medicines would be wonderful for the elderly patients of the village who are housebound or can't get out. It will complement the surgery. Seemingly, we used to have two pharmacies, as the population of the village is increasing every year, the motto/vision of this village has to be "think bigger and better". Where are we now, where are we going? And how are we going to get there! More shops, more facilities, etc".*
- 4.39.28. Quote 46(6) *"West Kilbride used to have two pharmacy services, when there were fewer houses. More houses are now planned so another pharmacy will certainly be needed in the future."*
- 4.40. INADEQUACY 7 – Prescription Load Leading to Various Issues
- 4.40.1. The number of items dispensed across Scotland has increased on an annual basis and from 2004-2005 to 2014-2015, there has been an increase of 24.9%. The figure was continuing to rise, with 102.2 million items dispensed in the 1254 pharmacies in 2015-16. The average number of items dispensed per pharmacy was 81,499 items per annum. However, using FOI and ISD Scotland for the year 2016-17, Lloyds dispensed 102,000 items. This equated to them dispensing 24% more prescription items than the national average. Lloyds has reached saturation point which was confirmed with the responses found in the CAR, with people accessing services stating the following:
- 4.40.2. 52% believe there are gaps/deficiencies in the existing provision of

pharmaceutical services to the neighbourhood.

- 4.40.3. Quote 41(1) *"Very busy at existing chemist creating extensive waiting times to receive medicines"*
- 4.40.4. Quote 11(5) *"reports of folk having to wait too long for present pharmacy to fill prescriptions with meds not in stock. I have been told some people prefer to go to Largs or Three Towns for better service."*
- 4.40.5. Quote 61(1) *"the current pharmacy are rude, never have what's needed and there is no professionalism in the place talking about people and commenting where others can hear"*.
- 4.40.6. Quote 34(2) *"it will give people a choice plus, with West Kilbride as a growing community, the chemist is already over stretched."*
- 4.40.7. Quote 73(2) *"another pharmacy is needed to provide a much better service than the one that exists"*
- 4.40.8. Quote 13(9) *"Other pharmacy is too busy"*
- 4.40.9. Due to high dispensing figures, access to core pharmacy services are being put under strain, resulting in core services being delivered to an inadequate standard.
- 4.40.10. Patients had described waiting hours, sometimes days and weeks for their prescription to be complete. This was due to the one pharmacy dispensing 25% more items than the national average. Looking to the future, this problem was only going to worsen with the population being forecast to increase by 20%.
- 4.40.11. In addition to long waiting times, users of the service had reported medication errors and prescriptions going missing,
- 4.40.12. Quote 110(6) *"the existing pharmacy is well over working and mistakes are made. Prescription lost..."*. Lack of privacy and mix ups with prescriptions due to Lloyds being too busy meant patients' safety was being jeopardised.
- 4.40.13. Patients were having to make at least 2-3 journeys to pick up their medicines. As this was a rural community, this could mean substantial distances. The situation was worsened if they had no car, then two taxi trips were required, or lengthy trips on public transport. This was unacceptable for the elderly and disabled population, as well as those living in deprivation who could not afford these costs. On another note, minimising residents travelling outside the village just to pick up meds would be beneficial for the climate. To illustrate this, responses from the CAR:
- 4.40.14. Quote 36(9) *"Personally would save me having to travel out of West*

Kilbride which is a trial for me, being very arthritic”

- 4.40.15. Quote 38(9) *“there are too many elderly persons in West Kilbride who are too unfit to travel outside the town for medical reasons”*
- 4.40.16. A breakdown of the gaps/deficiencies question:
- 4.40.17. Staff are bad and poor customer service – 14 complaints ranging from slow, not enough staff, unfriendly, nasty, lack of civility, not polite, rude.
- 4.40.18. Quality of Service – 22 complaints ranging from slow, chaotic, lack of confidence and advice, overwhelmed, no privacy, stock issues.
- 4.40.19. Waiting times – 12 complaints on waiting times being too long.
- 4.40.20. Time for Repeat Prescriptions. 12 complaints on how long it takes to get repeats which is in excess of 72 hours.
- 4.40.21. Blister Packs – 7 complaints on how waiting list is too long
- 4.40.22. Stock issues – 12 complaints on how Lloyds never have stock, even if customer gets medication regularly on repeat.
- 4.40.23. Travel out of West Kilbride to access pharmaceutical services – 12 complaints.
- 4.40.24. Monopoly/no competition – 11 complaints on how not having any competition has led to inadequacies.
- 4.41. INADEQUACY 8 – Inadequate Blister Pack Service
- 4.41.1. Patients also receive an inadequate service in the provision of dosette boxes. Pharmacists were originally expected to assess patients using a “Compliance Needs Assessment Form” and come to the conclusion on whether or not the provision of a dosette box was required. Unfortunately, for the patients of their neighbourhood who required a dosette box now, the service was not available to them. This was due to Lloyds and pharmacies in neighbouring villages being at saturation point. This is a serious situation as adults with mental and physical disabilities, elderly patients with complex drug regimes and patients with poor compliance are being denied this service, which was unacceptable. If the pharmacy contract is granted, we will immediately start dispensing blister packs and deliver them free of charge where necessary.
- 4.41.2. Quote 57(1) *“I have worked as a carer in West Kilbride for 10 years. The existing chemist and pharmacy cannot cope with the demands of the service users requiring medicine blister packs”.*
- 4.41.3. Quote 82(5) *“it will be good for service users to be able to obtain medication in blister packs as current pharmacy unable to meet*

demand for this service.”

- 4.41.4. Quote 14(6) *“existing provision currently cannot take on any more blister pack needs.”*
- 4.41.5. Quote 19(6) *“Difficulty in supplying increasing services eg blister packs”.*
- 4.41.6. Quote 58(6) *“waiting lists for blister pack medications where residents of the village require to access Largs for these. Residents unable to have these provided locally if not presently on list”.*
- 4.41.7. Quote 79(6) *“Lloyds unwilling to provide blister packs”.*
- 4.41.8. Quote 131(6) *“current pharmacy unable to meet demand for blister packed medicines. Some carers will only administer medication if it is in this form”.*
- 4.41.9. Pharmaceutical care was a key component of safe and effective healthcare. Pharmacists must work in partnership with patients to obtain optimal outcomes with medicines. Although medicines were the most common form of treatment in the NHS, they could also cause harm when patients fail to adhere to the prescribed drug regime. However, these patients were being denied this service in the form of blister packs. This could have a catastrophic impact on patients’ health with non-adherence being estimated in 48% of asthma deaths, an 80% increased risk of death in diabetes and a 3.8 fold increased risk of death following a heart attack (figures from “Prescription for Excellence”).
- 4.41.10. Following the publication of the “2020 Vision”, “Healthcare Quality Strategy for Scotland”, the “Wilson & Barber Report” and “Prescription for Excellence”, the vision was to deliver the highest quality of healthcare services within NHS Scotland. The public needed to view the pharmacy as their “first stop”. NHS Scotland aspired for every patient to get the best possible outcome from their medicines, whilst avoiding harm. I can safely conclude that the current pharmaceutical services were falling well short of this vision. The inadequate provision of dosette boxes was due to current contractors being at saturation point; however there was no excuse. The granting of a new contract would allow this vision to become a reality, resulting in adequate provision of dosette boxes.

4.42. INADEQUACY 9 – DDA Access

- 4.42.1. As you will be aware, all pharmacies providing services in the UK had a legal obligation to comply with the DDA (Disability Discrimination Act 1995) Regulations. These clearly stated that reasonable adjustments should be made to the physical features of a pharmacy

premises in order to overcome barriers to access.

4.42.2. From your site visit, PPC members will have identified the high entry step into Lloyds resulting in elderly and infirm patients having great difficulty entering the shop. This is even more troublesome for wheelchair and mobility aid users.

4.42.3. On a few visits I have made myself, I have witnessed people with mobility issues struggling with the step. Only the other day, I witnessed an elderly patient encountering this difficulty, being left with no choice but to leave his walking frame outside, whilst tackling the high step to gain entry, and there is no bell on the outside to notify staff that someone is requiring assistance outside. To any reasonable person, this highlights that elderly, disabled and infirm patients must overcome barriers to access Lloyds.

4.42.4. Our proposed pharmacy will be fully DDA compliant with a fully levelled off entrance. The consultation room will be easily accessible to wheelchair users and we will also have a disabled toilet.

4.43. CONCLUSION

4.43.1. From the information presented today, it can be concluded that patients in West Kilbride had for many years suffered from a deficient and inadequate pharmaceutical service and have made do with this, in that:

4.43.2. Lloyds dispense way over the national average of prescribed items and are at saturation point. This has led to patients receiving inadequate provision of services in relation to “Dispensing of NHS prescriptions”, the inadequate “Supply of Medicines under the Minor Ailments Service” and an inadequate non supply of dosette boxes to new patients.

4.43.3. The existing pharmacy had barriers to access for elderly, disabled and infirm patients, patient confidentiality was also breached inside the pharmacy, they do not offer a free delivery service and were unable to dispense prescriptions in a timeous and accurate manner. Lloyds are making many errors and we genuinely feel, with the current poor service, prescription load and stress faced by them, there is a serious accident waiting to happen.

4.43.4. Addressing the letter from the AP^{PC}, we believe they (i) have failed to address the inadequacies highlighted in the CAR (ii) have not made an informed decision as it is not based on the knowledge of the prescription numbers and hence the statement re stability and sustainability is incorrect as the village can easily support two pharmacies (3) the developments of houses are not small when

taking the size into consideration (4) the surgery is not between the current and proposed pharmacy as the AP^{PC} wrote in their letter. We are on one side of the road and the surgery is on the other. It seemed like a hurried letter from the AP^{PC} and is incorrect.

4.44. In conclusion, we firmly believe it is both necessary and desirable to provide a second pharmacy within West Kilbride to secure the adequate provision of pharmaceutical services. All patients, regardless of their age, income, education or disability, have the right to receive high quality pharmaceutical care and we have shown how the neighbourhood is being denied this. By submitting these facts and responses, we believe the Village Pharmacy have provided the PPC with substantial evidence to exceed the burden of the legal test and, being the experts trusted, we have the confidence that a new pharmacy contract will be granted.

4.45. This concluded the presentation from the Applicant.

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

5.1. Mr Tom Arnott (Lloyds Pharmacies) questions to the Applicant

5.1.1. Mr Arnott asked why the Applicant believed that Lloyds Pharmacy closed at lunchtime and asked if he agreed that the pharmacy did not close at lunchtime.

- The Applicant replied that the pharmaceutical list showed the open hours as 9am-1pm, and 2pm-5pm. Mr Arnott asked if the Applicant had checked with Lloyds directly. The Applicant replied that he had looked at the evidence and comments from the CAR and reiterated that the pharmaceutical list showed the opening hours as 9am-1pm and 2pm-5pm. If Lloyds were open at lunchtime, they had provided inaccurate information which was against the terms of contract. Mr Arnott asked if the Applicant would believe him if he said Lloyds pharmacy did not close at lunchtime. The Applicant said he would not.

5.1.2. Mr Arnott referred to the 6 data zones and that under the Scottish Index of Multiple Deprivation (with deciles ranging from 1 being the most deprived and 10 being the least deprived), had been ranked 5245, 6315, 3884, 4538, 2476 and 1164, which indicated that most of West Kilbride were extremely affluent, and asked the Applicant if he agreed that West Kilbride was an affluent area.

- The Applicant acknowledged that there were pockets of both affluency and deprivation and added that two of the datazones, as he had said in his presentation, were ranked in the 1000s which were in the bottom 25%. Mr Arnott repeated his question whether the Applicant agreed that

West Kilbride was an affluent town. The Applicant repeated his comment that there were pockets of both affluency and deprivation.

- 5.1.3. Mr Arnott asked the Applicant to clarify which core services were not being offered by Lloyds.
- The Applicant replied that he had not said core services, but that core services available were not being adequately provided.
- 5.1.4. Mr Arnott asked with whom the Applicant had spoken to at the West Kilbride surgery.
- The Applicant replied that he had spoken to the main receptionist as the Doctors were too busy, who had said that they were not getting support from Lloyds.
- 5.1.5. Mr Arnott asked if the Applicant would believe him if he said the first GP appointment was at 9.15am
- The Applicant replied that he would need to check the veracity of Mr Arnott's assertion that the first appointment was at 9.15am. From what he had been told by the Community Council and from responses in the CAR, the information he had was that the first appointment was 9am.
- 5.1.6. Mr Arnott asked if the Applicant would believe him if he said that the last appointment was 4.30pm.
- The Applicant replied he would not. He said that the last appointment was 5.15pm with patients still being seen at 6pm.
- 5.1.7. Mr Arnott asked the Applicant if he knew what Band Lloyds were under based on the number of registrations for eMAS.
- The Applicant replied that it was barely band 2.
- 5.1.8. Mr Arnott asked if the Applicant would believe him if he said that the most common band for eMAS registrations for community pharmacies in Scotland was Band 2.
- The Applicant replied as this was an unfair question as Bands increased by quantiles, with Lloyds between 251-500 for Band 2.
- 5.1.9. Mr Arnott asked if the Applicant would believe him if he said that 83% of eMAS registrations in Scotland came from deprived areas, and that West Kilbride was not.
- The Applicant did not agree with Mr Arnott.
- 5.1.10. Mr Arnott asked what would happen if a patient who had registered for

eMAS did not use the service.

- The Applicant confirmed that the registration would lapse. Mr Arnott asked what the process was for a patient to re-register. The Applicant replied that they would inform the patient that they had lapsed and provide them with a leaflet to remind them of the service, so that instead of going to a GP for Gaviscon, a patient could go to the pharmacy and re-register for the eMAS service. Mr Arnott asked at what point would a patient be re-registered. The Applicant replied that this would take place after a consultation with the patient.

5.1.11. Mr Arnott asked where children went to secondary school in West Kilbride.

- The Applicant acknowledged that the nearest secondary school was in Largs.

5.1.12. Mr Arnott asked where West Kilbride residents went in order to access a bank.

- The Applicant replied that RBS provided a mobile bank service twice a week and residents did not need to travel outwith West Kilbride.

5.1.13. Mr Arnott asked why the Applicant had submitted a letter of support from a laundry service, which he had read as being a reference to promote their products and services.

- The Applicant replied that it was an existing business in West Kilbride.

5.1.14. Mr Arnott asked if the Over the Counter Service (OTC) was a core service – and referenced the email on 21st June (15:45) from John Lamb, Chair of West Kilbride Community Council which said “*Lloyds only carry what is on their company stock list*”.

- The Applicant replied that OTC was an important part of community medicines, but acknowledged it was not a core service.

5.1.15. Mr Arnott referred to the Applicant's comments on homes being built – and that, from the 124 new homes in total, so far only 11 had been released (October 2017) and a further 12 released in March 2018, so only 23 out of 124 homes had been released, which conflicted with information provided by the Applicant. and asked if the Applicant would agree with these figures.

- The Applicant acknowledged that he did not have the most current and latest number of houses that had been built.

5.1.16. Mr Arnott referred to the Applicant's comment about two previous

pharmacies in West Kilbride and asked if one had closed due to viability.

- The Applicant said no.

5.1.17. Mr Arnott asked out of 190 pharmacies that Lloyds were scheduled to close, how many were in Scotland.

- The Applicant replied that he did not believe any pharmacies were to close in Scotland.

5.1.18. Mr Arnott asked whether Collection and Delivery was a core service

- The applicant acknowledged that this was not a core service.

5.1.19. Mr Arnott asked the Applicant if he knew how many residents in West Kilbride were being charged for delivery of medicines.

- The Applicant said he did not know. Mr Arnott asked if the Applicant would believe him if he said that nobody was being charged for delivery of medicines in West Kilbride. The Applicant said he was unsure.

5.1.20. Mr Arnott asked whether 91% of prescriptions from the local GP surgery being dispensed from Lloyds supported his assertion that a good service was being provided by Lloyds.

- The Applicant replied no, because people had to “make do” with a poor service.

5.1.21. Mr Arnott asked, assuming a static population, how many people would be over 65 years old within the next 5 years.

- The Applicant said he had obtained his information from the Pharmaceutical Care Services Plan 2012 but did not have a figure. Mr Arnott said that the number would be 254 from a static population which indicated that there was not a massive elderly growing population and asked if the Applicant agreed with this figure. The Applicant did not believe this figure, and said that the Pharmaceutical Care Service Plan had indicated that by 2035, Ayrshire & Arran would have the highest percentage of the population over 65 years old, but acknowledged this was for the whole of Ayrshire and Arran and not just West Kilbride.

5.1.22. Mr Arnott asked referred to the Applicant's comments on privacy and asked whether he had seen the consultation room at Lloyds Pharmacy in West Kilbride.

- The Applicant acknowledged he had not been in to the consultation

room.

5.1.23. Mr Arnott asked if the Applicant could see any privacy issues from using the consultation room at the Lloyds pharmacy.

- The Applicant acknowledged that he could not see an issue, but added that he had taken his comments from the CAR relating to concerns raised on privacy.

5.1.24. Mr Arnott asked if the Applicant knew how many times in the past 5 years that Lloyds Pharmacy in West Kilbride had closed due to no pharmacist being available.

- The Applicant replied that he did not have a figure, but his point was that Lloyds were not working the contracted hours.

5.1.25. Mr Arnott asked if the Applicant would believe him if he had said Lloyds had never closed in West Kilbride due to lack of availability of a pharmacist.

- The Applicant said that it appeared that Lloyds had not declared any closures, and was unable to provide a figure.

5.1.26. Mr Arnott referred to the Applicant's presentation with many comments from the CAR and asked if he had read any quotes which did not support his pharmacy.

- The Applicant replied no he had not, but added that the majority were in favour.

5.1.27. Mr Arnott referenced the DDA access to Lloyds Pharmacy and asked the Applicant if he agreed that every unit down the hill also had a similarly sized step to the one outside Lloyds Pharmacy.

- The Applicant did not agree.

5.1.28. Mr Arnott asked if there was a step outside the Applicant's proposed premises.

- The Applicant confirmed there was, but added that he would level off, by making an incline entering the pharmacy, and stated that he had a contractor report which outlined how this could be achieved, and the door would be inset into the entrance to the pharmacy.

5.1.29. Mr Arnott asked how he would level off the steps.

- The Applicant replied there would be no step.

5.1.30. Mr Arnott referred to the Applicant's comments on dosette boxes and the waiting list and asked the Applicant to provide details of one person who had requested a dosette box who had not received one.

- The Applicant replied that he had taken his information from the CAR where people had mentioned this issue.

5.1.31. Mr Arnott asked if the Applicant would believe him if he said that they had 41 patients who were receiving dosette boxes and nobody on a waiting list.

- The Applicant replied that [names withheld due to Data Protection Act] were unable to obtain dosette boxes, and they lived in West Kilbride. He had telephoned Lloyds and had been told there was a two month's waiting list to get a blister pack.

5.1.32. Mr Arnott asked if the Applicant would believe him if he said there was no waiting list.

- The Applicant replied that this conflicted with information obtained from the CAR and from telephone calls made to Lloyds.

5.1.33. Mr Arnott had no further questions

6. **The Chairman invited questions from the Committee to the Applicant**

6.1. Ms Diane Lamprell (Pharmacy Non-Contract Member) - Questions to the Applicant

6.1.1. Ms Lamprell sought clarity on the opening hours of Lloyds Pharmacy.

- The Applicant replied that there appeared to be conflicting information. The page from the Pharmaceutical List said the opening hours were 9am-1pm and 2pm-5.30pm which had been confirmed by Carolyn Dickson, but the "further information" paper on page 2 stated that the Lloyds Pharmacy opening hours were 8.45am-5.30PM

NB FACTUAL NOTATION: THE PHARMACEUTICAL LIST SHOWS 8.45AM-1PM, 2PM-5.30PM, M-F AND 9AM-5PM SAT, AND THE FURTHER INFORMATION PAGE SHOWS 8.45AM-5.30PM M-F and 9AM-5PM SAT).

6.1.2. Mr Lamprell referred to Emergency Hormonal Contraception and asked if the Applicant agreed that patients often did not attend a village pharmacy due to fears of anonymity and would therefore go to another pharmacy outwith the neighbourhood.

- The Applicant acknowledged there were elements of that, but if the consultation room were used correctly and people felt comfortable,

locals would use it. However, he agreed that for confidential matters if the patient did not feel comfortable with the local pharmacy, they would go elsewhere.

6.1.3. Ms Lamprell had no further questions.

6.2. Ms Joy Chamberlain (Lay Member) - Questions to the Applicant

6.2.1. Ms Chamberlain asked for further information regarding the Out of Hours Emergency Dispensing Scheme.

- The Applicant explained that this operated out of hours, and if the pharmacy was on the list, the pharmacist could get called by the Police (eg at 2am) in order to request the pharmacy to open up to dispense items in an emergency. The Applicant added that he had only known this to happen 5 times in the past 5 years.

6.2.2. Ms Chamberlain referred to the late night opening hours that residents were requested and asked why the Applicant was not offering this service.

- The Applicant replied that they could not offer everything, but it was something they could consider and share with Lloyds if they were willing.

6.2.3. Ms Chamberlain asked how many pharmacists would be onsite, as 8.30am-6pm was a 57 hour working week, with out of hours deliveries on top.

- The Applicant confirmed that the pharmacist (Mr Black) would get a day off and said he would provide double cover as a pharmacist. He would be the facing pharmacist with Mr Black providing the services, and added that he and Mr Black had a good partnership.

6.2.4. Ms Chamberlain had no further questions.

6.3. Canon Matt McManus (Lay Member) - Questions to the Applicant

6.3.1. Canon McManus had no questions.

6.4. Ms Morag McConnell (Pharmacy Contract Member) - Questions to the Applicant

6.4.1. Ms McConnell referred to the Applicant's comments regarding the complaints and the report from ISD, and asked if the Applicant was aware of any complaints – written or verbal – and whether any had been upheld.

- The Applicant explained that he had obtained his information from the website, and added that John Lamb (Chair of West Kilbride Community Council) had pointed out the issue with dispensing errors in his email of 21st June; however, the Applicant acknowledged he was unable to

provide substantive figures.

6.4.2. Ms McConnell had no further questions

6.5. Mr McKie (Chair) - Questions to the Applicant

6.5.1. In relation to the complaints, the Chair asked the Applicant to clarify whether the 18 complaints in 2017 were as at August or September 2017.

- The Applicant replied that the information was from August 2017, which was the date when the application was originally submitted.

6.5.2. The Chair had no further questions.

7. Interested Parties' Submissions

7.1. Mr Tom Arnott (Lloyds Pharmacies)

7.1.1. Of the Interested Parties present, Mr Tom Arnott was invited by the Chairman to make representation on behalf of Lloyds Pharmacies who read from a pre-prepared statement.

7.1.2. I would like to thank the panel for allowing me to speak today. The Applicant's reason for making this application seems to be that, in his opinion, the pharmaceutical services provided by the current contractor are inadequate.

7.1.3. Firstly, I agree with the Applicant's definition of the Neighbourhood.

7.1.4. West Kilbride is an affluent town (which I've heard the Applicant refer to as a village) with a mobile population which can be seen from the Scottish Index of Multiple Deprivation figures.

7.1.5. 77% of residents own their own home, against the Scottish average of 62.6%, and of these homes, 34.3% are detached against a Scottish average of 20.4%.

7.1.6. On other measures such as income, health, education and access to services, much of West Kilbride is in the top 20% in Scotland.

7.1.7. I would like to stress that convenience is not a reason for granting a pharmacy contract. Opening a pharmacy in West Kilbride would undoubtedly be more convenient for Mr Black as he lives in West Kilbride.

7.1.8. Julie, our Pharmacy Manager, has worked in the Lloyds Pharmacy for the past 16 years and many of the team members have been there longer than Julie. Julie - in her own words – was born and bred in West Kilbride, although she now lives in Irvine.

- 7.1.9. However, during the bad weather at the start of the year, Julie stayed at her parents' home in West Kilbride (they still live in West Kilbride) to ensure that pharmaceutical services to the residents of West Kilbride was not affected.
- 7.1.10. I have examined the Applicant's application and would comment as follows.
- 7.1.11. The pharmacist is available at lunchtimes. Julie takes a break between 1pm-1.30pm. However, the team know that they can take any waiting prescriptions to Julie during this time, as is common practice.
- 7.1.12. There is no waiting list for Compliance Aids. We currently have 41 patients who receive a compliance aid and this number is growing.
- 7.1.13. Our waiting times are less than 10 minutes
- 7.1.14. Where there are national shortages of certain medications, Lloyds Pharmacy – along with all other pharmacies – will not be able to supply, as is the case for all contractors.
- 7.1.15. There is not a 72 hour turnaround for repeat prescriptions. I can only assume the Applicant is referring to the time when the surgery was struggling to cope due to a lack of GPs and were advising patients to allow 48 hours for them to generate a prescription.
- 7.1.16. The Pharmacy's opening hours are aligned with the GP surgery. The Applicant may be unaware that the first appointment with the surgery is 9.15am and the last is 4.30pm.
- 7.1.17. Over the next 5 years, those aged over 65 will increase by 254 persons, hardly a massively growing aging population.
- 7.1.18. He mentions a lack of OTC products. I am sure the panel on their visit to the pharmacy will have seen a very comprehensive selection of health related products. And the OTC offer is not a core service.
- 7.1.19. I met with Sheila – the GP Practice Manager – on 12th June and asked her about our service levels with regard to eMAS, and she stated that she had no issues whatsoever.
- 7.1.20. Indeed, Sheila stated that the relationship between the surgery and our pharmacy was good and the service levels were the best they had ever been. And she has no issues with Lloyds Pharmacy.
- 7.1.21. As regards eMAS nationally:
- 7.1.21.1. Figures show that in Scotland, 82.9% of eMAS registrations are for those living in deprived areas. West Kilbride is not a deprived area.

- 7.1.21.2. There has been a national fall of 7% in eMAS registrations
- 7.1.22. The Area Pharmaceutical Professional Committee do not support this application, as can be seen from their response, and I quote:
- “It was noted that there is high employment in professional sectors and a high number of own home owners. It was also noted that there are no large supermarkets or banks in the town; therefore not only are people travelling for work, they are also travelling for groceries. There are a small number of new homes currently being built.*
- Committee Members were asked to consider existing pharmaceutical services in the area and it was unanimously agreed that these services were adequate and therefore there was no need to consider whether the application is necessary or desirable. The Committee do not recommend that another pharmacy opens as this may negatively affect the stability and sustainability of NHS pharmaceutical services.”*
- 7.1.23. I would also point out that there is no secondary school in West Kilbride, and pupils have to travel to Largs Academy, St Matthews Academy in Saltcoats or Ardrossan Academy. Further proof that, on a regular basis, residents have to travel outwith the neighbourhood in order to access services, which may include pharmacy services at their place of work.
- 7.1.24. The Applicant has relied heavily on the CAR.
- 7.1.25. If it is part of the new Regulations that the Applicant “must establish the level of public support of the residents in the neighbourhood to which the application relates”, then the Applicant has either tried and failed miserably to gain the support of the residents by not trying to access all residents.
- 7.1.26. This seems unlikely given that the adverts were placed in the Ardrossan and Saltcoats Herald, the Larges and Millport News as well as NHS Ayrshire & Arran Twitter and Facebook pages and a link placed on the NHS Ayrshire & Arran home page, as well as questionnaires placed in the Central Avenue Surgery, South Beach Medical Centre, West Kilbride Group Practice, Three Towns Medical Practice, the West Kilbride Community Centre, the West Kilbride Post Office, the Library, the Barony Centre, the Optometrist and the Dentists.
- 7.1.27. This proves the Applicant did try to gain support. However from a population of 4667, the Applicant received 279 responses – only 5.79% of the population, and of those, only 244 were resident in the neighbourhood.
- 7.1.28. Looking at Question 9 “Do you support the opening of a new pharmacy at 126 Main Street, West Kilbride”, only 191 respondents – 4.1% of residents of

West Kilbride – said they did.

- 7.1.29. Looking at Question 2 *“Do you think the proposed location is appropriate”, of the 132 detailed responses, 72 (55%) responded negatively. For those in favour, the fact that the eyesore of a dilapidated building was going to be removed seemed important.*
- 7.1.30. Looking at Question 6 *“Do you believe there are any existing gaps/deficiencies in the existing provision of pharmaceutical services in the neighbourhood”, only 143 – 3% of the residents – stated there were.*
- 7.1.31. I am sure the panel will agree that such a low response indicates that the vast majority of the residents of West Kilbride see no need for a further pharmacy.
- 7.1.32. The reason for this is that Lloyds Pharmacy in West Kilbride provides an adequate service to the residents of West Kilbride. Lloyds Pharmacy is fully engaged in all core services.
- 7.1.33. There are currently 809 patients registered for the Chronic Medication Service (CMS) – well above average and of these, 7.8% have also benefitted from a High Risk or New Medication Assessment. This is against what was a required level of 7%. I note the Applicant does not mention this.
- 7.1.34. Lloyds Pharmacy currently achieves the required level for the Acute Medication Service (AMS) . I note the Applicant does not mention this.
- 7.1.35. There are currently 270 patients registered for eMAS (Minor Ailments Service). This represents Band 2, and Band 2 is the most common band for pharmacies in Scotland. Following a meeting with the Health Board in September 2017, the pharmacy have, as requested, helped in every way possible to alleviate some of the pressure on the GP practice, indeed on talking with Sheila the Practice Manager, she had no concerns regarding eMAS.
- 7.1.36. The Applicant provides a list of services he will provide. All the core services are already adequately provided by Lloyds Pharmacy.
- 7.1.37. The Applicant proposes to open for longer hours. Can I please remind the panel that there are core hours required by the Health Board and the Applicant at any time in the future could reduce his opening hours. I am, however, surprised at the hours he has chosen as, according to the GP surgery, the first appointment is 9.15am and the last is normally 4.30pm although occasionally there is a 4.45pm appointment. Lloyds Pharmacies opening hours are therefore adequate.

- 7.1.38. The Panel will see from the “Advice and Guidance for those Attending the Pharmacy Practices Committee” that they must consider what are the existing pharmaceutical services in the neighbourhood or in any adjoining neighbourhood.
- 7.1.39. The Panel must also take account as to whether the granting of an Application would adversely impact on the security and sustainable provision of existing NHS primary medical and pharmaceutical services in the area concerned.
- 7.1.40. The following is taken from the NHS Pharmaceutical Services (Scotland) Regulations as amended:
- “The viability of existing providers is also relevant in this context. If granting the application would affect viability of those who currently provide a service in the neighbourhood, then it may be that granting the application would have a negative effect upon services in the neighbourhood as a whole. Such an application may be refused. Similarly, if the granting of an application would have a detrimental effect upon the provision of services in the neighbourhood for some other reason, then refusal may be justifiable.”*
- 7.1.41. I can assure the Panel that the granting of a contract in West Kilbride would have a seriously adverse effect on the future viability of Lloyds Pharmacy in West Kilbride. In November 2015 at a cost of £135,000, our pharmacy was refitted to ensure we could deal with any future needs.
- 7.1.42. Also on 20th February 2015, prior to the refit – with the same staff – the Pharmacy had a General Pharmaceutical Council (GPhC) Inspection and was rated Good. Inadequate pharmacies do not receive a “Good” rating from a GPhC Inspector.
- 7.1.43. West Kilbride only has a population of around 4667 – this is around the average number of residents per pharmacy in Scotland. West Kilbride cannot support two pharmacies.
- 7.1.44. The Applicant provides a list of services he will provide. All the core services are already adequately provided by Lloyds Pharmacy.
- 7.1.45. Having examined the NHS Ayrshire & Arran Pharmaceutical Care Services Plan, I can see no mention of there being a need for a further pharmacy in West Kilbride.
- 7.1.46. The Panel must take account as to whether the granting of an Application would adversely impact on the security and sustainable provision of an existing NHS primary medical and pharmaceutical services in the area concerned.

7.1.47. I would therefore ask the panel to refuse this application as it is neither necessary nor desirable in order to secure the adequate provision of pharmaceutical services in the neighbourhood in which the premises are located.

7.1.48. This concluded the presentation from Mr Arnott.

8. **Questions from the Applicant to Mr Arnott**

8.1. With reference to the question on gaps and deficiencies in the CAR, the Applicant asked Mr Arnott to clarify his comment on a 3% response rate.

- Mr Arnott said that related to 143 comments, which was only 3% of residents of West Kilbride. The Applicant asked whether Mr Arnott agreed that there were gaps and deficiencies in West Kilbride. Mr Arnott disagreed, as only 3% of the population of West Kilbride had said there were gaps or deficiencies.

8.2. The Applicant referred to Mr Arnott's comments about affluency and asked if he agreed that affluent people also got sick.

- Mr Arnott agreed.

8.3. The Applicant referred to the comments about the rude staff and Mr Arnott to provide a reason why this should be.

- Mr Arnott said that he did not believe staff were rude. Over the years, where members of the team had worked in the same place for many years, you could sometimes find local issues from when they were young, but, having met the staff in West Kilbride, he could not imagine how anyone could find them rude and said that they were very helpful.

8.4. The Applicant asked why there were so many comments about rude staff.

- Mr Arnott asked out of a population of 4777, how many people had said that staff were rude. The Applicant demurred and asked if Mr Arnott agreed with the comments of staff rudeness. Mr Arnott acknowledged there were comments of rudeness from staff in the CAR.

8.5. The Applicant asked whether Mr Arnott agreed that 5 days to wait for a repeat prescription was too long.

- Mr Arnott agreed and said he could expand on the reason for this if required.

8.6. The Applicant asked if Mr Arnott agreed that only 254 residents registering for eMAS from the eligible population was unacceptable.

- Mr Arnott replied that the uptake on eMAS was appreciably less than it would be for a deprived area and had made this clear from his

presentation.

8.7. The Applicant asked if Mr Arnott agreed that the uptake of eMAS could only be increased if staff were proactive in promoting and ensuring patients accessed the service.

- Mr Arnott replied that this morning, a patient had been offered eyedrops on eMAS, but may not use the service for another 12 months and would drop off the list. There was no way for Lloyds Pharmacy to reregister the patient automatically.

8.8. The Applicant asked how many prescriptions were dispensed by Lloyds for CMS.

- Mr Arnott replied that CMS was not currently dispensed in Lloyds, although many people were registered, and the Applicant should be aware that pharmacists could not dispense unless the GP Surgery was engaged with CMS. The West Kilbride Surgery had enough to worry about and therefore Lloyds Pharmacy would not dispense CMS until they were informed by the GP Surgery.

8.9. The Applicant asked if Mr Arnott was aware of any new contracts being granted which had resulted in a Lloyds pharmacy closing.

- Mr Arnott replied he was not aware of any but if there was a pharmacy in the current economic climate that was not breaking even, it would probably close.

8.10. The Applicant asked the last time Lloyds had applied for the Palliative Care Service (PCS)

- Mr Arnott replied many Lloyds Pharmacies had applied, but not West Kilbride. If the Health Board came to West Kilbride and said that they would like Lloyds to be part of the PCS, he imagined that they would respond positively. It was not up to a pharmacy to ask whether they could apply for this service from the Health Board, but the Health Board would look where the service was needed and approach a pharmacy.

8.11. The Applicant had no further questions

9. **Questions from the Committee to Mr Arnott**

9.1. Ms Lamprell (Non Contract Pharmacy Member) - Questions to Mr Arnott

9.1.1. Ms Lamprell had no questions.

9.2. Ms Chamberlain (Lay Member) - Questions to Mr Arnott

9.2.1. Ms Chamberlain had no questions.

9.3. Canon McManus (Lay Member) - Questions to Mr Arnott

9.3.1. Canon McManus asked whether Mr Arnott was satisfied that Lloyds in West Kilbride provided as good a service as it could.

- Mr Arnott replied that he was based in Perth but had a lot of experience from visiting other Lloyds Pharmacy branches, and said that when he walked into the West Kilbride branch, he felt comfortable, the team were engaged. Julie was a local and her parents still lived in West Kilbride. The staff knew every patient by name. In regard to relationships, Mr Arnott said in his opinion the West Kilbride branch provided a good service, which was backed up following his meeting with Sheila, the GP Practice Manager who had said the service provided was as good as it had ever been. Mr Arnott acknowledged that the GP Practice had experienced issues before, and noted that Julie had been on maternity leave for 6 months at the start of 2017, but concluded that at this point in time, Lloyds Pharmacy in West Kilbride provided a good service.

9.3.2. Canon McManus asked whether Mr Arnott knew of any other communities of the size of West Kilbride that supported more than one pharmacy.

- Mr Arnott said that although there were some extremes – eg Dalgetty Bay (Fife) which was an affluent, mobile community with a population of 10,3000 and one pharmacy, and also Linlithgow (West Lothian), an affluent area with a population in excess of 16,000 which had two pharmacies – he could not think of an example where West Kilbride would require two pharmacies.

9.3.3. Canon McManus asked whether Mr Arnott believed that opening another pharmacy in West Kilbride would seriously affect the wellbeing of Lloyds Pharmacy.

- Mr Arnott replied that it would. They had invested £135k at the end of 2015 to future-proof the pharmacy, and had a dispensary upstairs, in order to ensure that at no point they would reach a point where they could not cope with the needs of the people of West Kilbride.

9.3.4. Canon McManus asked whether Lloyds had enough funds to flatten the step outside the pharmacy front door.

- Mr Arnott replied that there were a number of pharmacies with a step and they had been told they could not remove it as the local Council would not permit building into the pavement. The Chair reminded the Panel that questions had to relate to the presentation provided.

9.3.5. Canon McManus had no further questions.

9.4. Ms McConnell (Contract Pharmacy Member) - Questions to Mr Arnott

9.4.1. Ms McConnell asked about the disabled access button outside the front door.

- Mr Arnott replied that a patient simply needed to push the button and it would open the door.

9.4.2. Ms McConnell asked if Mr Arnott would agree that eMAS was led by a patient request for the service.

- Mr Arnott replied that if an eligible patient came and asked for paracetamol or calpol, they would not be provided with medication unless they registered for eMAS.

9.5. There were no other questions from the Committee

10. Summing Up

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

10.2. Mr Arnott (Lloyds Pharmacies)

10.2.1. Mr Arnott stated that the application was not supported by the AP^{PC}.

10.2.2. Mr Arnott acknowledged that the Panel would take account whether granting the application would adversely affect the security and sustainable provision of existing NHS primary medical and pharmaceutical services in the area concerned, and assured the Committee that, if the application were granted, it would have a seriously negative effect on the viability of Lloyds Pharmacy in West Kilbride.

10.2.3. Mr Arnott stated that Lloyds Pharmacy had undertaken a £135,000 refit in November 2015 and noted that the pharmacy's GPHC Inspection, prior to the refit, had been rated "good", and added that inadequate pharmacies did not receive a "good" rating.

10.2.4. Mr Arnott said that Lloyds Pharmacy in West Kilbride offered all the core services and urged the panel to refuse the application on the grounds that it was neither necessary nor desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises were to be located.

10.3. The Applicant

- 10.3.1. The Applicant said that despite protestations to the contrary, an inadequate pharmaceutical service had become the norm for residents in West Kilbride for many years. Lloyd's were not proactive.
- 10.3.2. The Applicant said that there was an obvious inadequacy of pharmaceutical services as evidenced by the CAR responses and FOI figures. This inadequacy was not a blip, but was consistent across the many responses and continued to worsen.
- 10.3.3. The Applicant believed he had demonstrated that the granting of the contract was necessary since Lloyds was saturated due to the high volume of dispensing which was 25% more than the average pharmacy in Scotland.
- 10.3.4. The Applicant said residents were receiving inadequate provision of services in relation to :
- Dispensing of NHS prescriptions due to excessive waiting times and poor stock availability
 - The inadequate and inaccessible supply of medicines under the Minor Ailments Service
 - The inadequate and non-existent supply of dosette boxes to new patients due to the service being at saturation point
 - the existing pharmacy had barriers to access for elderly, disabled and infirm patients
 - Lloyds had breached patient confidentiality, did not offer a comprehensive delivery service and was unable to dispense prescriptions in a timeous and accurate manner.
- 10.3.5. The Applicant said that one pharmacy could not meet the needs of the neighbourhood.
- 10.3.6. The Applicant said that Lloyds had £1.2m turnover which did not include over the counter sales, and there was therefore no chance that the pharmacy would close if the application was approved and the new pharmacy opened.
- 10.3.7. The Applicant maintained that all the issues that he had presented to the Committee provided direct evidence showing inadequacy in NHS pharmaceutical provision within West Kilbride. With prescription numbers increasing, the Applicant believed two pharmacies in a village this size was reasonable.
- 10.3.8. The Applicant said that the application being put forward by the Village Pharmacy was also desirable for the following reasons:

- From the CAR it could be seen that 52% of respondents believed there were gaps or deficiencies in current pharmaceutical services within their neighbourhood.
- The CAR showed that 71% (194) of all respondents were in support of the proposal to open a new pharmacy.
- Along with this, the application had strong backing from key members of the neighbourhood, evidenced with letters of support from the local Community Council, the West Kilbride Business Group, local business owners and local councillors.

10.3.9. The Applicant confirmed that the property had been purchased so that if the contract were granted, there would be no issues with Landlords cancelling the lease.

10.3.10. The Applicant noted that the pharmacy opening hours would be Monday to Saturday 8.30am-6pm and would remain open at lunchtime, and they would also have access to two independent prescribers.

10.3.11. The Applicant said that it was not only about dispensing prescriptions, but was also about the pharmacist being on the frontline, making such services as eMAS, smoking cessation and compliance assessments more accessible to patients. Going forward, the vision of Village Pharmacy was that the residents of West Kilbride and outlying holdings would have an adequate provision of pharmaceutical services, allowing Scottish Government's 2020 Vision to become a reality.

10.3.12. The Applicant said that as the PPC experts in the field, he had every confidence that the contract would be granted as being both necessary and desirable. It would address the existing inadequacy and lead to a secure adequate provision of pharmaceutical services to the residents of West Kilbride and surrounding rural areas.

10.3.13. The Applicant apologised for the length of his presentation and appreciated the Committee's patience.

11. Retiral of Parties

11.1. 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.

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

11.3. The hearing adjourned to allow the Committee to deliberate on the written and verbal submissions. The Applicant and Interested Parties left the room at 15:30.

12. **Supplementary Information**

12.1. Following consideration of the oral evidence, the Committee noted:

- i. That they had jointly undertaken a site visit to West Kilbride, Ardrossan and Stevenston, noting the location of the proposed premises, the pharmacies, general medical practices and the facilities and amenities within. For avoidance of doubt the neither the Applicant nor any of the interested parties took part in the site visit.
- ii. Extract from East Ayrshire Local Development Plan – Your Plan Your Future: April 2018
- iii. Your Town Audit – West Kilbride, December 2016
- iv. Extracts from Information Services Division Community Pharmacy Activity and direct pharmaceutical care services provided (January-December 2017) relating to Lloyds Pharmacy in West Kilbride (#5267)
- v. Datazone information for 6 datazones in which West Kilbride is included – from the National Records Scotland - as at 31 May 2018
- vi. Local Bus route timetables and Scotrail time tables for trains and ferries (from 20 May - 8 December 2018)
- vii. Maps indicating the journey between (a) the proposed pharmacy and the existing pharmacy in West Kilbride (b) the proposed pharmacy to GP practices in West Kilbride, Ardrossan and Stevenston.
- viii. The application and supporting documentation (including letters in support of the Application dated 20th June 2018 from Marianne Long, Steamers Laundry Services and from the West Kilbride Business Group dated 21st June 2018) in addition to the Consultation Analysis Report

- ix. NHS Ayrshire & Arran Pharmaceutical Care Services Plan 2012
- x. Information regarding ownership of a previous pharmacy at 86 Main Street, West Kilbride.
- xi. Letter dated 21 June 2018 from John Lamb, Chairman of West Kilbride Community Council addressed to Mr Black, together with two additional emails dated 21 June between Mr Neeraj Salwan and Mr John Lamb.

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

13.1. Introduction

13.1.1. NHS Ayrshire & Arran had undertaken a joint consultation exercise with the Applicant regarding the application for a new pharmacy at 126 Main Street, West Kilbride, KA23 9AR.

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

13.2. Method of Engagement to Undertake Consultation

13.2.1. The consultation was conducted

- (i) By placing an advertisement in the Ardrossan & Saltcoats Herald and Largs & Millport Weekly News;
- (ii) Notifications being placed on the Health Board's Twitter and Facebook pages with subsequent notices at regular intervals;
- (iii) A link to the consultation document was placed on the front page of NHS Ayrshire & Arran's website (www.nhsaaa.net);
- (iv) Hard copies of the questionnaire were available at various locations:
 - (i) Central Avenue Surgery, Ardrossan
 - (ii) South Beach Medical Centre, Ardrossan
 - (iii) West Kilbride Group Practice, West Kilbride
 - (iv) Three Towns Medical Practice, Stevenston
 - (v) The Community Centre, West Kilbride
 - (vi) Post Office, West Kilbride
 - (vii) Library, West Kilbride
 - (viii) The Barony Centre, West Kilbride
 - (ix) Optometrist, West Kilbride
 - (x) Dentist, West Kilbride

13.2.2. The Consultation Period lasted for 90 working days from 13 September 2017 – 24th January 2018 and the total number of responses received was 279.

13.3. Summary of Questions and Analysis of Responses

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

Question	Response Percent			Response Count			
	Yes	No	Don't know	Yes	No	Don't know	Skipped
1. Do you agree this describes the neighbourhood to be served?	87.32	10.51	2.17	241	29	6	3
2. Do you think the proposed location is appropriate?	71.22	23.02	5.76	198	64	16	1
3. Do you live within the above neighbourhood?	87.77	11.87	0.36	244	33	1	1
<p>5. Village Pharmacy aims for the community pharmacy are to provide the following services from their pharmacy in addition to Dispensing Prescriptions and providing the required core services such as Minor Ailments Service, Chronic Medication Service, Acute Medication Service and the Public Health Service:</p> <ul style="list-style-type: none"> • All NHS Commissioned Patient Group Directions eg paracetamol for meningitis B vaccine/ gluten free scheme / chloramphenicol • Proposed prescribing clinics depending upon local requirements • Out of Hours Emergency Dispensing scheme • Collection of medicines returned by patients for destruction • Compliance aids support – eg blister pack dispensing • NHS prescription text service • Travel health clinic • Flu vaccinations • Health Screening services eg blood pressure, blood sugar and cholesterol monitoring • C-card scheme • Pharmaceutical services to care homes • Weight management service • Stoma service • Pharmacy First eg uncomplicated urinary tract infection/impetigo • Eyecare Ayrshire • Hearing Aid Tests • Smoking Cessation • Emergency hormonal contraception <p>The Community Pharmacy Palliative Care Scheme is an allocated service and would be provided should the Health Board feel there was a requirement for the proposed pharmacy to do so.</p> <p>Do you think that the services listed are</p>	79.71	13.04	7.25	220	36	20	3

appropriate for the proposed new location?							
6. Do you believe there are any gaps/deficiencies in the existing provision of pharmaceutical services to the neighbourhood?	52.0	29.45	18.55	143	81	51	4
7. Wider Impact – Village Pharmacy believes the new pharmacy in West Kilbride will significantly complement and improve the provision of services and healthcare to the residents of the area. It will work with NHS services and the public to ensure their necessary health requirements are met. Do you wish to comment on the above statement?	44.57	49.44	5.99	119	132	16	12
8. Do you believe this proposal would have any impact on other NHS services?	40.0	41.45	18.55	110	114	51	4
9. Do you support the opening of a new proposed pharmacy at 126 Main Street, West Kilbride, KA23 9AR	70.55	24.0	5.45	194	66	15	4
10. Please indicate whether you are responding as an individual or organisation	Individual 98.91	Organisation 1.09		Individual 272	Organisation 3		Skipped 4
11. It would be helpful if you could complete the following optional questions, please note that all responses are confidential	Postcode of Home Address 98.41%	Number of Occupants in Household (including children) 98.8%		Postcode of Home Address 247	Number of Occupants in Household (including children) 246		Skipped 28

Question	Response Percent				Response Count				
	Just Right	Too Short	Too Long	Don't Know	Just Right	Too Short	Too Long	Don't Know	Skipped
4. Village Pharmacy plans to provide pharmaceutical services at the following times: Monday to Saturday 8.30am – 6pm, Sunday Closed. The pharmacy will remain open at lunchtime. Do you think that the proposed hours are appropriate?	82.59	5.19	4.44	7.78	223	14	12	21	9

13.3.2. In total 279 responses were received. All submissions were made and received within the required timescale, thus all were included in the Consultation Analysis Report.

13.3.3. From the response to Question 11, replies were from postcode sectors

KA23 = 229

KA22 = 6

KA21 = 3

KA20 = 2

KA29 = 1

KA2 = 1

KA13 = 1

KA12 = 1

G3 = 1

EH11 = 1

5 respondents did not enter postcode of home address.

The total number in the household ranged from 1 to 6 people. 4 respondents did not enter the number of occupants in their household.

The average number of occupants per household, taking into account only those who had responded, was noted to be 2.6 people

13.4. Consultation Outcome and Conclusion

- 13.4.1. 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

14. **Discussion**

- 14.1. 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.

14.2. **Neighbourhood**

- 14.2.1. A number of factors were taken into account when defining the neighbourhood, including those resident in it, natural and physical boundaries, general amenities such as schools/shopping areas, the mixture of public and private housing, the provision of parks and other recreational facilities, the distances residents had to travel to obtain pharmaceutical and other services and also the availability of public transport.
- 14.2.2. The Committee noted that Mr Arnott had agreed with the Neighbourhood as defined by the Applicant
- 14.2.3. The Committee noted that the Applicant had included Portencross in his verbal discussions rather than in his written Application. It was noted that Portencross had been mentioned in the CAR and the Committee agreed to include Portencross, as it was a recognisable residential area that included the outlying hamlets. The shoreline was a recognisable natural boundary.

SOUTH From the Waterside Inn where Chapleton Road met the A78, passing over the A78 to the Shoreline

WEST Following the Shoreline from the A78 north-west up to Portencross Pier

NORTH From Portencross Pier heading west along Portencross Road (B7048) and including land either side of the B7048 including the

outlying buildings until it met Drummilling Road, then travelling northeast along open ground behind the housing estate and cemetery until it met the B781, and then following the road east until the B781 crossed the Kilbride Burn at Lawoodhead Bridge.

EAST From Lawoodhead Bridge, heading south across open ground until it met Ardrossan High Road behind Law Castle and Cobieshaw Hall (including all the housing estate behind Meadowfoot Road) then along Chapleton Road until it met Ardrossan Road by the Waterside Inn.

The map illustrated at Appendix 1 defines the neighbourhood and boundaries as agreed by the Committee.

14.3. Adequacy of existing provision of pharmaceutical services and necessity or desirability

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

14.3.2. Population

14.3.2.1. The Committee noted that the population was likely to increase due to the new housing developments in progress, but surmised that this would be unlikely to occur for 3-4 years.

14.3.3. Viability

14.3.3.1. The Committee considered the viability of Lloyds in West Kilbride and the possibility that it might close if the application was approved.

14.3.3.2. The Committee took cognizance of the fact there had previously been two pharmacies in West Kilbride some years ago, and the fact that Lloyds had invested £135 to future proof their business.

14.3.4. Complaints

14.3.4.1. The Committee considered the 18 complaints against Lloyds (which included a wrong prescription and out of stock items) submitted to the Health Board half way through 2017, but none had been upheld. The Committee noted that they did not have a list of complaints before/after the period mentioned.

- 14.3.4.2. The Committee noted that the Practice Manager had said there were no complaints. The Committee therefore gave little weight to this inferred inadequacy expressed by the Applicant.
- 14.3.4.3. The Committee acknowledged the transient population which had not been included in the above figures.
- 14.3.5. Prescriptions
- 14.3.5.1. The Committee noted the high level of prescriptions generated by the GP Practice which could cause a backlog and shortage in items available to dispense.
- 14.3.5.2. The Committee noted the high number of repeat prescriptions and that the 72 hour delay for patients receiving prescriptions was not due to a delay on the part of the pharmacy, but the GP Practice, and noted that Mr Arnott had said that the GP Surgery had taken 48 hours to provide the prescription to the pharmacy, who had then provided the repeat prescription within 24 hours (ie 72 hours total).
- 14.3.5.3. The Committee noted the West Kilbride pharmacy had been rated “good”.
- 14.3.6. eMAS Registrations
- 14.3.6.1. The Committee acknowledged that the current number of patients registered for eMAS would be considered reasonable for the population of West Kilbride.
- 14.3.7. Palliative Care
- 14.3.7.1. The Committee noted that this service was not being offered by Lloyds, and acknowledged that it was up to the Health Board to consider where the service was required and approach a pharmacy.
- 14.3.8. Pharmacy First
- 14.3.8.1. The Committee noted that this service was not offered by Lloyds Pharmacy.
- 14.3.9. Compliance with DDA / Equalities Act
- 14.3.9.1. The Committee acknowledged that under the Equalities Act, businesses had a duty to make reasonable adjustments (unless it was unreasonable to do so), in order that all patients could access pharmacy premises, and noted that (i) it was not essential for the entry to the Lloyds pharmacy premises to be completely flat, and (ii) there was a button on the outside of the premises which patients could press in order to gain access to the

premises, with assistance.

14.3.10. Core Hours

14.3.10.1. The Committee noted that closing the pharmacy for lunch was acceptable and complied with the core opening hours.

14.3.10.2. The Committee took into consideration the GP Practice's last appointment time of 4.30pm which was one hour before the pharmacy premises closed.

14.3.11. Collections and Deliveries

14.3.11.1. The Committee acknowledged this was not a core service, and that it could be regarded as a convenience, and noted that although Lloyds Pharmacies were charging for a delivery service in England, the service was still being provided free in Scotland

14.3.12. Consultation Analysis Report

14.3.12.1. The Committee took into consideration the low number of responses to the CAR in relation to the population of West Kilbride, and noted that the Applicant had repeatedly emphasised many negative comments, but had not referenced any positive comments, which were also contained in the CAR.

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

14.3.12.3. Question 1, which related to the neighbourhood. The Committee noted that this had been discussed earlier.

14.3.12.4. Question 2, which related to the appropriate location of the opening of a new pharmacy. The Committee noted that the majority of respondents agreed, although some comments had wondered whether Seamill would be a more appropriate location, given the new housing development on Ardrossan High Road.

14.3.12.5. Question 3 which related to whether respondents were residents and noted that the majority were.

14.3.13. Question 4 which related to opening times. The Committee noted this had been discussed at length within the hearing and the main conflict had been with regard to whether Lloyds opened at lunchtime, which Mr Arnott had assured the panel that it did.

14.3.14. Question 5 which related to the appropriateness of services to be provided by the new pharmacy. The Committee noted the majority had agreed the

services would be appropriate, and the Committee also noted that all the core services were provided.

- 14.3.15. Question 6 related to gaps and deficiencies. The Committee noted the level of positive responses was only 52% which was not an overwhelming majority. The Committee also noted that this equated to 3% of the West Kilbride population according to Mr Arnott.
- 14.3.16. Question 8 related to impact on other NHS Services. The Committee felt that this question was ambiguous as it was unclear whether the impact would be positive or negative, and this was shown by the responses as 41.45% believed services would not be impacted compared to 41% who believed that services would be impacted.
- 14.3.17. Question 9 related to support for the opening of a new pharmacy, and the Committee noted the high level of support from the respondents.

15. **The Decision**

- 15.1. At 16:05, following the withdrawal of Ms McConnell and Ms Lamprell 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, concluded that there was no evidence provided to demonstrate an inadequacy of the existing pharmaceutical services to the defined neighbourhood and the Application was therefore declined.
- 15.1.1. Ms McConnell and Ms Lamprell returned to the meeting at 16:10, and were advised of the decision of the Committee.

The meeting closed at 1615 hours

Signed:

Alistair McKie
Chair – Pharmacy Practices Committee

Date:

