

MINUTE: PPC/2015/118

Minutes of the meeting of the Pharmacy Practices Committee (PPC) held on Monday 7 December 2015 at 1230 hours in Cumnock Town Hall, Cumnock

The composition of the PPC at this hearing was:

Chair: Mr Alistair McKie

Present: Lay Members Appointed by NHS Ayrshire & Arran

Mrs Margaret Anderson
Mr Donald Osborne
Mrs Joy Chamberlain

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

Mr Richard Devenish
Mr Wallace Stevenson

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

Ms Diane Lamprell

Secretariat: Mrs Gillian Gordon, NHS National Services Scotland, Scottish Health Service Centre (SHSC)

1. APPLICATION BY NETHERTHIRD PHARMACY

There was submitted an application and supporting documents from Mr Ahdul Mohammed of Netherthird Pharmacy, received on 22 October 2015, for inclusion in the pharmaceutical list of a new pharmacy at 32 Craigens Road, Netherthird, Cumnock, KA18 3AW.

Submission of Interested Parties

The following documents were received:

- i) Letter dated 26 November 2015 from the Area Pharmaceutical Committee
- ii) Letter dated 13 November 2015 from Matthew Cox, Lloyds Pharmacy
- iii) Letter received 23 November 2015 from Netherthird Community Council

Correspondence from the wider consultation process undertaken jointly by NHS Ayrshire & Arran and Mr Ahdul Mohammed

- i) Consultation Analysis Report (CAR)
- ii) Consultation Document and completed questionnaires
- iii) Letter from Adam Ingram MSP dated 20 October 2015
- iv) Joint letter from Councillors Eric Ross Barney Menzies and Billy Crawford dated 22 October 2015
- v) Letter from Councillor Kathy Morrice dated 26 October 2015

2. Procedure

- 2.1 At 1230 hours on Monday, 7 December 2015, the Pharmacy Practices Committee ("the Committee") convened to hear the application by Mr Ahdul Mohammed ("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".
- 2.2 **The Chairman** welcomed all to the meeting and introductions were made. When asked by the Chairman, members confirmed that the hearing papers had been received and considered and that none had any personal interest in the application. The Chairman informed members that the applicant, Mr Ahdul Mohammed, would present on his application and that there would be representations from the following interested parties: Lloyds Pharmacy and the Area Pharmaceutical Professional Committee (APPC).
- 2.3 It was noted that Members of the Committee had undertaken a joint site visit to Netherthird and the surrounding area. They had noted the location of the premises, pharmacies, general medical practices and other amenities in the area such as, but not limited to, banks, post office, supermarkets, churches, schools and sports facilities.
- 2.4 **The Chairman** advised that Mrs Gordon was independent from the Health Board and was solely responsible for taking the minute of the meeting.
- 2.5 There was a brief discussion on the application and **the Chairman** then invited Members to confirm an understanding of these procedures. Having ascertained that all Members understood the procedures the Chairman confirmed that the Oral Hearing would be conducted in accordance with the guidance notes contained within the papers circulated. The Applicant and Interested Parties were then invited to enter the hearing.

The open session convened at 1245 hours

3. Attendance of Parties

- 3.1 **The Chairman** apologised for the delay in starting, welcomed all and introductions were made. The Applicant, Mr Abdul Mohammed was unaccompanied. From the Interested Parties, eligible to attend the hearing, the following accepted the invitation: Mr Tom Arnott, accompanied by Ms Fiona Morris for Lloyds Pharmacy and Mrs Gillian Jardine, accompanied by Dr Nic Reid from the Area Pharmaceutical Professional Committee.
- 3.2 **The Chairman** advised all present that the meeting was convened to determine the application submitted by Mr Mohammed in respect of a proposed new pharmacy at 32 Craighs Road, Netherthird, Cumnock, KA18 3AW. The Chairman confirmed to all parties present that the decision of the Committee would be based entirely on the evidence submitted in writing as part of the application and consultation process, and the verbal evidence presented at the hearing itself, and according to the statutory test as set out in Regulations 5(10) of the 2009 regulations, as amended, which the Chairman read out in part:
- 3.3 "5(10) an application shall be ... granted by the Board, ... only if it is satisfied that the provision of pharmaceutical services at the premises named in the application is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located..."
- 3.4 **The Chairman** confirmed that all had received the papers and emphasised the three components of the statutory test. He confirmed 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 in and into that neighbourhood were adequate. Only if the Committee decided that existing services were inadequate would the Committee go on to consider whether the services to be provided by the applicant were necessary or desirable in order to secure adequate services. That approach was accepted by all present.
- 3.5 **The Chairman** advised that Mrs Gillian Gordon, NHS National Services Scotland SHSC, would be present throughout the duration of the hearing for the purposes of providing secretariat support to the Committee. The Chairman confirmed that Mrs Gordon was independent of NHS Ayrshire & Arran and would play no part in either the public or private sessions of the Committee.
- 3.6 **The Chairman** asked all parties for confirmation that these procedures had been understood. Having ascertained that all parties understood the procedures the Chairman confirmed that the Oral Hearing would be conducted in accordance with the Procedure at Hearings document contained within the papers circulated.

3.7 **The Chairman** confirmed that all members of the Committee had conducted a site visit in order to understand better the issues arising out of this application. No member of the Committee had any interest in the application.

3.8 **The Chairman** asked for confirmation that all parties fully understood the procedures to be operated during the hearing as explained, had no questions or queries about those procedures and were content to proceed. All confirmed agreement.

4. **Submissions**

4.1 **The Chairman invited Mr Ahdul Mohammed, to speak first in support of the application**

4.2 Mr Mohammed read from the following prepared statement:

4.3 "Hello everyone, I just want to thank you for giving me the time to make this presentation to you today.

4.4 My name is Addy Mohammed. In 2009 I was granted a pharmacy contract in Logan. It was a similar hearing to this one and although I'm just as nervous today as I was back then, I'm also just as passionate about my case for a new pharmacy contract in Netherthird which would serve the communities of Netherthird, Craighens and Skerrington.

4.5 I want to just talk briefly about some of the things we've done over the years at Logan. We have had a very high uptake of our Smoking Cessation Service with an encouraging number of patients quitting with our support. The Minor Ailments Service is now an essential health service in Logan which is openly valued by our colleagues at the lanyard Medical Practice. The uptake of this service in our village has exceeded all expectations. We often liaise with our local primary school to educate the children with pro-active health messages- our Child Smile campaign is also widely used.

4.6 We were recently inspected by the Gphc and were awarded an overall 'Good' evaluation. It was noted by the inspector that our pharmacy services were well managed and delivered effectively so that patients had good access.

4.7 The reason I'm here today is to make a very similar case for Netherthird Pharmacy. The area of Netherthird resembles that of Logan in terms of size, its deprivation, access issues and the overall challenges that present themselves from a health perspective.

4.8 I would like to think we have done a commendable job with Logan, and the area of Netherthird needs a similar local service. Having already learned from the experience of starting a successful new pharmacy contract, my staff and I are ready to do our utmost to make sure this is replicated for the people of Netherthird, Craighens and Skerrington. I believe that providing patients with good pharmaceutical care is not my job, but my responsibility.

4.9 It is with this in mind that I will make my case. I will be talking, briefly, on the following key points:-

- Definition of the neighbourhood
- Looking at the deprivation of the area (using SIMD data) and current barriers to accessing pharmaceutical services.

- How these physical barriers and health & social barriers are affecting the provision of pharmaceutical services to the area taking into account the inadequacy of existing services.

Neighbourhood

- 4.10 The neighbourhood is that of Netherthird, Craigens and Skerrington. (Mr Mohammed held up a map and demonstrated the area) The northern boundary runs along Holmburn Road continuing onto Craigens Road until it meets the railway line. The eastern boundary is the railway line until it meets the A76. The southern boundary travels along the A76 until it meets Glaisnock Water. Glaisnock Water marks the western boundary and is a natural barrier.
- 4.11 East Ayrshire Council recently commissioned 'Netherthird, Craigens and Skerrington Community Action Plan' in which they have identified this area to be a neighbourhood in its own right. (Mr Mohammed showed those present the front cover of the action plan which gave showed an aerial picture of the proposed neighbourhood).
- 4.12 East Ayrshire council describe the location of Netherthird, Craigens and Skerrington as an area which *'sits on the southernmost outskirts of Cumnock surrounded by open countryside and farmland'*. It has been agreed by the councillors and MSP that whilst Netherthird, Craigens and Skerrington are on the edge of the town of Cumnock, it is an area large enough to be considered a distinct neighbourhood in its own right, and has a population of 2,087 according to the 2011 census information.
- 4.13 Furthermore, Community Council boundaries for Cumnock clearly siphon off Netherthird, Craigens and Skerrington as a distinct community which is served by a separate Community Council. Having spoken to the Postmaster at Netherthird Post Office I was advised that the only reason Netherthird was allowed to retain its Post Office following many closures was due to the fact that the Royal Mail recognised Netherthird to be a rural community separate from Cumnock.
- 4.14 Netherthird is a neighbourhood for all purposes. Its amenities include: two general convenience stores, a post office, bakery, hot food takeaway, fruit and veg shop, a primary school and early childhood centre. There is also a children's' play area, playing fields, community day centre, function hall, bowling club and community garden amongst other facilities. Netherthird Clinic offers limited health-related services (Mental Health Team & Occupational Therapist) which are mainly administrative as I believe no patients are seen there. Craigens and Skerrington have no community facilities or local amenities and use the facilities of Netherthird.
- 4.15 Netherthird Community Council, the Community Development Group and other such community groups are very active. Netherthird has its own Gala Day and many other community events.
- 4.16 All the everyday essentials are available from the local retail facilities without the need to travel out of Netherthird and yet there is no community pharmacy within the defined neighbourhood.
- 4.17 The nearest pharmacies to Netherthird are located in Cumnock town centre. It would take a healthy adult walking at a brisk pace approximately 25 minutes to walk to the town centre pharmacies from Netherthird and Skerrington. Those who stay in Craigens are even more isolated. They would have a

further 10 minutes to walk, coming to an unrealistic total walk of 35 minutes one way.

- 4.18 On leaving Netherthird, Craighs Road continues onto the B7083 into Cumnock. The footpath is narrow, poorly lit and at times of a poor standard, particularly as you leave Netherthird. Two pedestrians with prams coming in opposing directions would not be able to pass safely, without one having to move onto the road. Even though the B7083 is used as the main thoroughfare for vehicles travelling from Dumfries to Cumnock, it still has to be crossed by a pedestrian for walking access to Cumnock. (Mr Mohammed displayed photographs and maps to illustrate his points.) This is made even more dangerous considering there are no pedestrian crossings until you enter Cumnock town centre, the first being directly outside the Town Hall.
- 4.19 This journey description is important when you consider that in Netherthird 43% of households have no car ownership and so are reliant on walking or public transport. For those that do have access to a car, the lack of public parking in Cumnock town centre, including in the health centre car park, is a well recognised problem.
- 4.20 It is for these set of reasons that the Netherthird, Craighs and Skerrington Community Action Plan identified access to services to be a priority concern for residents of this neighbourhood. East Ayrshire Council stated in their findings *'The reduced bus service has had a negative impact on the local community making it more difficult to attend appointments'*. This is an important point, the council themselves have identified a significant barrier to accessing pharmaceutical services.
- 4.21 Stagecoach operate an hourly bus service (Number 49) from Netherthird and Craighs into Cumnock town centre with the last bus leaving Netherthird at 5.05pm. The cost for a return journey is £3 to Cumnock, which for many residents of a deprived area is expensive.
- 4.22 Although Stagecoach had initially announced their intention to withdraw this service, I can inform the panel that having spoken to Stagecoach they have confirmed this is no longer the case, and, having secured funding for a further 3 years, the service will be continuing as normal. Considering this is one of the most deprived areas in Ayrshire, having to rely on a bus service to access pharmaceutical services demonstrates inadequacy. Stagecoach has admitted that not all of their buses are adapted for wheelchair and pram access.
- 4.23 There is also a New Cumnock bus service (Number 43) which travels to Ayr via Cumnock on the B7083. This peripheral service passes by Skerrington and Netherthird going to Cumnock town centre every 30 minutes. Having spoken to residents it has become clear that this service is seldom used by locals, as the bus does not actually enter Netherthird, Craighs or Skerrington. Access to the bus stops on B7083 is difficult, particularly for the elderly and mothers with prams, especially considering there are no pedestrian crossings on this road. For residents of Craighs access to the bus stop is even more difficult. Some would have to walk 0.7 miles to the nearest bus stop on the B7083 and it is for this reason it is seldom used.
- 4.24 The difficulties with the existing bus services were mentioned by many residents in the public consultation process and none mentioned using the Ayr bus.
- 4.25 When taking into consideration the journey time, followed by the time it would take to access a pharmacy service in a busy town centre then make the trip.

back to the defined neighbourhood, there may be a round trip of over two hours. This was confirmed in the consultation. This is unacceptable for any patient, never mind those having to access pharmacy services several times a week, or more. This clearly renders the current pharmaceutical provision inadequate.

- 4.26 Lloyds pharmacy in Cumnock offer a prescription collection and delivery service to my neighbourhood. This service is not adequate as no core pharmacy services can be implemented via a collection/delivery service.
- 4.27 At a recent PPC hearing for a successful pharmacy application in Burnfoot, Hawick, the Committee concluded that core pharmacy services cannot be provided by a delivery service and that there could be no reliance on a delivery service as this could be withdrawn at any time. This is a view shared by the National Appeals Panel.

Deprivation

- 4.28 Netherthird, Craighs and Skerrington is an area of high deprivation. The Scottish Index of Multiple Deprivation (SIMD) shows parts of Netherthird to be in the most deprived 15%. On average 20% of the population were employment deprived compared to the Scottish average of 13%. In parts of my neighbourhood this figure was as high as 26%.
- 4.29 The figures also showed the average number of patients prescribed medicines for anxiety, depression and psychosis in my area was higher than the national average. Such populations have more vulnerable residents, greater health issues, poorer mobility and statistically are the highest users of pharmaceutical services.
- 4.30 According to information obtained from the Scottish Neighbourhood Statistics website, hospital admissions due to coronary heart disease in the defined neighbourhood are almost double the Scottish average. In parts of Netherthird this figure is a staggering three times the Scottish average.
- 4.31 The 2011 census and SIMD data for this area shows that an average of only 16% of babies are recorded as breastfed at the 6 to 8 week review, far from the government's target of 33%. This compares to 38% for Scotland, and 26% for Ayrshire & Arran.
- 4.32 In addition, an average of 35% of women in this area were smoking during pregnancy, versus 19% in Scotland and 26% in Ayrshire and Arran. In Craighs alone, a shocking 56% of women admitted to smoking whilst pregnant. Indeed, for my neighbourhood, overall hospital admissions due to respiratory diseases were almost twice the national average.
- 4.33 So how are these physical barriers, and health & social barriers, affecting the provision of pharmaceutical services to the people of Netherthird, Craighs and Skerrington?
- 4.34 Let's consider:

-Minor Ailments Service

Minor ailments consultations consume a large proportion of GP time. The Minor Ailments Service has been designed to transfer this workload from GPs to pharmacies.

- 4.35 Having attended a community council meeting I was made aware that many residents did not even know what the Minor Ailments Service was! This demonstrates how a core pharmacy service has not been adequately delivered to these residents. This is a service which **cannot** be delivered via a prescription collection and delivery service.
- 4.36 As previously mentioned, at Logan Pharmacy we have been delivering a very successful and trusted Minor Ailments Service for many years.
- 4.37 Information obtained from ISD confirms that Logan Pharmacy dispenses on average more than 3 times as many Emas items a month compared to the Health centre pharmacy. Logan Pharmacy is situated in an outlying small village, yet manage to dispense significantly more than the pharmacy at a busy health centre. It is a similar case for Lloyds on Townhead Street. The health of the population of Logan and Netherthird, Craigens and Skerrington are very similar. I would put forward that if the contract was granted, we would anticipate and work towards a similar uptake of this service in Netherthird. This example reinforces the need for local services in a deprived area such as Netherthird, Craigens and Skerrington.
- 4.38 If a new contract was granted, the residents of my neighbourhood would have walk-in access to free advice and treatment without the need to wait for an appointment. This local access to a healthcare professional is what the residents have been asking for with one respondent in the public consultation stating "Local communities should have a personal service without having to travel and this (a new pharmacy) would help."
- 4.39 **-Public Health Service**
- The Public Health Service (PHS) has embraced a proactive approach to educating people to the ethos that prevention is better than cure. For a deprived population such as within my defined neighbourhood to have missed the opportunity of benefitting from public health campaigns and the expertise of a local pharmacist is unfortunate.
- 4.40 Again, I was surprised to learn that the health centre pharmacy only served a total of 76 patients on their NRT service in 2014. This compares to 289 for Townhead St (a reasonable number) and Logan Pharmacy at 155 patients (which serves a smaller population).
- 4.41 Considering the smoking rates amongst pregnant women, high rate of coronary heart disease and the above average hospital admission rates for respiratory diseases, I believe that a local, accessible smoking cessation service could have a fantastic impact on the health of the local community.
- 4.42 **-Chronic Medication Service**
- The purpose of the Chronic Medication Service (CMS) is to ensure patients receive a high standard of pharmaceutical care.
- 4.43 As CMS develops and serial prescriptions reduce the requirement for some patients to visit a GP surgery, there will be more need for pharmaceutical interventions within a neighbourhood.
- 4.44 The aim of CMS is not only to reduce GP workload, but also to place pharmacists at the centre of a patient's care. With PCR tools such as high risk medicines assessments and new medicines interventions; patients have a right to be able to engage with local pharmacy services, which the residents of my area do not currently have access to.

4.45 CAR Report

There was an overwhelming level of support from residents for a new pharmacy in Netherthird. There are two key points that need elaborated.

- 4.46 Firstly, the CAR report highlights concerns of a small number of vocal respondents on the provision of a methadone dispensing programme.
- 4.47 An 82% majority of respondents agreed to the services that Netherthird Pharmacy has proposed. When asked to comment further, 25 of the 52 comments were negative. Interestingly, all 25 comments pertained to providing the methadone service.
- 4.48 It is clear that the most negative comments stem from methadone - I feel this is a matter of public perception. As I mentioned earlier the profiles for Logan and Netherthird are very similar. We have a total of 6-7 methadone patients at Logan, who are not only well behaved, but have also signed a contract to this effect.
- 4.49 This has worked really well for us. I believe if the same procedures were adopted for Netherthird we would appease the public and ensure no matters of public nuisance would arise. I find it very unlikely that any incidents would occur and anticipate that only a few patients would be accessing the service. Further to discussions with myself, the Community Council have no concerns with this matter as stated in their letter of support.
- 4.50 Secondly, on closer examination of question D of the public consultation- on *any gaps or deficiencies in the provision of pharmaceutical services*- 31% answered no. However, when examining the full questionnaires of these respondents it is very clear that the vast majority had positive comments for all other questions and an overall support for a new pharmacy in Netherthird.
- 4.51 This leads me to the conclusion that a significant number of respondents simply did not understand the poorly worded question.

VIABILITY

- 4.52 If this Contract was granted I am confident that the viability of the existing Cumnock pharmacies would not be an issue. Cumnock is the second largest settlement in East Ayrshire, the services of which are used by many of the surrounding areas. The population of Cumnock and surrounding rural area is 7856 according to SNS figures.
- 4.53 There is also a large transient population from nearby villages who use the shopping facilities and health services within Cumnock. The National Appeals Panel states "the number of people visiting a neighbourhood will have a bearing on adequacy of existing services", which is important as the GP patient list at Tanyard Medical Practice is over 12,000 patients. This is substantially more than the recorded population for the town itself and will have a bearing on the use of the pharmacies in Cumnock town centre.
- 4.54 Figures from ISD confirm that the two existing pharmacies in Cumnock, combined, already dispensed over 200,000 items per annum. These are not characteristic numbers for two pharmacies in a rural town. This is backed up by a number of responses to the public consultation which indicate that the Cumnock town centre pharmacies are too busy and waiting times are of concern.
- 4.55 Cumnock has been recognised by East Ayrshire Council as a Strategic Expansion Location for large scale residential development. The development at Knockroon has already begun with a capacity for 770 houses, with 250

scheduled for completion prior to 2017. This new population influx will inevitably put a further strain on the existing health services of Cumnock.

CONCLUSION

- 4.56 The Scottish Government expect more from pharmacies than ever before. Our job is to provide vital access to advice and treatment and help reinforce key health messages. All of the services of the new pharmacy contract were designed to be delivered locally and with easy access to a community pharmacy.
- 4.57 Smoking cessation and EMAs are examples of services with enormous health benefits that could require patient consultations on a weekly basis or more, but they must be delivered from the heart of a community for their impact to be felt. This is why Netherthird Pharmacy has to deliver local services to a local population in need of better healthcare.
- 4.58 While I accept that the absence of a community pharmacy in a neighbourhood does not automatically necessitate the need for one, I believe that the current provision of pharmaceutical services to my proposed neighbourhood is inadequate.
- 4.59 The current pharmacy network is set up to be as close to the GP surgery in the town centre as possible. This is an out-dated model and not in line with the Scottish Government's policy recommendation that community pharmacy lie at the heart of the community.
- 4.60 The desire for a new pharmacy contract in the area is supported by the local councillors, MSP's, Community Council and most importantly the local people of this neighbourhood who feel there is a need for a pharmacy. This was shown throughout the CAR report.
- 4.61 I ask the panel to consider this final question- has this application been made on the grounds of convenience for the local residents rather than need? I would argue it has not. Through the course of this presentation I have shown that the residents of Netherthird, Craighs and Skerrington are being disadvantaged by the inadequate provision of currently available pharmaceutical services.
- 4.62 I believe that the granting of a pharmacy contract is both desirable and necessary for this area and would therefore ask that the Committee grant a new pharmacy contract in Netherthird.

This concluded the presentation from Mr Mohammed

- 5. **The Chairman then invited questions from the interested parties to Mr Mohammed. Mr Tom Arnott of Lloyds Pharmacy was invited to question Mr Mohammed first.**

5.1 **Mr Arnott** asked if all methadone patients had to sign a contract with their pharmacist. **Mr Mohammed** replied that he did but as far as he aware there was no official contract. In his pharmacy there were set times when they could come in, when should hand in prescriptions and how many in could be in the shop at one time. Just controls number of patients we have at once.

5.2 **Mr Arnott** asked if and 8% were response rate could be considered substantial. **Mr Mohammed** replied that he had made every attempt to

contact and encourage response to the public consultation. He considered the response adequate and pointed out that the Community Council and local councillors were also supportive

- 5.3 **Mr Arnott** then asked what services were provided by other pharmacies in Cumnock and Logan. **Mr Mohammed** replied that all provided the complete range of pharmaceutical services.
- 5.4 **Mr Arnott** asked if he had heard of the Essential Small Pharmacy Scheme and what were the conditions. **Mr Mohammed** replied that he was not sure of the conditions but did not think that Netherthird would qualify. **Mr Arnott** assured him that it would not as there were two pharmacies within a reasonable distance.
- 5.5 **Mr Arnott** referred to the photographs which **Mr Mohammed** had produced and asked if there was a slope up to the location of his pharmacy. **Mr Mohammed** indicated that there was a bit of a gradient.
- 5.6 **Mr Arnott** turned to the buses and questioned **Mr Mohammed** on the frequency and number of buses passing Netherthird. **Mr Mohammed** replied that the frequency of buses had been reduced and one of the services was close to being withdrawn. This had been continued due to pressure from the community. **Mr Arnott** indicated that in his opinion there was a very good bus service to and from Netherthird.
- 5.7 **Mr Arnott** asked if **Mr Mohammed** was aware that both Lloyds branches were registered with the CMS service and provided this to Netherthird. **Mr Mohammed** replied that he had not checked.
- 5.8 **Mr Arnott** expressed surprise that such a small area as Logan had a pharmacy and asked how what proportion of its dispensing was carried out for Netherthird and Craigen. **Mr Mohammed** replied that this was about 10%. He also received some from Drongan, Lugar, New Cumnock and Auchinleck. Logan was a deprived area and approximately 80% of his dispensing was for there. He also pointed out that he was the only independent pharmacy in the area and often received calls from GPs to source prescriptions when Lloyds could not supply.
- 5.9 **Mr Arnott** referred to the mention of breastfeeding and asked if this was a pharmaceutical service. **Mr Mohammed** replied that it was not but was a further opportunity to engage with the community.
- 5.10 Regarding methadone, **Mr Arnott** asked how many would use such a service in Netherthird. **Mr Mohammed** said that he thought there would be 5 or 6.
- 5.11 **Mr Arnott** asked if **Mr Mohammed** was aware that Lloyds offered NRT and MAS services. **Mr Mohammed** said that he was.
- 5.12 Regarding the contract awarded at Hawick, **Mr Arnott** asked if **Mr Mohammed** was aware why it had been granted. **Mr Mohammed** indicated that it was probably because it was an isolated community. **Mr Arnott** informed him that it was because the area was mentioned in the Pharmacy

Care Plan as somewhere which would benefit from a pharmacy. There was no such mention of Netherthird in Ayrshire & Arran's Pharmacy Care Plan.

Having ascertained that Mr Arnott had no further questions, the Chairman invited questions from Mrs Gillian Jardine, APPC.

Mrs Jardine confirmed that she had no questions.

The Chairman then invited questions from the Committee members

- 5.13 **Mr Osborne** asked how far away by bus the nearest pharmacy was to Netherthird. **Mr Mohammed** replied that it was about 0.7 miles.
- 5.14 **Ms Lamprell** referred to Page 15 of the Consultation report and asked Mr Mohammed to elaborate on what was meant by improved GP service. **Mr Mohammed** replied that this was mainly a reference to the MAS as after he opened the Logan pharmacy he had received feedback from the GPs that this relieved some pressure on them.
- 5.15 **Mr Devenish** asked where the distances to the proposed new pharmacy were quoted from as a lot of the Netherthird population appeared to be closer to Cumnock. **Mr Mohammed** confirmed that these were from the furthest point in Craighens. The site had been chosen because it was the only parade of shops in Netherthird and therefore a focal point of the community.
- 5.16 **Mr Stevenson** asked if there was a formal lease. **Mr Mohammed** replied that he had a lease agreement with the current occupant and a lease with the owner which would be legally binding if the contract were granted. He produced a copy for the Committee to look at. *The Chair noted that there was sensitive information in this which was not redacted. The Interested Parties indicated that they did not wish to examine the lease agreement.*
- 5.17 **Ms Lamprell** referred to the palliative care services which were proposed and asked Mr Mohammed what his interpretation of this was. **Mr Mohammed** replied that he had an informal arrangement whereby he worked closely with the district nurses in Logan to ensure that the necessary items were in stock. He would also be happy to be registered to provide this service.
- 5.18 **Mrs Anderson** asked about the dates for the figures quoted for multiple deprivation. Mr Mohammed said that he had taken the most recent figures available, mainly from the SIMD 2013/14 estimates.
- 5.19 **Mrs Anderson** noted that consultation had thrown up a number of issues regarding the methadone service and asked how Mr Mohammed proposed to deal with these. **Mr Mohammed** replied that he had addressed many of these in subsequent discussions with the community council. With hindsight he could have had a public meeting and dealt with these concerns earlier.
- 5.20 **Mr Osborne** indicated that he was impressed by the personal approach in Logan pharmacy during his visit and asked how that would continue when there were two pharmacies to run. **Mr Mohammed** replied that they were

relatively close to each other and he would be the superintendent. During the first year he would be in the new pharmacy six days a week as Logan was established with a good team. He did not anticipate any problems.

Having ascertained that there were no further questions, the Chairman invited the Interested Parties to state their case, commencing with Mrs Gillian Jardine from the APPC.

6 Interested Parties' Submissions

- 6.1 **Mrs Jardine** indicated that she only had a brief statement to make which was that the APPC did not believe that the current service was inadequate as an adequate service was provided from the surrounding pharmacies.

The Chair then invited questions from the Applicant.

- 6.2 **Mr Mohammed** asked if Mrs Jardine agreed that a delivery service was not a full pharmaceutical service. **Mrs Jardine** replied that the residents had access to full services if required.
- 6.3 **Mr Mohammed** asked if she considered that deprivation barred access, particularly to the elderly and young mothers, where there was low car ownership and inadequate bus services. **Mrs Jardine** replied that there was a bus service and other pharmacies were within walking distance where all core and additional services could be accessed.

Mr Mohammed had no further questions and the Chair invited questions from Mr Tom Arnott from Lloyds.

- 6.4 **Mr Arnott** asked what the effect on the Pharmacy budget would be if every contract were granted. **Mrs Jardine** indicated that she did not know.

Mr Arnott had no further questions. The Committee had no questions.

The Chairman then invited Mr Arnott to make the presentation on behalf of Lloyds.

- 6.5 **Mr Arnott** wished it noted that he had only received the papers on 3 December and effectively had only 1 working day's notice. The Chairman noted his comment.
- 6.6 **Mr Arnott** then read from the following prepared statement (*italics, underlining and emboldening are speaker's own*):
- 6.7 The Applicant's reason for making this application seems to be that the Pharmaceutical Services provided by current Contractors is inadequate only because there are no Pharmacy Premises in his definition of the neighbourhood. There are, as the Panel is aware numerous examples from Pharmacy Practice Committee Hearings and numerous National Appeal Panel Hearings that adequate Pharmaceutical Services can be provided to a neighbourhood from Pharmacies situated out with that neighbourhood and this is the case in Craighs and Netherthird.

- 6.8 Indeed the Panel will see from The Advice and Guidance for those Attending The Pharmacy Practices Committee they must consider what Are the Existing Pharmaceutical Services in the Neighbourhood or in Any Adjoining Neighbourhood.
- 6.9 There are 2 Pharmacies within 1.4 miles of the applicants proposed site: Lloyds Pharmacy, 2 Tanyard and Lloyds Pharmacy, Townhead St. The Applicant currently operates Logan Pharmacy which also provides a Pharmaceutical Service to the proposed neighbourhood. All 3 Pharmacies currently provide all Core Services.
- 6.10 Both Lloyds Pharmacies have had GPHC Inspections and both were classed as GOOD. The Panel will be aware that to receive this classification, the Premises and Operation within these Pharmacies have to be of a High Standard and demonstrate High Levels of Customer Care and Patient Safety, the teams in both Pharmacies take pride in the level of Patient Care they provide to the residents of Cumnock, including the residents of the Applicants proposed neighbourhood.
- 6.11 As the Panel will have seen on their visit the Townhead Street Pharmacy has recently been refitted to an extremely High Standard. It is open 9am to 5.30pm Monday to Friday and 9 am to 5.00pm on a Saturday, I note the Applicant does not intend to open on Saturday Afternoons. I presume the Applicant sees current Pharmaceutical provision as adequate on Saturday Afternoons.
- 6.12 Lloyds as a Company employs an external Independent Agency to gauge the level of Customer Service and both Pharmacies received 100% Scores for Meeting Customer Needs.
- 6.13 Both Pharmacies are adequately staffed and indeed The Health Centre Pharmacies benefits from having 2 Accredited Checking technicians as well as highly skilled and dedicated team members.
- 6.14 The Pharmacists in both Pharmacies are both committed to the Community and to multidisciplinary working, both are currently able to take part in a pilot scheme at East Ayrshire Community Hospital to improve the Hospital Discharge process leading to a seamless package of care for the Patient. This involves both Pharmacists on one morning a week to work at the Hospital and also visit other Local Pharmacies to liaise with the teams in these Pharmacies.
- 6.15 Both Pharmacies are fully engaged with the AMS E MAS and CMS initiatives.
- 6.16 The Panel must 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.
- 6.17 The combined population of Cumnock including Netherthird and Craigens is 7,864 this has reduced from the 2008 Population of 7,987. Even if you were to exclude the Prescriptions dispensed by Logan Pharmacy these are low Population per Head, per Pharmacy figures, compared to the Scottish Average of 4,500 Patients per Pharmacy, the granting of a further Pharmacy would reduce the Average to approximately 2,666 Patients per Pharmacy.

- 6.18 Even if you were to add the Population of Logan 1,187 giving a Total Population of 9,174 this is just over 3,000 Patients per Pharmacy were a 4th Contract to be granted this would mean the Patients per Pharmacy Average would be 2,293.
- 6.19 The Panel must 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.
- 6.20 I am unaware of any complaints to the Health Board regarding current service provision and having examined the Ayrshire and Arran Pharmaceutical Care Plan. I can I see no reference to there being a need for a Pharmacy in the Applicants proposed neighbourhood.
- 6.21 It is also the case that the residents of the Applicants proposed neighbourhood currently access services such as GP services Banks and Supermarkets outwith the neighbourhood.
- 6.22 The Applicant has provided letters of support from the Local MSP Andrew Ingram, I have attended numerous PPC Hearings and National Appeal Panels, and I have attended very few where the Local M.S.P. M.P. and Local Councillors have not provided letters of support for a Pharmacy Application. I might also question why Mr Ingram classes 166 responses out of a Population of 2075 (less than 8% of the population as overwhelming support).
- 6.23 Councillor Kathy Morrice states this New pharmacy would also help with the regeneration of the Area at the Shops, this is not a reason to grant a New Pharmacy Contract.
- 6.24 Councillor Margaret Campbell states that Netherthird is in the Bottom 15% of the Socially and Economically Deprived Areas in Scotland, this is not the case, approx. a third of the residents of Netherthird fall into this category the remaining 66% are not in the bottom 25% of the Deprived Areas in Scotland, that is, those residing in Datazone SD1001291 and SD 1001289.
- 6.25 The Area Pharmaceutical Professional Committee do not support this Application as they deem current Service Provision to the Applicants proposed neighbourhood to be adequate
- 6.26 I have looked at the responses on the Consultation Analysis Report. The Question around "do you think the Services are appropriate" states that 81.9% of 136 Responses Agree, I have counted 52 Responses that appear to have added extra detail, of these 28 or 54% make strong representation about the supply of Methadone in the Area.
- 6.27 48.7% of 160 Respondents either Did not Know or said there are no Gaps in the current provision of Pharmaceutical Services, therefore only 82 residents less than 4% of the residents in the Applicants proposed neighbourhood feel that there are gaps in current provision. If part of the New regulations is that the Applicant must establish the level of Public Support of the residents in the neighbourhood to which the application relates". And as this consultation "has to have been undertaken in such a way as to reach, as far as possible, the majority of the residents in the neighbourhood to which the application relates." Then as less than 8% of the total population of the Applicant's proposed neighbourhood have responded the Applicant has clearly failed to demonstrate Public Support for his application.

- 6.28 The Applicant has shown no inadequacies in current Pharmaceutical Provision other than there is no Pharmacy in his proposed neighbourhood. The Panel must consider what are the existing pharmaceutical services in this neighbourhood or in any adjoining neighbourhood.
- 6.29 The panel must 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.
- 6.30 I am unaware of any complaints to the Health Board regarding current service provision and having examined the Ayrshire and Arran Pharmaceutical Care Plan, I can see no reference to there being a need for a pharmacy in the Applicant's proposed neighbourhood.
- 6.31 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
- This concluded Mr Arnott's presentation. The Chairman then invited questions from the Applicant.**
- 6.32 **Mr Mohammed** asked if Mr Arnott would agree that a delivery service was not a substitute for a full pharmacy service. **Mr Arnott** replied that while not a full service, it was very helpful for those who were not fully mobile.
- 6.33 **Mr Mohammed** asked Mr Arnott to define the neighbourhood and he replied that he would class the neighbourhood as the whole of Cumnock.
- 6.34 **Mr Mohammed** and Mr Arnott had a brief discussion about differences in the way they had arrived at their population figures. These were noted by the Committee who had the figures from each presentation.
- 6.35 **Mr Mohammed** asked if Mr Arnott agreed there was also a transient population who would use the pharmacy. **Mr Arnott** replied that he did not know but would imagine that more people travelled out of the Cumnock/Netherthird area to work than travelled. He would also expect from looking at the GP list sizes that many would access services where they worked.
- 6.36 **Mr Mohammed** asked if the number of items prescribed was high given the size of the population. **Mr Arnott** said it was not a question of number of items prescribed but the delivery of a safe service.
- 6.37 **Mr Mohammed** asked if the proposed pharmacy would give full access to pharmaceutical services to the population of Netherthird. **Mr Arnott** replied that he believed the current service to be adequate and another pharmacy may be more convenient but had nothing to do with adequacy.

Having ascertained that Mr Mohammed had no more questions, the Chairman invited Mrs Jardine to put her questions. Mrs Jardine confirmed that she had no questions.

The Chairman then invited the Committee to put their questions to Mr Arnott.

- 6.38 **Mr Devenish** asked what affect a new pharmacy would have on the two currently operated by Lloyds. **Mr Arnott** replied that one had three days and the other 2 days with a 2nd pharmacist cover which equated to 3 pharmacists over the two shops. This allowed them to participate in Health Board initiatives such as engaging with the community hospital. If a new pharmacy were to open it would be unlikely that the business could support this double pharmacist cover.

There were no further questions from the Committee.

The Chair then asked all parties to sum up.

7 SUMMING UP

- 7.1 **Mrs Jardine** on behalf of the APPC restated that the Committee believed that the current pharmaceutical provision within the locality was adequate.
- 7.2 **Mr Arnott** stated that the applicant had not shown any inadequacy in service provision other than there was no pharmacy in Netherthird itself. The Pharmacy Care Plan did not indicate that another pharmacy was required and asked the Committee to bear in mind the existing services offered by the current pharmacies within the wider Cumnock area when making their decision.
- 7.3 **Mr Mohammed** stated that he firmly believed there was a need for a new pharmacy in Netherthird and felt he had proved this during the meeting. There was a transient population of about 12,000 patients in Cumnock making the health centre and the 2 pharmacies extremely busy. A new pharmacy would have little effect on these.
- 7.4 It was a 25 minute walk from the far end of Netherthird to Cumnock along a busy road. Residents tended not to undertake this walk unless it was good weather. In addition the bus service was poor as shown by the comments in the consultation document.
- 7.5 He said that the Scottish Government wanted to provide a high level of care to the most marginalised populations. The population of Netherthird was such a population. They had no healthcare services in their neighbourhood, poor transport links to existing services and high levels of unemployment along with underlying deprivation.
- 7.6 If there was ever a need for a pharmacy service to a group of people in Scotland today, it would have to be the population of Netherthird, Craighs and Skerrington.
- 7.7 He believed that now was the time for positive change and it was time for a new health care service in the area.

- 7.8 He concluded by urging the Committee to grant the community a new pharmacy contract.

The Chairman thanked all for contributing and the written statements provided.

8. Retiral of Parties

- 8.1 **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 as soon as possible. The letter would also contain details of how to make an appeal against the Committee's decision and the time limits involved.

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

The hearing adjourned at 1415 hours to allow the Committee to deliberate on the written and verbal submissions.

9. Supplementary Information

Following consideration of the oral evidence, the Committee noted:

- i. That they had jointly undertaken a site visit of the Netherthird and the surrounding area noting the location of the proposed premises, the pharmacies, general medical practices hosted and the facilities and amenities within.
- ii. A map showing the location of the proposed Pharmacy in relation to existing Pharmacies and GP surgeries within Cumnock and the surrounding area.
- iii. Prescribing statistics of the Doctors within Cumnock and surrounding areas
- iv. Dispensing statistics of the Pharmacies within Cumnock and surrounding areas
- v. Population figures supplied by East Ayrshire Council showing an estimated population for the Netherthird Locality in 2013.
- vi. Report on Pharmaceutical Services provided by existing pharmaceutical contractors within Cumnock and the surrounding area
- vii. NHS Ayrshire & Arran Pharmaceutical Care Services Plan 2012
- viii. The application and supporting documentation including the Consultation Analysis Report provided by the Applicant.

10 Summary of Consultation Analysis Report (CAR)

Introduction

- 10.1 NHS Ayrshire & Arran undertook a joint consultation exercise with Mr A Mohammed regarding his application for a pharmacy at 32 Craigens Road, Netherthird, Cumnock, KA18 3AW.
- 10.2 The purpose of the consultation was to seek views of local people who may be affected by this or use the pharmacy at its proposed new location. The consultation also aimed to gauge local opinion on whether people felt access to pharmacy services in the area was adequate.

Method of Engagement to Undertake Consultation

- 10.3 The consultation was conducted by placing an advertisement in the Cumnock Chronicle; notifications being placed on the Health Boards Twitter and Facebook pages; a link to the consultation document on NHS Ayrshire & Arran's website (www.nhsaaa.net); a questionnaire placed at various locations including the Community Centre, Netherthird, the Post Office, 14 Craigens Road, Cumnock and the Health Centre Cumnock. Respondents could reply via electronically via SurveyMonkey or by returning the hardcopy questionnaire using a Freepost address.
- 10.4 The Consultation Period lasted for 90 working days and ran from 27 May 2015 until 30 September 2015.

Summary of Questions and Analysis of Responses

- 10.5 Questions covered: the neighbourhood; location of the proposed pharmacy; opening times; services to be provided; perceived gaps/deficiencies in existing services; wider impact; impact on other NHS services and optional questions on respondents' addresses and circumstances. There was also space for additional comments.
- 10.6 In total 166 responses were received, 102 on hard copy and 64 via SurveyMonkey. All submissions were made and received within the required timescale, thus all were included in the Consultation Analysis Report.
- 10.7 From the responses 163 were identified as individuals and 2 as responding on behalf of a group/organisation.

Consultation Outcome and Conclusion

- 10.8 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.
- 10.9 It was inappropriate for NHS Ayrshire & Arran staff or the Applicant to offer any advice or opinion on the outcome of this joint consultation.

11 Decision

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

Neighbourhood

- 11.2 The Committee noted the neighbourhood as defined by the Applicant and the views of the Interested Parties and that it should be a neighbourhood for all purposes. A number of factors were taken into account when defining the neighbourhood, including those 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.

- 11.2 The Committee also considered that the needs of the residents were being attended to elsewhere and that they would generally have to go into Cumnock for the majority of their daily business as there was only a post office and general store at Netherthird.

- 11.3 The Committee agreed that the neighbourhood should be defined as:

To the North - From the railway line where it meets Rigg Road then across the green space to the A76 where it meets the Lugar Water

To the West - Continue south down A76 until it crosses the railway line.

To the East - Follow the railway line North through the green space until it reaches Riggs Road.

Adequacy of existing provision of pharmaceutical services and necessity or desirability

- 11.4 Having reached a conclusion as to neighbourhood, the Committee was then required to consider the adequacy of pharmaceutical services in 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.

- 11.5 The committee noted that the existing pharmacies were delivering all required services and had received no complaints. The residents appeared to be accessing pharmaceutical services elsewhere and a new pharmacy would be more of a convenience than a necessity. Taking the higher estimate of population of 9000, the provision of pharmaceutical services per head of population was still within the national average and the existing pharmacies had capacity to do more if required.

- 11.6 In addition to the two Lloyds pharmacies in Cumnock there were other pharmacies Auchinleck, New Cumnock and Ochiltree as well as the Applicant's own in Logan. The APPC strongly felt that the service was adequate.
- 11.7 Following the withdrawal of Mrs Lamprell, Mr Devenish and Mr Stevenson in accordance with the procedure on applications contained within Paragraph 6, Schedule 4 of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, as amended, the Committee, for the reasons set out above, considered that the pharmaceutical service into the neighbourhood was adequate.
- 11.7 Accordingly, the decision of the Committee was unanimous that the granting of a new pharmacy contract in Netherthird was neither necessary nor desirable in order to secure adequate provision of pharmaceutical services within the neighbourhood in which the premises were located by persons whose names were included in the pharmaceutical list, and accordingly the application was rejected. This decision was made subject to the right of appeal as specified in Paragraph 4.1, Regulations 2009, as amended.
- 11.8 Mrs Lamprell, Mr Devenish and Mr Stevenson were requested to return to the meeting, and advised of the decision of the Committee.

The meeting closed at 1545 hours

Signed:

Alistair McKie
Chair – Pharmacy Practices Committee

Date: