

PPC/119

Minutes of a Meeting of the Pharmacy Practices Committee held on Tuesday 15 December 2015 at 12:30 hours at Ailsa Hospital, Ayr.

The composition of the PCC at this hearing was:

Chair Alistair McKie
Present Canon M McManus – Lay Member
 Ms Joy Chamberlain - Lay Member
 Ms Margaret Clark – Lay Member
 Ms Janice Gallagher – Pharmacy Contractor
 Ms Morag McConnell – Pharmacy Contractor
 Ms Joyce Mitchell – Non Pharmacy Contractor

Secretariat Mrs Gillian Gordon, NHS National Services Scotland
 Ms Jenna Stone, NHS National Services Scotland

1. APPLICATION FOR INCLUSION IN THE BOARD'S PHARMACEUTICAL LIST
- Case No: PPC/119 - Mr Sean Manson, 161 Whitletts Road, Ayr

The Committee were asked to consider an application and supporting documents received on 27 October 2015 which had been submitted by Sean Manson ("the Applicant") to provide general pharmaceutical services from premises situated at 161 Whitletts Road, Ayr.

Submissions of Interested Parties

The following documents were received.

- Letter dated 17 November 2015 from Charles Tait, Boots UK Ltd
- Letter dated 20 November 2015 from Fraser Frame, Morrisons
- Letter dated 30 November 2015 from Matthew Cox, Lloyds Pharmacy
- Letter dated 30 November 2015 from Catherine Burns, Toll Pharmacy
- Letter dated 2 December 2015 from Stephen Thomas, Rowlands Pharmacy
- Letter dated 3 December 2015 from Gillian Jardine, Area Pharmaceutical Professional Committee

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

- Further Information Paper by NHS Ayrshire & Arran (PPC119)
- Joint Public Consultation document and completed responses (both hard copy and via Survey Monkey)
- Consultation Analysis Report (CAR).
- Joint Public Consultation advertisement
- Local bus timetables (Services No.2, No.3, No.6, No.43a, No.43, No.343)
- Map of the area.

- Area Profile Reports (Datazones S0100558, S01005991, S01005593, S01005596, S01005597, S01005599, S01005602)
- NHS Ayrshire & Arran Pharmaceutical Care Services Plan 2012
- NHS Ayrshire & Arran PPC Role and Function
- NHS Ayrshire & Arran PPC Procedure at Hearings
- NHS Ayrshire & Arran list of Standing Orders
- List of current services provided.
- List of MAS Rx Numbers as at September 2015
- Letter from Councillor Douglas Campbell, South Ayrshire Council dated 4 December 2015 with covering letter from Carolyn Dickson dated 8 December 2015 (*which referred to a previous letter dated 4 December 2015 which was not attached or included in the meeting papers*).

2. Procedure

- 2.1. At 12.30 hours on Tuesday 15 December 2015, the Pharmacy Practices Committee ("the Committee") convened to hear the application by Mr Sean Manson ("the Applicant"). The hearing was convened under Paragraph 2 of Schedule 3 of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, as amended (SSI 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 desirable or necessary 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 Members 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 would present his application, and that there would be subsequent representations from the following interested parties: Boots UK Ltd, Lloyds Pharmacy, Morrisons, Toll Pharmacy.
- 2.3. It was noted that the Committee had undertaken a joint site visit to Whitletts Road 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 offices, supermarkets, churches, schools and sports facilities.
- 2.4. The Chairman informed the Meeting that Mrs Gordon and Miss Stone were independent from the NHS Ayrshire & Arran Health Board and were responsible for minuting the Meeting.
- 2.5. Following a brief discussion on the application and the procedure, the Chairman asked Members to confirm an understanding. Having

ascertained that all members understood the procedures, the Chairman confirmed that an Oral Hearing would be conducted in accordance with the guidance notes contained within the meeting papers circulated. The Applicant and Interested Parties were subsequently invited to enter the Hearing.

The Hearing open session convened at 12:40 hours

3. Attendance of Parties

- 3.1. The Chairman welcomed all and introductions were made. The Applicant was accompanied by Mr Allan Manson. From the Interested Parties eligible to attend the Hearing, the following accepted the invitation:
 - (i) Lloyd's Pharmacy - Mr Tom Arnott (accompanied by Ms Fiona Morris)
 - (ii) Morrisons – Mr Fraser Frame (unaccompanied)
 - (iii) Mr Charles Tait (accompanied by Ms Catriona Wright)
 - (iv) Ms Catherine Burns (accompanied by Mr Nicholas Burns)
- 3.2. The Chairman advised all present that the meeting had been convened to determine the application submitted by the Applicant in respect of a new pharmacy at 161 Whitletts Road, Ayr, K8 0JQ. The Chairman confirmed to all parties present that the decision of the Committee would be based entirely of 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 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 desirable or necessary 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. The Chairman further confirmed that the Committee, in making its decision, would consider the three components in reverse order – i.e. determine the neighbourhood first, 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 consider whether the services to be provided by the Applicant were necessary or desirable in order to secure adequate services.
- 3.5. The Chairman informed the Meeting that Mrs Gordon and Miss Stone, from NHS National Services Scotland would be present for the duration of the Hearing for the purposes of providing secretariat support to the Committee. The Chairman confirmed that both Mrs Gordon and Miss Stone were independent of NHS Ayrshire & Arran and would play no part in either the public or private sessions of the Committee.

- 3.6. The Chairman outlined the format of the proceedings and 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 meeting papers circulated.
- 3.7. The Chairman confirmed that all Committee Members had conducted a site visit in order to better understand the issues arising out of the Application and that no Committee Member had any interest in the Application.
- 3.8. The Chairman asked all Meeting members to note that there had been an error in the population figures contained in the Further Information document (PPC119) on page 5 which had stated a population in the area of 5566, and noted that the figure should state 9930 as it related to two sets of population figures for the defined area.

4. Submission of the Applicant

- 4.1. The Applicant read from the following prepared Statement and referred to his powerpoint presentation (which is attached to these Minutes as Appendix 1) which accompanied the Statement. The statement is contained in the paragraphs below.
- 4.2. Thanks everyone for coming—I realise that this is so close to Christmas and everyone is looking forward to the holidays, therefore I appreciate the time that each of you have given up to be here. I must also point out that this is also our busiest and most challenging time of the year (across all healthcare sectors) and that I am entirely grateful for the hard work that Anne Shaw, Carolyn Dickson- and the rest of the Primary Care Team have put in behind the scenes in assisting the process.
- 4.3. Before we start, I would like to give a brief introduction about myself. I'm Sean Manson and I graduated from Strathclyde University in 2010 with a master of pharmacy with merit. I have 5 years cross sector experience in both hospital and community sectors. I have also worked for the past 2 years as a superintendent pharmacist in Stornoway. I also have other professional responsibilities outside the pharmacy and I chair the area pharmacy group for South Ayrshire 4 times per year and sit on the professional committee and the SPAG group for South Ayrshire; whereby I represent the views of pharmacy to the newly formed partnership. I feel that community pharmacy has a lot to offer the local community and that there is an increased demand for "face to face" timely advice and a greater need for pharmacists to be seen as the "first port of call". It is important for pharmacists to not only offer themselves (but to proactively seek to deliver services) to patients in areas such as Minor Ailment Service (MAS), review of medicines, smoking cessation, weight management and health promotion. These are invaluable additions and the focus of the new pharmacy contract.

- 4.4. I'm now going to talk about the new pharmacy proposal and firstly start off with the location. Taking consideration of comments made within the Consultation Analysis Report and also a previous determination of the Pharmacy Practices Committee (Tesco Stores Ltd 1996) the boundaries by which this pharmacy should serve should be increased to cover both the Whitletts and Dalmilling area. The area in the map is located in the north east of Ayr. The star on the map shows where I will be located at 161 Whitletts Road.
- 4.5. The west Boundary for the area to be served will run from where Somerset Road meets Walker Road. This will travel south onto Back Hawkhill Ave and onto Hawkhill Avenue Lane. The boundary line will then head south on Burnett Terrace and continue south down Craigie Road until it meets Craigie Way. The South Boundary will run along Craigie Way and will include Beech Grove. East Boundary will run along from where the A77 crosses the river Ayr and the Whitletts Roundabout. It will then continue up Heathfield Road and stop where Heathfield Road meets the railway line. North Boundary will run along the railway line. And will stop where it meets Walker Road/Somerset road. This is an area of 3 sq km.
- 4.6. Pharmacy Proposal – Neighbourhood. This neighbourhood has a population of 9,930 of which 19% are children and 18% are pensioners. Whitletts Road is one of the main arterial routes into Ayr town centre and the premises is located across from Tesco supermarket and within a hub of other services that the neighbourhood access on a daily basis. Tesco Supermarket also contains a petrol station, there is a racecourse, several fast food outlets, a bookmakers, 2 post offices, and 4 primary schools which have 916 pupils on their roll between them.
- 4.7. There is a community centre on Lochside Road and an Activity Centre at Glen Muir Place. North Ayr Health Centre is located on Glenmuir Road which runs a part time GP practice. The other pharmacy which is located within this neighbourhood is Boots on 42 Main Road- which is 1km from my location. Pharmacy services are in high demand as this area suffers from exceptional levels of deprivation which I will demonstrate in further slides.
- 4.8. I am going to quickly chat through the proposed premises. The unit offers a floor space of 727 sq ft and will be fitted to provide a modern and clinical look. The site offers free parking directly outside the unit, behind the unit in the service yard and on the adjacent Willis Road. There is also the intention to construct a consultation area within the pharmacy which will be large enough to be able to offer out the area, free of charge, for use by mental-health practitioners to conduct consultations with patients on site. There is also the option to use the area at selected times in conjunction with the part time sexual health team based out of the North Ayr. It has already been noted by a sexual health practitioner based out of the practice that this would be extremely useful and viable.

4.9. These are the core services which a pharmacy with a contract in Scotland must offer.

- Dispensing of Medicines
- Chronic Medication Service
- Minor Ailments Service
- Emergency Hormonal Contraception
- Smoking Cessation
- Gluten Free Food Service
- Stoma Appliance Customisation
- Unscheduled Care Provision
- Supply of Paracetamol Post Immunisation

However, these days, pharmacies must offer much more in the way of services.

4.10. Negotiated and Complimentary Services. Therefore this pharmacy will also provide

- C-Card Scheme- supplying free condoms to patients which helps reduce the spread of STDs and reduces unwanted pregnancies
- Childsmile dental scheme (if allocated by the healthboard) this provides support to parents and children through the education of good oral hygiene+ supplies toothbrushes and toothpaste.
- Supervised opioid substitution and needle exchange (as there are a lot of addicts in the area)
- Community Pharmacy Palliative Care Scheme (if allocated by the healthboard)
- Compliance aids and complex dispensing- as patients become older and require more support to live independently.
- And complimentary services. We become the first port of call for patients, and this is especially important in this area as patients from more disadvantaged backgrounds tend to present later with symptoms.

4.11. In light of the findings from the public consultation exercise there were responses that indicated that they would like to see increased opening hours due to work commitments. Also, looking at the Pharm Care services plan for Ayrshire and Arran, Morrisons is the only pharmacy which is open to 8pm on these evenings- meaning this could provide a real boost in coverage. Having spoken with a nurse practitioner at the SHAYR service and established that there could be real scope for increased hours they offered. So I looked at this and decided that Tuesday and Thursday evenings would be most suited to provide these additional hours.

4.12. Having gone through the pharmacy details, now I would like to show you why I believe the current provision of pharmaceutical service to this area is inadequate and why a new pharmacy is absolutely necessary and desirable. I've got 8 reasons listed here mainly covers the:

- Deprived and dense population which requires pharmaceutical support
- Contract Growth Vs. pharmacy items and services growth
- Distribution of pharmacies in Ayr
- Neighbourhoods and lack of pharmacy representation
- Methadone dispensing
- Sourcing of medicines and time implications Healthcare is a local setting

And I'll finish with highlighting some of the points the public made which demonstrated inadequacy in the current provision.

4.13. Deprived and Dense Population require Pharmaceutical Support – Slide 1.

- This area needs more help.
- The population of the areas of Dalmilling & Craigie 5,641
- The population of the areas of Lochside, Braehead & Whitletts 4,289
- This gives a total of 9,930 patients that have a single pharmacy within their own neighbourhood.

This means that this single pharmacy is serving two and a half times the average in Scotland

4.14. Deprived and Dense Population require Pharmaceutical Support – slide 2.

But let's look further into this population to get a true feeling for the extent of the problem. What we can see from the Scottish Index of Multiple Deprivation is that Lochside, Braehead and Whitletts has a rank of 39- Meaning that it is in the worst 5% in the whole of Scotland Dalmilling and Craigie doesn't fair much better and is in the lowest 15%. What we can also see from statistics is that Lochside Braehead and Whitletts have levels of income deprivation which is double the south Ayrshire average. Dalmilling and Craigie have coronary heart disease death rates which are double the south Ayrshire average. You can also see for both areas that emergency hospital admissions, female smoking prevalence and teenage pregnancies are all above the south Ayrshire average

4.15. Deprived and Dense Population require Pharmaceutical Support – slide 3.

I'm going to summarise the neighbourhood:

- Unemployment in this area is far above the local and national averages There are higher levels of alcohol and drug abuse
- From 2010-2035, the population group from 65-79 years will increase by 33% and the 80+ year group will increase by 105%
- We must also appreciate that disadvantaged areas are seeing health service demand rising at a quicker rate.

Now a pharmacy is desperately needed now- and this shows that the levels of demand are only going in one direction.

4.16. Contract Growth vs Pharmacy Items and Services Growth. I'm now going to talk about the trend of pharmacy contracts and services in the last decade. So over the last 10 years, the number of prescription items dispensed has increased from 74.99M items to 101.15M items, which is an

increase of 35% as the green bar shows. And this is only a part of the story as we now do much, much more than just dispense prescriptions.

- 4.17. If we look at the minor ailments service, over the past four years, the number of items and subsequent consultations the pharmacist will carry out has risen from 1.691M to 2.158M which is a 27.6% increase. Although I can't pull statistics to demonstrate growth all the services that pharmacy offers, but I think (with the exception of the smoking cessation service)-no one here could refute that pharmacies have also seen considerable growth.
- 4.18. But the number of new pharmacy contracts have only increased by 100, but the number of dispensing practices has reduced by 40. Therefore, we have seen a real terms increase of 4.6%. More pharmacies are therefore needed to cope with the soaring demand.
- 4.19. Distribution of Pharmacies in Ayr. This is a map of the current layout of pharmacies in Ayr and here's where my pharmacy would be in relation. Shops are clustered together within a few yards of each other close to the GP Surgery, as in the past being close to a GP surgery was vital for a pharmacy, which is no longer the case. The distribution of pharmacies in Ayr is completely outdated and not in tune with the new pharmacy contract and the services it provides to patients.
- 4.20. Also, people no longer shop in the town centre on a daily basis and the area in which my pharmacy will be located is within a hub of local services sufficient to support a neighbourhood.
- 4.21. But due to the poor coverage of services in my area, some patients have to travel, which is of unnecessary financial burden to them.
- 4.22. Some rely on delivery services. Delivery services are also a commercial outlay, which can also be pulled at any point- therefore cannot be seen to be providing adequacy in an area. Also they are not a viable alternative to face-to-face services.
- 4.23. I would also like to draw the panel's attention to the dot here which shows Seafield Pharmacy. This pharmacy was awarded a contract in 2012 based on local need. Compared with my area, this one has a smaller population, higher car ownership, greater affluence and is less than 1 mile from the Lloyds at Wellington Square. Leaving this area with the current poor coverage of pharmaceutical services is not enough to fulfil the prescription for excellence framework
- 4.24. Neighbourhood and lack of Pharmacy Representation. Now, Braehead and Lochside, Dalmilling and Craigie, and Whitletts have been recognised by the health and social care partnership as being 3 distinct neighbourhoods. This means there are 3 linked, but distinct neighbourhoods that are only served by one pharmacy. Now under the new reform, pharmacists will need to be involved to represent the

views of the residents of these neighbourhoods at the locality planning level, ensuring that the correct services are directed towards them. The current provision of pharmacies will likely lead to areas being misrepresented.

- 4.25. Methadone Dispensing. Whether you agree with it or not, methadone is a part of a nationally agreed strategy to treat addiction and forms part of the pathway to abstinence. From November and December 2014, you can see from the graph that the Boots Pharmacy on 42 Main Road dispensed 63 items per month. The Boots pharmacy on 99 New Road dispensed 90 items per month. This is against the Scottish Average of 28.8 items per month. Now, you would think that this level of service seems rather high- and it is, but that's not the whole story.
- 4.26. Out of the 224 patients that are prescribed methadone from the area, which in this case also includes Woodfield and Wallacetown as the data from the Addictions team is collated by postcode sector. 32% of these patients are having to go elsewhere.
- 4.27. Service users are telling me that there's no room at their local pharmacies and that they are having to travel to receive their treatment. This isn't an isolated case either. When you take the official advice from the Addictions Team in that: a key aim is to have patients treated in a more local and locality based area rather than having to travel; as this helps patients engage better with the treatment and service. Looking at the relative size of the 2 pharmacies I've mentioned; I believe another pharmacy is required here to deal with the demand and ensure adequate provision
- 4.28. Sourcing of Medicines and Time Implications. Boots pharmacies across the nation use the same ordering mechanism to source and order medicines which leaves them more susceptible to shortages than independent pharmacies. Their mainline wholesaler is Alliance Healthcare- which happens to be owned and operated by the same parent company (Walgreen Boots Alliance) and Phoenix is used as a second line supplier. AAH cannot be called directly to place an order. This consistently leaves patients short. And is something an independently run pharmacy will be able to improve on dramatically. Stock levels are also so stringently controlled from head office within the boots stores- therefore in my experience stores are being left out of stock of the most basic of items which is failing the patients they are there to care for.
- 4.29. Healthcare in a local Setting. So, all the current guidance and documents advocate the provision of healthcare in a local setting. However, has the current provision aligned itself towards this? I don't believe that has, nor has any intention to. I'll give you an example- Dosette box requests from this area are directed towards to the service hub located in the High Street of Ayr. There is no personal service here where a pharmacist can

properly link with the patient and the GP to deliver the best possible care for elderly and vulnerable patients.

- 4.30. From experience the patients are rarely known personally by the technicians and staff at the hubs and in my opinion does nothing to enhance the outcomes experienced by patients. You may as well be known by number rather than name. I've personally had a confused and angry patient on the other end of the phone asking to speak to "their pharmacist" only to find out "their care" had been transferred to a centralised hub. There was now no one there who knew them personally and their personal situation.
- 4.31. The system means that there are many different delivery drivers that will visit patients houses, and this causes problems as they can't form real relationships with them and won't pick up in potential changes to health - I know from experience how many important interventions have been made on the back of information received from a regular delivery driver.
- 4.32. CAR Outcomes. I'm sure you will all have read the CAR in detail but here's a selection of the comments that were submitted from the general public with regards displaying the inadequacy of the current service.
- 4.33. Conclusion.
- This is a particularly large, densely populated and disadvantaged neighbourhood. The support they currently have in place within their own neighbourhood isn't even remotely adequate to ensure the adequate provision of pharmaceutical services in this area.
 - The current pharmacy within the neighbourhood is serving 2 and a half times the average in Scotland. One pharmacy cannot be seen to be serving slightly under 10,000 people no matter how great their pharmaceutical need is, and evidence would suggest that it is currently struggling to do so
 - This neighbourhood has all the amenities on hand to be able to live day-to-day life here and should not have to rely on delivery services or be forced to use an expensive travel service.
 - Awarding a pharmacy contract is necessary to ensure a cost-effective solution to ensure patients in this neighbourhood have access to the correct level of services.
- SO.....Back to the question of necessity and desirability- this pharmacy is not only desirable to ensure the adequate provision of pharmaceutical services is provided- it is necessary!

This concluded the presentation from the Applicant

5. The Chairman then invited questions from the Interested Parties to the Applicant. Mr Charles Tait of Boots UK Ltd, was invited to ask questions first.

- 5.1. Mr Tait sought to clarify the boundaries of the Applicant's proposed neighbourhood, with particular reference to the southern and western

boundaries. The Applicant explained that the Eastern boundary would be the bypass, the Southern Boundary would follow Craigie Way, and the Western boundary would follow the B747, finding borders equidistant from his pharmacy.

- 5.2. Mr Tait asked about bus lanes and bus services as he felt that if the patient was getting on a bus, they could just as easily get into the centre of town, (where there were more facilities) as to go to the Applicant's pharmacy. The Applicant explained that people in Craigie had a high level of car ownership, and admitted that they had a choice of direction to travel with the car, but explained that parking could be more of an issue in the centre of town.
- 5.3. Mr Tait asked the Applicant to clarify what the hub was, with regard to the facilities that were within the row of shops he had referred to. The Applicant responded commented that his pharmacy was within a hub as the row of shops included a bookmakers, fast-food shop, metro shop and across the road was a supermarket within which was a butcher's.
- 5.4. Mr Tait asked about the services the Applicant referred to which were not done within Whittlelts or the town. The Applicant said Needle Exchange and Child Smile, and said they would offer Care Home services, which were available from the hub. The Applicant stated that he had spoken with a practice nurse who offered chlamydia testing which was not been offered elsewhere. Mr Tait commented that this service was widely available in Ayrshire. The applicant stated that the practice nurse had referred to high levels of STDs that had been identified in the current area and Mr Tait acknowledged that he would like to see that information.
- 5.5. Mr Tait referred to suppliers and ordering from Alliance Healthcare and refuted the Applicant's claim that they were unable to source supplies directly from Alliance Healthcare by explaining that they could order directly by phone, which the Applicant said that in his experience, this was not the case.
- 5.6. Mr Tait referred to the CAR report and the number of 125 responses and the Applicant admitted that the response rate was quite low, which was quite usual. Mr Tait referred to the fact that closed questions had been asked which directed respondents to answer, and asked if this showed weaknesses and that questions could be leading, which the Applicant admitted – but also stated that it had been a joint exercise with the NHS Ayrshire & Arran Health Board.
- 5.7. Mr Tait referred to the fact that 17 responses had come from Kilmarnock/Prestwick postcodes and the Applicant said that the respondents could work in this area where they accessed the services, but live elsewhere e.g. Kilmarnock.
- 5.8. Mr Tait asked whether the respondents' most positive responses reflected a desire for more convenience or that they would like something that is not

available in Boots, and the Applicant referred to respondent answers which included those that said they were dissatisfied with the service from Boots, due to it being very busy or that they were unable to get prescriptions or had travel issues. Mr Tait stated that it was just as easy to get to other pharmacies.

Having ascertained that Mr Tait had no further questions, the Chairman invited questions from Mr Arnott of Lloyds Pharmacy.

- 5.9. Mr Arnott referred to the Boots dispensing hub with reference to the Prescription for Excellence and asked what Applicant's proposed vision was. The Applicant replied that as independent prescribers, they would take on a clinical role; that dispensing was not automated but put on to technicians who would then conduct that process, and explained that services were a huge driver in his vision. Mr Arnott refuted this point and stated that this is what happened in both Boots and Lloyds Pharmacy.
- 5.10. Mr Arnott referred to the Applicant's point that Boots did not carry sufficient stock and asked the Applicant to quantify his statement. The Applicant said that they would carry certain items. Mr Arnott and the Applicant debated the distance between Boots and his premises being between 0.4m and 0.6miles apart.
- 5.11. Mr Arnott asked if the Applicant's local PPC had supported his request and the Applicant admitted that the local PPC committee stated that there was adequate provision, but he disagreed with their decision.
- 5.12. Mr Arnott referred to the Applicant's claim for free parking and asked about parking near Boots. The Applicant said that patients would be double parking, but Mr Arnott stated that parking was unrestricted on the road next to Boots (Glenmuir Place).
- 5.13. Mr Arnott queried whether people in one street would be considered the neighbour of another street, to which the Applicant said that they would be in different neighbourhoods.
- 5.14. Mr Arnott asked the Applicant which core services would not be provided by existing contractors, and the Applicant replied that there are no core services which should not be provided.
- 5.15. Mr Arnott asked whether the Applicant would provide a delivery service. The Applicant replied that he preferred face-to-face rather than delivery and felt this was the best way forward. Mr Arnott asked if the over 80s population would not be offered a delivery service. The Applicant replied that he did not say that, but would be keen to retain deliveries only to those who require it. Mr Arnott referred to the methadone patients and the Applicant's statement that 32% go elsewhere for treatment, and asked if that was their choice. The Applicant said yes, it was their choice to go elsewhere as some may prefer anonymity for their treatment. Mr Arnott then asked that not all 32% would therefore access Boots and the

Applicant said that it was impossible to say that all of the 32% went elsewhere by choice.

- 5.16. Mr Arnott referred to the traffic crossing point outside Boots, and the Applicant stated that there was also a crossing point outside Tesco's, 35m distant from his proposed premises.
- 5.17. Mr Arnott asked whether the response rate of 2.9% for the survey demonstrated that the public did not feel there was a necessity for another pharmacy. The Applicant explained that was difficult to quantify as it was not clear how well the questionnaires had been marketed. Mr Arnott and the Applicant debated responsibility for marketing vs interfering by promotion or poaching.

Having ascertained that Mr Arnott had no further questions, the Chairman invited questions from Mr Frame of Morrisons.

- 5.18. Mr Frame referred to the Applicant's stance on delivery service, and asked if other contractors in the neighbourhood also offered pharmacist contact when they delivered goods to which the Applicant affirmed but stated that delivery was not an adequate replacement for a face-to-face service.
- 5.19. Mr Frame referred to the Prescription for Excellence and asked if there were other ways of looking at pharmacies such as e-health and tele-health. The Applicant stated that these were separate entities, using technology to assist.
- 5.20. Mr Frame asked how many parking spaces the Applicant had, who stated that there was room for 15 cars to park directly outside. Mr Frame asked how many of these spaces were designated disabled spaces to which Mr Frame replied none, but stated that there had never been a problem with parking.
- 5.21. Mr Frame asked if the Applicant had any hard facts of inadequacies within Ayr pharmacies, to which the Applicant stated that he could not answer that point.

Having ascertained that Mr Frame had no further questions, the Chairman invited questions from Ms Burns of Toll Pharmacy. Ms Burns confirmed that she had no questions.

The Chairman invited questions from the Committee.

- 5.22. Ms Mitchell asked how many consultation rooms the Applicant proposed to have within his premises. The Applicant stated that he would have one but which would be large enough to be multi-purpose and planned to increase the width, but the depth was acceptable. Ms Mitchell asked what the Applicant would do if more than one person required the

consultation room, and the Applicant said that he would devise a strategy to handle that circumstance.

5.23. Ms Mitchell referred to the later opening hours on Tuesday and Thursday evenings and asked for the Applicant's reasoning. The Applicant explained that in Ayr there was no provision for a drop-in clinic on Tuesdays and on Thursdays they finished at 6pm. He had spoken with a practice nurse and highlighted that those two evenings would be the preferred times to stay open.

5.24. Ms Gallagher asked the Applicant to clarify the mainline and shortline wholesales which had quotas in place, and asked how he proposed to break the system. The Applicant explained that the quota is within the whole part and was therefore unbreakable; however from his experience, if he spoke directly with a supplier and gave them a copy of the prescription (with personal information blanked out), they could get this within one day (rather than the patient having to wait 2-3 days), as it would come with the next regular delivery.

5.25. Canon McManus referred to satellite surgeries offering primary care from GP surgeries for a number of hours a week which he presumed were in clinics that were run from the same building as other services, and asked whether the restriction was due to numbers, and as a supplementary question asked which other primary care people were available in the area. The Applicant confirmed this and stated that there were 2 nurse practitioners available who were prescribers, but could only prescribe to patients registered at Station Road practice in Prestwick; any other patients would be directed elsewhere. The Applicant also referred to dietary and mental welfare and explained it was more for prearranged appointments, rather than a drop in service.

6. Having ascertained that the Committee had no further questions, the Chairman invited the Interested Parties to state their representations, commencing with Mr Tait of Boots UK Ltd.

6.1. Mr Tait stated that the application had been considered under the Scottish Government regulations for admission to the pharmaceutical list. The regulations were based around necessity or desirability in order for the pharmacy to secure adequate pharmaceutical provision. The regulations were based around "adequacy" and not "supremacy"; not about improving the standards.

6.2. Mr Tait felt that the application was half way between two pharmacies, that the area chosen contained a row of shops which included a bookmakers, solicitors and fast food takeaway, rather than another row of shops further along which included a convenience store and butchers.

6.3. Mr Tait believed that the Applicant's boundary for the neighbourhood was erroneous with regard to how neighbourhoods should be defined – to get to James Campbell Road would entail travelling around the

racecourse in either direction. Mr Tait had issue with the boundary of a busy thoroughfare.

- 6.4. Mr Tait stated that the Applicant's definition of neighbourhood was also weak – and believed that the population of Whitletts and Braehead was closer to 4,200 rather than nearly 10,000.
- 6.5. Mr Tait noted that there were a number of methadone addicts in the area, but also stated that it was a mixed area, with privately owned houses at one end and that average house prices there were higher generally than elsewhere in Ayrshire.
- 6.6. Mr Tait said the route along Whitletts was well lit, even and took 10 minutes to walk, but in the other direction it took 15 minutes, but there was a bus every 7 minutes in both directions.
- 6.7. Mr Tait referred to the Applicant stating that the application was supported by the CAR, which was only indicative, should be used as a guide and was open to interpretation. One question asked the respondents to define "neighbourhood", and there were several closed questions, to which the answer was encouraged to answer "yes".
- 6.8. Mr Tait stated that the Applicant did not offer any new services.
- 6.9. Mr Tait stated that Boots kept an eye on complaints on a quarterly basis and they had only had 1 complaint in 3 years at Whitletts which was in 2013.
- 6.10. Mr Tait felt there was a good provision of pharmaceutical services within the neighbourhood he had described. Craigie had comparatively easy access to services in the centre; it was 1.6 miles to walk from Craigie to the Applicant's premises, or less if they walked to Morrisons.
- 6.11. Mr Tait referred to the Applicant's comment regarding an aging population and said that this area had 16.27% of pensionable age compared to the Ayr average of 26%.
- 6.12. Mr Tait concluded that if the Application was to be considered on whether it was necessary or desirable, he felt this application should not be supported as there was clearly adequate pharmaceutical cover in the area – not just at Whitletts but all other pharmacies.

The Chairman invited questions from the Applicant.

- 6.13. The Applicant referred to Mr Tait's comment that the CAR was "indicative" and asked whether he considered ignoring the views of some people, to which Mr Tait replied not to ignore the responses, but that the report needed looking at in more detail, as sections contained more information – with regard to people living elsewhere, some had said it

was too far, others said that they did not like boots, but the regulations did not allow for people "not liking".

- 6.14. The Applicant referred to the number of complaints that Boots had received and claimed that there had been 5 complaints which he had obtained by an FOI the previous day, which included internal complaints since 2013; Mr Tait commented that he had checked that morning.
- 6.15. The Applicant asked whether the current services would adequately serve the population on the other side of Whittle's Road to which Mr Tait said he did not believe the application would add anything to Craigie.
- 6.16. The Applicant referred to 42 Main Road with the pharmacy on the extreme end of Braehead and Lochside. Mr Tait explained that this was a hub with convenience stores.
- 6.17. The Applicant asked whether Mr Tait knew how many customer feedback surveys were taken up and Mr Tait said there was not much in them.
- 6.18. The Applicant asked how many pharmacists were in Mr Tait's store. Mr Tait said he had 1 pharmacist each day with 1 extra on today, as one had phoned in sick.

Having ascertained that the Applicant had no further questions, the Chairman asked the other Interested Parties if they had questions for Mr Tait. Mr Frame, Mr Arnott and Ms Burns confirmed that they had no questions to ask Mr Tait.

The Chairman then invited Committee Members to put questions to Mr Tait.

- 6.19. Canon McManus noted Mr Tait's aging population figure, and asked him what the parent/single parent population was compared to the rest of Ayr. Mr Tait said that he did not have that figure with him but thought it could be higher than the rest of Ayr.

Having ascertained that the Committee had no further questions, the Chairman invited Mr Arnott of Lloyds Pharmacy to state his case.

- 6.20. Mr Arnott read from a presentation which is outlined below.

- 6.21. I would like to thank the Panel for allowing me to speak today. 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 outwith that neighbourhood. 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.

- 6.22. In this case there is a Pharmacy within the Applicants defined 'neighbourhood' and also a further 11 Pharmacies in Ayr who provide Pharmaceutical Services to the residents of Ayr including those who reside in the Applicants defined neighbourhood. In 2012 the population of Ayr was 47,190 and this equates to an average per Pharmacy of 3,923 Patients per Pharmacy, and significantly lower than the Applicants 7,334 per Pharmacy. The Applicant wrongly assumes that the residents of his neighbourhood only use the Boots Pharmacies situated in New Road and Whitletts Road. The majority of GP Practices are situated in or around the Town Centre and are currently accessed by all who live in Ayr and by choice many residents choose to use Pharmacies that are not situated within their neighbourhoods. It is interesting to note that the Applicant has included Craigie, Lochside, Ayr North Harbour, Wallacetown and Newton South when arriving at his population figure of 14,669, none of these are actually within the Neighbourhood as zoned by the Health and Social Care Partnership.
- 6.23. He has, if I understand his neighbourhood definition, included the residents of Craigie and Dalmling. This contradicts his statement regarding Braehead and Whitletts being recognised as a neighbourhood by the Health and Social Care Partnership - he has done this simply to boost his population figures.
- 6.24. 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.
- 6.25. Returning to neighbourhood. I cannot believe that someone living in Wilson Street (Whitletts) considers themselves a neighbour of someone living in James Campbell Rd (Craigie) or someone living in Westwood Crescent (Dalmling) considers themselves a neighbour of someone living in Murray Street (Whitletts).
- 6.26. As regards the results of the Joint Consultation, 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"* then the Applicant has either tried (and failed miserably) to gain the support of the residents by not trying to access all residents, and I note that an advert was placed in the Ayrshire Post, notification placed on the Boards Twitter and Facebook Pages, a link was placed on the Front Page of Ayrshire and Arrans Website, Copies of the Joint Patient Questionnaire were placed in Lochside Community Centre, North Ayr Health Centre the Post Office Lochside Rd, Tams Brig Surgery, The Surgery 9 Alloway Place, Barns Medical Practice Dalblair Rd, Racecourse Rd Medical Practice, Cathcart Medical Practice, Fullarton Medical Practice, Station Rd Medical Practice, Kirkhall Surgery,

Bankfield Medical Practice and Dalblair Medical Practice and the Applicant also provide Freepost Envelopes with all Questionnaires.

- 6.27. Total Responses from I assume 14,669 residents was 125 = 0.85%. Even if you restrict the numbers to the 4,289 residents of Lochside, Braehead and Whitletts this is still only 2.9%. I am sure the Panel will agree that this does not show a lot of Local Support for this Application.
- 6.28. Therefore I believe the reason for the extremely low response is not that the applicant has not tried to establish public support - I believe he has made every effort - the reason for the low response is the fact that the residents do not feel there is a need for a further pharmacy because the current provision of Pharmaceutical Services is adequate. Indeed, when you look at the response to the Question *"Do you believe there are any Gaps / deficiencies in the existing provision of Pharmaceutical Services to the neighbourhood "* only 59 Respondents said they believed there were Gaps / Deficiencies. 59 represents 0.4% of 14,669 or 1.4% of 4,289. This is further evidence that residents see no inadequacy in current pharmaceutical provision to the proposed neighbourhood
- 6.29. I firmly believe the Applicant has established the level of public support from the residents of the neighbourhood - the level of Public Support is virtually zero
- 6.30. The Applicant has shown no inadequacies in current pharmaceutical provision. The Panel must consider what are the existing pharmaceutical services in this neighbourhood or in any adjoining neighbourhood. In this case there is an existing Pharmacy within the neighbourhood
- 6.31. 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
- 6.32. 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

The Chairman invited questions from the Applicant.

- 6.33. The Applicant asked how much the bus fare was (which Mr Arnott could not answer as he had a bus pass). The Applicant clarified that it was £2.90 return from Whitletts to town, and for children it was £1.60. The Applicant asked if Mr Arnott knew what services operated between Whitletts to Lloyds in town, which Mr Arnott could not answer. The Applicant stated that buses operated every half an hour to Wellington Square.

- 6.34. The Applicant referred to "desirability" which Mr Arnott had referred to and asked if it was desirable for people to travel to the town centre and back by bus in order to obtain pharmaceutical services and not have to also combine that trip with other services that they needed – such as repairing shoes if they wanted to go to the pharmacy. Mr Arnott commented that there were many who could walk to a pharmacy. The Applicant noted that car ownership was higher in Craigie and asked if they had to pay for parking in Ayr to which Mr Arnott confirmed that some places required payment for parking and the Applicant stated Wellington Square and Alloway Street.

Having ascertained that the Applicant had no further questions, the Chairman asked the other Interested Parties if they had questions for Mr Arnott. Mr Frame, Mr Tait and Ms Burns confirmed that they had no questions to ask Mr Arnott.

The Chairman then invited Committee Members to put questions to Mr Arnott. The Committee confirmed they had no questions.

The Chairman invited Mr Frame of Morrisons to state his case.

- 6.35. Mr Frame read from his Statement, which is outlined below.

- 6.36. Thank you for giving me the opportunity to speak to you today. At Morrisons we believe we offer our customers and patients a great shopping experience, promoting health and wellbeing through effective healthcare solutions. An adequate pharmacy service doesn't just mean a good dispensing service but also the provision of over the counter medication and pharmaceutical advice. Morrisons provide all the aspects of the core pharmacy contract including Smoking Cessation, Emergency Hormonal Contraception, Minor Ailments, Gluten Free and Chronic Medication Service with the advantage of access 7 days per week, allowing continuity of care and consistency for those who use the service. Morrisons also participate in locally negotiated services to support the local Health Board and the local population e.g. Methadone, Hep C. Morrisons Pharmacy also offers a comprehensive private flu vaccination service & travel PGD service.

- 6.37. Additionally, Morrisons offer a FREE Cholesterol, Weight, BMI calculation and Blood Pressure monitoring service. This will help people to make an early intervention to improve their health and wellbeing, therefore reducing their risk of serious illness. Part of this service includes the option for lifestyle advice particularly relating to diet. This service has also included taking people around the store to help select different products that are more appropriate low fat, low cholesterol. We can offer this to any patient should they ask or on intervention.

- 6.38. Our Morrisons store enjoys over 30,000 customer visit per week as part of the fabric of their everyday lives. This provides us an ideal opportunity to promote public health matters to this substantial and wide audience

with the target of helping to bring about positive health and lifestyle changes. Morrisons provide all of these pharmacy services from modern, well equipped premises with a full consultation room designed specifically to support these services. We are open

Mon – Friday 8.30-8pm no breaks
Sat 8-8
Sun 9-5

- 6.39. Morrisons Pharmacy also offer a free prescription collection service from local surgeries. A recent GPhC inspection rated our Pharmacy good further supporting the adequate service we provide. As a business we have also started a position of community champion who works with the local area on all aspects of the community. Furthermore there are no complaints from the HB about the service we provide.
- 6.40. There are a no of controlled crossing on the main Whitlets Road. From site visits of the area it would appear a significant% of the population are car owners or have access to a car. Bus links to the town centre are frequent and easy with many stops along Whitlets Road and in the main estates. Indeed the no 6 bus can bring people to Morrisons.
- 6.41. There is currently one Pharmacy located within the applicants NB and it can be argued that this would be more accessible than the location of the proposed New Pharmacy. Furthermore there at least 4 Pharmacies in adjacent neighbourhoods are within 1-1.5 miles, therefore we believe NB is more than adequately provided for by the existing contractors. Our Pharmacy and the other pharmacies offer a wide range of services that cover all aspects of Pharmaceutical care including local additional services. All pharmacies offer a collection or delivery service and we do not believe a new pharmacy can enhance the service already provided.
- 6.42. The application for this contract is based on convenience and as this doesn't form part of the regulations we believe no support should be given to this part of the application. Indeed if you asked people would you like a pharmacy closer to you, the majority if not all would say yes rather than think about the costs to the NHS. The applicant has not demonstrated any inadequacies within the current contractor network, nor will the applicant offer any other services that aren't already provided well by the existing pharmacies in the NB or close to the adjacent NB for the population
- 6.43. The Applicant has not demonstrated that the existing Pharmaceutical services in or out with the neighbourhood are inadequate or that his application will bring something different to the area that aren't already provided well by the existing pharmacies in the NB or close to the adjacent NB, we therefore submit that this application fails the statutory test and is nether necessary or desirable.

- 6.44. In summary the applicant has not demonstrated that the existing Pharmaceutical services in or out with the neighbourhood are inadequate or that his application will bring something different to the area that aren't already provided well by the existing pharmacies in the NB or close to the adjacent. This application is more about convenience and no weight should be given to this as not part of the regulations. The applicant himself in the pack summary also confirms the application is about convenience. Therefore this application is neither necessary or desirable to secure pharmaceutical services in the neighbourhood.

The Chairman invited questions from the Applicant.

- 6.45. The Applicant asked Mr Frame where he considered Morrisons to fit within the hub, to which Mr Frame explained it was difficult to describe as they had visitors from many areas, but were part of a supermarket and a destination for the whole town.
- 6.46. The Applicant asked how frequent the No.6 bus was - Mr Frame stated it was every 15 minutes, but the Applicant said it was every 24 minutes.

Having ascertained that the Applicant had no further questions, the Chairman asked the other Interested Parties if they had questions for Mr Frame. Mr Arnott, Mr Tait and Ms Burns confirmed that they had no questions to ask Mr Arnott.

The Chairman then invited Committee Members to put questions to Mr Frame.

- 6.47. Canon McManus referred to Mr Frame's comment that it was possible for someone in his pharmacy to take people to where they could buy healthy food within Morrisons and asked whether this was the future of pharmacies in supermarkets, to which Mr Frame said it was based on American models.

The Chairman invited Ms Burns of Toll Pharmacy to state her case.

- 6.48. Ms Burns read from her prepared Statement which is outlined below.
- 6.49. We are the only independent family run pharmacy in Prestwick. We are situated on the border of Prestwick and Ayr 1.7 miles from the site of the proposed pharmacy. There has been a pharmacy at this location for well over 100 years. We have expanded our premises (bought in 2001) to meet the needs of our patients on three occasions, at considerable expense: in 2003, 2006 and 2015. As a result, we are now in the very fortunate position of having a work area of 237.2 square meters which allows us to easily adapt and respond to the needs of our local community.
- 6.50. Our three delivery vans regularly and easily deliver within a 5 mile radius of our store. For example, we regularly deliver as far as Dunure and

Symington. All our vans have tracking devices and our drivers are trained to encourage patients to contact our pharmacists if they are in need of any advice. In emergencies we can contact our drivers and redirect them to priority patients e.g. palliative care. This allows us to respond quickly and efficiently when families are vulnerable and need pharmaceutical care and supplies urgently.

6.51. Our pharmacy has a large number of well-qualified staff:

- 2 Ft and 2 PT pharmacists
- 1 FT & 2 PT ACTs
- 3 FT dispensers
- 4 PT dispensing technicians 1PT retail manager
- 1FT & 3PT chemist counter assistants 4 pharmacy students
- 1 medical student
- 2FT & 1PT plus 2 relief van drivers (3 have completed the delivering medicines safely NPA course)
- 2FT & 1PT post office staff

6.52. The national restructuring of post office counters threatened the closure of the PO branch at the Toll. Our most recent refit allowed for the Post office to become established within the pharmacy and secured this essential local service for our community.

6.53. When I first opened I only employed 2 part time staff (one dispenser and one counter assistant), so the increase to 32 staff gives you an idea of how much our business has grown. We have made huge investment in training all of our staff to a high level.

6.54. I am an independent prescriber and my other part time pharmacist has just completed her IP course @RGU. For NPA courses

- 3 NVQ level 3 completed and 3 on-going
- SVQ level 2, 4 complete and 1 ongoing
- 5 interact completed and 6 on-going
- 3 ACT complete
- 3 drivers completed NPA delivering medication safely (2 drivers starting course early next year) Three pharmacist regularly train carers in the safe administration of medication.

6.55. We run asthma, weight management and sexual health clinics six days per week no appointment necessary. Planning to introduce a travel clinic next year. Blood pressure and diabetes monitoring services are also available without appointment.

6.56. The key question in any application to open a new pharmacy is this: Is the existing service provided in, and to, the neighbourhood adequate. If it is, the application fails.

6.57. The applicant talks a lot about 'benefits'. However, he has provided absolutely no evidence that the current service provision is inadequate.

He has made a claim that patients with addictions have problems obtaining a service locally, but this claim has been comprehensively refuted by the addictions team. He also makes some vague claims about 'time taken to be served' and 'centralisation of delivery services by the 2 existing pharmacies'. Given the number of highly satisfied patients I have in his neighbourhood I feel a bit left out. He also makes the currently popular accusation that the existing contractors (and I assume he means Boots) have problems obtaining stock. Well, as the pharmacists on the RPC will attest, we all have problems obtaining stock. This is a national issue, and it's a disgrace. But it's certainly not the fault of contractors. At a local level we all do our best to mitigate against this current problem, and we work extremely well in obtaining stock for each other, borrowing and lending when required, and doing our best to ensure that patients do not go without their medicines.

- 6.58. Of course, the absence of any evidence to support a claim that services in the neighbourhood are inadequate is hardly surprising. Why? Because services in the neighbourhood are quite clearly adequate. There are two community pharmacies in the neighbourhood!
- 6.59. Not only is there a pharmacy within a short walk of any ambulant patient in the neighbourhood, there are a large number within a ten minute car or bus journey. A regular and reliable bus service is a 2 minute journey to Boots at Whitletts, 7 mins to Boots at New Road 10mins to Well Pharmacy at the Sandgate and the number 6 bus with a 7 min walk will allow you to arrive at my store within 16mins. All these buses are available every 15mins during shop opening hours.
- 6.60. Further, for housebound and less ambulant patients, there are a large number of contractors providing delivery services - not least Toll Pharmacy with its three well-trained drivers. All of the pharmacies providing services to this neighbourhood provide the full range of NHS pharmaceutical services. There is no evidence of any gap in provision provided by the applicant.
- 6.61. The (not hugely impressive) support which the applicant has gained from the local population does not suggest any issue with the adequacy of the existing service but is almost exclusively related to 'convenience'. This is unsurprising. People almost always support a new pharmacy if they think it would be more convenient, and who wouldn't want a pharmacy on their doorstep? Of course, in a cash-strapped NHS we cannot afford this. And make no mistake - a new pharmacy is a significant cost burden on the NHS. Although we work on a fixed global sum, this is based on a cost of service model and the more pharmacies that are opened, the higher the cost of service and the higher the Global Sum becomes. Anyone who tells you that a 'new pharmacy is cost neutral because the global sum is fixed' clearly doesn't understand how the community pharmacy funding package is calculated.

- 6.62. Conclusion: The neighbourhood defined by the applicant is unconvincing. The neighbourhood I have defined is based in clear physical boundaries and contains two - not one - existing pharmacies. The neighbourhood is close to the town centre pharmacies, as well as my pharmacy in Prestwick. There are a wide range of service providers already providing a pharmaceutical service to, and in, the neighbourhood.
- 6.63. The applicant has provided no compelling evidence of any inadequacy in services currently provided. In our opinion, the neighbourhood benefits from a high quality level of pharmaceutical service both from the pharmacies in the neighbourhood, and those surrounding it.
- 6.64. The support from the local population is based on convenience - not a genuine need for a pharmacy. The application fails the legal test.
- 6.65. Finally, my most recent extension of my premises has been my most expensive to date. It has left me with significant borrowings, and a new pharmacy 1.5 miles away would have a devastating and destabilising effect on my business. I would urge the PPC to refuse this application.

The Chairman invited questions from the Applicant.

- 6.66. The Applicant asked if Ms Burns felt that she provided adequate service to the area that he was proposing with her delivery service, and Ms Burns replied affirmatively that they could react quickly. The Applicant asked whether she would regard a delivery service as a substitution for a face-to-face service. Ms Burns commented that her drivers contacted the pharmacy regularly, all had gone through NPA training and she always had 2 pharmacists in store and if a patient needed to see a pharmacist, they could go to the house and speak with them.
- 6.67. The Applicant asked about the NPA Course, which Ms Burns said was very comprehensive (including how to lift safely and access homes if there was a key safe) and took 1-2 hours per week over 12 weeks to complete the course. The Applicant commented that a delivery driver in Stornoway had taken one quarter of that time to complete that course and Ms Burns explained that her staff put in more hours.
- 6.68. The Applicant asked what percentage of business was from her area, to which Ms Burns replied 20%. The Applicant asked whether a delivery service, which should not be regarded as a substitute for face-to-face services, represented an inadequacy. Ms Burns denied this and stated they had received very positive customer feedback.
- 6.69. The Applicant asked about Ms Burns' parking facilities. Ms Burns said that they were only restricted for 1 hour in the morning and 1 hour in the afternoon. There was also parking available at Aldi's and behind the Toll Bar which was extensive and free.

- 6.70. The Applicant asked if Ms Burns' financial situation was dictating her response to his application. Ms Burns admitted that she was trying to survive, and had responsibility to ensure she could pay her staff.

Having ascertained that the Applicant had no further questions, the Chairman asked the other Interested Parties if they had questions for Ms Burns. Mr Tait was invited to ask questions.

- 6.71. Mr Tait referred to the wide range of services offered by Toll Pharmacy and asked whether this was valued by customers. Ms Burns confirmed that it was, and explained that they were busy because the patients valued the service her pharmacy provided, that they listened to what people asked for and responded. Ms Burns gave some examples – a podiatrist rented a room, one girl provided alternative therapies (reflexology and Thai massage) three times a week. Although the Health Board had informed her that no funding was available for those services, she had seen a need for it and went ahead.

- 6.72. Mr Tait asked whether Ms Burns should be rewarded for providing these services and Ms Burns replied that she wished to pay her staff and have a reasonable standard of living. Mr Tait reversed the question to ask whether she did well because she did well by her patients, and Ms Tait stated that she put patient care before financial gain.

Having ascertained that Mr Tait had no further questions, the Chairman invited Mr Frame to ask questions to Ms Burns.

- 6.73. Mr Frame referred to the drivers and whether she had received good feedback from the delivery service. Ms Burns replied that the drivers visited the same customers regularly; the drivers enjoyed the job and she also received good feedback from the drivers, not just customers.

Having ascertained that Mr Tait had no further questions, the Chairman invited Mr Arnott to ask questions to Ms Burns. Mr Arnott confirmed that he had no questions.

The Chairman then invited Committee Members to put questions to Ms Burns. The Committee had no questions.

7. Summing Up – Interested Parties

The Chair then asked the Interested Parties to sum up their representations.

- 7.1. Mr Tait stated that the issue was the basic point with regard to regulations, whether it was necessary or desirable to secure adequate services within the neighbourhood. The simple answer was no, it was not necessary or desirable, and this was supported by the comments made by a number of

people in the areas and other pharmacies providing services in the area. Ayr and Prestwick have a superb pharmacy network.

7.2. Mr Arnott stated that granting this application would adversely impact on the security and sustainable provision of existing NHS primary medical and pharmaceutical services in the area. Mr Arnott commented that the Applicant has shown no inadequacies in current pharmaceutical provision, and asked that the Panel consider what the existing pharmaceutical services are in this neighbourhood or in any adjoining neighbourhood, and stated that in this case there was an existing Pharmacy within the neighbourhood. Mr Arnott said that he was unaware of any complaints to the Health Board regarding current service provision and, having examined the Ayrshire and Arran Pharmaceutical Care Plan, he could see no reference to there being a need for a pharmacy in the Applicant's proposed neighbourhood. Mr Arnott asked the Panel to refuse this application as it was neither necessary nor desirable in order to secure the adequate provision of Pharmaceutical Services in the neighbourhood in which the premises are located.

7.3. Mr Frame said that the Applicant had not demonstrated that services were not adequate, but were more of a convenience. Mr Frame stated that the applicant had not demonstrated that the existing Pharmaceutical services in or out with the neighbourhood were inadequate or that his application would bring something different to the area that were not already provided well by the existing pharmacies in the neighbourhood or close to the adjacent. Mr Frame felt that this application was more about convenience and no weight should be given to this as it was not part of the regulations. The applicant himself in the pack summary also confirmed that the application is about convenience. Therefore this application was neither necessary or desirable to secure pharmaceutical services in the neighbourhood.

7.4. Ms Burns stated that the neighbourhood benefitted from a range of pharmaceutical services, and that the application was based on convenience and not need. Ms Burns said that this failed the legal test and therefore the PPC should refuse the application.

8. Summing up – Applicant

The Chair then asked the Applicant to sum up his representation.

8.1. The Applicant said that his conclusion from before still stood. There were four primary schools in the area, and that it should not be regarded as appropriate that a mother had to travel the distances stated as being acceptable and adequate. The Applicant admitted that there was another pharmacy within one mile of his proposed premises (Boots), and they had admitted that they obtained medical supplies from another pharmacy (Toll). The Applicant believed that Craigie should not be omitted as it was 2.5 times the average of Scotland. The Applicant referred to prescriptions and service growth that that pharmacies outstripped demand. Distribution

of pharmacies in Ayr close to GP surgeries was what used to be commercially viable, but patients should not have to go to town on expensive buses or rely on delivery. The neighbourhoods lacked representation, with 3 links to neighbourhoods zoned at council level. The Applicant said that although the appellants had stated that pharmacies did not have a role to play, the pharmacies were on locality planning groups. With regard to methadone, patients were having to travel outwith, which went against local advice. Delivery services were not adequate for this area as 20% of business came from this area. The Applicant commented that the disadvantaged area served was 2.5 times higher than normal. The Applicant referred to the original question and stated that it was desirable and necessary.

The Chair thanked everyone for contributing and for their verbal and written statements provided.

9. Retiral of Parties

9.1. The Chairman asked each of the parties present that had participated in the hearing to individually and separately to 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 informed the parties that the Committee would consider the application and representations prior to making a determination, 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.

9.2. 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 14:50 to allow the Committee to deliberate on the written and verbal submissions.

It was recorded that Mr Frame left the premises, but all other parties remained present to be recalled if required.

10. Committee Deliberations

10.1. The Chairman explained that they would look first at the neighbourhood and then at the question of adequacy.

Neighbourhood

10.2. The Committee noted that the term "neighbourhood" was not defined in the regulations and discussed the dictionary definition of having connotations of nearness or being in the vicinity of.

10.3. The Committee considered the boundaries of the neighbourhood, including natural boundary lines; such as the golf course.

10.4. The Committee agreed the neighbourhood should be defined as:

To the North: From the point where King Street (A719) meets the railway line, heading north and West, following the railway lines until it crosses with Heathfield Road

To the East: From the point where King Street meets the railway line, heading south until the railway line crosses Craigie Avenue.

To the South: From the point where the railway meets Craigie Avenue, cutting a straight across to where it meets the A77 (crossing straight through the Race Course).

To the West: Following the A77 northwards to the roundabout, following north east along Heathfield Road, until it crosses the railway line.

Consideration of adequacy of existing pharmaceutical services

10.5. Having reached a conclusion as to neighbourhood, the Committee then considered 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.

10.6. The Committee noted that the pharmacy closest to the Applicant's premises did not provide Chlamydia testing, although it was noted this was an opt-in service, not a core service, but noted that patients could be directed to other suitable facilities.

10.7. The Committee considered the question of whether there were sufficient pharmacies for the population, compared to the neighbourhood outlined by the Applicant, and the neighbourhood defined by the Committee. The national average was 3900, and viability set at 4000. The Committee felt that the population was difficult to define, but considered that it could be as high as 7500, and noted there was another pharmacy in the neighbourhood.

10.8. The Committee considered the Consultation which had centred around convenience and choice rather than need. The Committee also noted that the uptake was poor.

10.9. The Committee noted that all core services were available.

10.10. The Committee considered what would be regarded as adequate for travelling:

- For patients travelling on public transport, it was deemed that the public transport services were well provided in the area, although the cost was considered, together with parents with prams not being able to get on a bus if it was full, but that another bus was only 7 minutes behind.
- For patients travelling by foot, it was deemed that existing services were within 0.5 mile which were deemed as walking distance, and considered that patients would often walk into town for other services in addition to visiting a pharmacy.
- For patients travelling by car, they could as easily go outwith as travel to town.

10.11. The Committee considered whether the existing dispensing services were adequate acknowledged that there was no need for another service as the majority of patients were being served within the neighbourhood.

11. Decision

11.1. The pharmacy contractors (Ms Gallagher and Ms McConnell) withdrew 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.

11.2. The Committee, for the reasons set out above, considered that the pharmaceutical services in the neighbourhood was adequate.

11.3. Accordingly, the decision of the Committee was unanimous that the granting of a new pharmacy contract at 161 Whitlets Road 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.

11.4. Ms Gallagher and Ms McConnell were requested to return to the meeting and advised of the decision of the Committee.

The meeting closed at 15:45

Signed:

**Alistair McKie
Chair – Pharmacy Practices Committee**

Date:

APPENDIX 1

Attachment – powerpoint presentation by the Applicant