

MINUTE: PPC/120

Minutes of the meeting of the Pharmacy Practices Committee (PPC) held on Thursday 7 January 2016 at 1130 hours in Greenwood Conference Centre, Dreghorn

The composition of the PPC at this hearing was:

Chair: Mr Alistair McKie

Present: Lay Members Appointed by NHS Ayrshire & Arran

Mrs Margaret Anderson
Ms Pauline Hamilton
Canon Matt McManus

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

Mrs Janice Gallagher
Mr Wallace Stevenson

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

Ms Diane Lamprell

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

1. APPLICATION BY SPRINGSIDE PHARMACY

- 1.1 There was submitted an application and supporting documents from Mr Mohammed Ameen received on 12 November 2015, for inclusion in the pharmaceutical list of a new pharmacy at 55 Main Road, Springside, KA11 3AX.

1.2 Submission of Interested Parties

- 1.3 The following documents were received:

- i. Letter dated 23 December 2015 from the Area Pharmaceutical Professional Committee (APPC)
- ii. Email dated 11 December 2015 from Maureen Hulbert, Springside Community Association (SCA)
- iii. Email dated 14 December 2015 from Calum Webster, Dreghorn Pharmacy
- iv. Email dated 14 December 2015 from Calum Webster, Crosshouse Pharmacy

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

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

2. Procedure

- 2.1 At 1130 hours on Thursday, 7 January 2016, the Pharmacy Practices Committee ("the Committee") convened to hear the application by Mr Mohammed Ameen ("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. When committee members were asked by the Chairman in turn to declare any interest in the application, none were declared with the exception of Mr Stevenson who declared knowing one of the Newfield Dundonald Pharmacy associates. This was not deemed a conflict of interest by the Committee. The Chairman informed members that the applicant, Mr Mohammed Ameen, would make a presentation on the application and that there would be representations from the following interested parties: Springside Community Association and Newfield Dundonald Ltd.
- 2.3 Members of the Committee had undertaken a joint site visit to Springside and the surrounding area. During which the location of the premises, pharmacies, general medical practices and other amenities in the area such as, but not limited to schools, sports facilities, community centres, supermarkets, post office, banks and churches had been noted.
- 2.4 The Chairman advised that Ms Ferguson was independent from the Health Board and was solely responsible for taking the minute of the meeting.
- 2.5 The Chairman outlined the procedure for the hearing. All Members confirmed an understanding of these procedures.
- 2.6 The Chairman explained that Dr Illingworth had that day produced additional written documentation which was refused by the Chair as there had not been

sufficient opportunity for it to be considered. The Committee agreed with this decision.

- 2.7 Having ascertained that all Members understood the procedures, that there were no conflicts of interest or questions from Committee Members 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 1140 hours

3. Attendance of Parties

- 3.1 The Chairman welcomed all and introductions were made. The Applicant, Mr Mohammed Ameen was unaccompanied. From the Interested Parties eligible to attend the hearing, the following accepted the invitation: Mrs Maureen Hulbert, accompanied by Ms Muriel Strain representing Springside Community Association and Dr Marshall Illingworth representing Newfield Dundonald Ltd (NDL).

- 3.2 The Chairman advised all present that the meeting was convened to determine the application submitted by Mr Mohammed Ameen in respect of a proposed new pharmacy at 55 Main Road, Springside, KA11 3AX. 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. It was explained that the Committee, in making its decision, would consider these in reverse order, i.e. determine the neighbourhood first and then decide if the existing pharmaceutical services within and into that neighbourhood were adequate. Only if the Committee decided that existing services were inadequate would the Committee go on to consider whether the services to be provided by the applicant were necessary or desirable in order to secure adequate services. That approach was accepted by all present.

- 3.5 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.

3.6 The Chairman confirmed that members of the Committee had jointly conducted a site visit in order to understand better the issues arising from this application. Assurance was given that no member of the Committee had any interest in the application.

3.7 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 Mohammed Ameen, to speak first in support of the application

4.2 Mr Ameen gave a presentation in support of the Springside Pharmacy application. Mr Ameen was currently a Community Pharmacist but had worked previously within GP practices. The presentation covered the Joint Consultation (including the Consultation Analysis Report & Gaps/Deficiencies), Neighbourhood, Population, Deprivation, Viability and a Response to APPC statements that were made about this application.

4.3 Joint Consultation

4.4 Mr Ameen had spent four-five months on the joint consultation process and had worked closely with NHS Ayrshire & Arran in drafting the questions for the consultation document. Mr Ameen had spent this time trying to find out what Springside residents felt about its current pharmaceutical provision and the barriers to accessing pharmaceutical services. The joint consultation exercise provided an overview of what people thought and it was important to relate it to the wider population. It was clear that residents felt marginalised when it came to healthcare and there was strong demand for a pharmacy in Springside. This had led Mr Ameen to believing that Springside needed a pharmacy.

4.5 Mr Ameen explained that the Regulations stated the purpose of the joint consultation was to:

- Assess the current provision of pharmaceutical services in the neighbourhood and whether it was adequate
- Establish the level of support of residents in the neighbourhood for the application

4.6 The Joint Consultation resulted in 275 responses which was the highest number ever received by the Health Board. However it was believed that many respondents looked after children, elderly relatives, the infirm or those without access to the questionnaire so each response could potentially have been the view of many more people. The joint consultation questionnaire asked for the number of occupants within the household. Using this information it was estimated that the exercise gathered the views of 759 people. This was equivalent to 59% of Springside residents.

- 4.7 Mr Ameen explained that Prescription for Excellence published by the Scottish Government outlined its vision for pharmaceutical care i.e. community pharmacies, patient focussed and the first port of call for patients.
- 4.8 Mr Ameen reviewed the responses received to each of the consultation document questions:
- 4.9 Section 1 (Location) Question A "Do you agree this describes the neighbourhood to be served?" 94% agreed. Mr Ameen noted that Springside was bound by a continuous belt of countryside.
- 4.10 Section 1 (Location) Question B "Do you think the proposed location is appropriate?" to which 93% responded yes. Reasons given included plenty of parking as it was difficult to park around the Dreghorn and Crosshouse pharmacies. Mr Ameen liked to think that by opening the proposed pharmacy this pressure had been alleviated.
- 4.11 Section 2 (Opening Times) Question C "Do you think that the proposed hours are appropriate?" 94% responded yes. Examples of the reasons given were lunchtime closures in current pharmacies were a nuisance and people who were working found it difficult to access a pharmacy.
- 4.12 Section 3 (Services) Question D "Do you think the services listed are appropriate for proposed new location?" to which 92% agreed. Mr Ameen said that the proposed pharmacy would provide more additional services than currently offered by the neighbouring pharmacies e.g. palliative care services. Springside had an ageing population and it was important to have this service available. Mr Ameen expected uptake of this service to be good given that there were two nursing homes in close proximity to the proposed location to use it.
- 4.13 Section 4 was about the wider impact of the new pharmacy opening. 92% said it would improve access to pharmaceutical services.
- 4.14 Section 3 (Services) Question E. "Do you believe there are any gaps/deficiencies in the existing provision of pharmaceutical services to the neighbourhood?" Mr Ameen explained that this was an important question which tied in with the first point in the Regulations because if there were gaps then it showed current services were inadequate. This question received the highest number of comments. Mr Ameen stated that people were compelled enough to come forward and elaborate on the issues. The key issues were:
- high cost of public transport – this was a significant issue for the neighbourhood and there were 16 other mentions of this across the whole questionnaire
 - No local pharmacy service
 - Long travel time
 - Opening times
- 4.15 As there was no local pharmacy people in the neighbourhood needed to travel to access pharmaceutical services. However Springside residents were an immobile population. Mr Ameen quoted that 40.1% did not have a car and another 40.9% had access to one car which was used by the vast

majority for commuting to work. Consequently when the pharmacies were open most people in Springside did not have access to a car.

4.16 It was estimated that the time taken to walk from the centre of Springside village to the nearest pharmacy was 30 minutes. The journey time for a round trip was therefore 1 hour 15 minutes assuming 15 minutes was spent in the pharmacy. Mr Ameen suggested this was not acceptable adding that most people at this hearing did not spend 1 hour 15 minutes accessing a pharmacy so an entire population shouldn't be expected to do this. Mr Ameen also noted that it was in contrast with what the Scottish Government wanted i.e. for pharmacies to be local. For some elderly people or the infirm walking was just not possible. This mode of transport was therefore not an option for many in the neighbourhood.

4.17 The remaining option for Springside residents was travelling to the pharmacy by bus but the £3 return fare seriously put people off especially as the vast majority of the population lived in a deprived area. Indeed parts of Springside village were 16 times more deprived than Crosshouse. Mr Ameen thought it unfair to ask these residents to pay £3 to access free services especially as £70 per week benefit money needed to go a long way. In fact cost was the topic that received the highest number of comments from the joint consultation exercise. Mr Ameen put into perspective the cost of using the bus by reading out a selection of the comments made including *"I take bus to another chemist. It's very costly in bus fare, so I have less benefit money left, and have to go without food"*

4.18 Mr Ameen concluded that this was why existing provision to the neighbourhood was inadequate for the majority of Springside residents.

4.19 Mr Ameen had learned from experience gained from participating in a Glasgow Community Council that services were more successful if designed and delivered by the people using them. That was exactly what this hearing and the joint consultation exercise was all about.

4.20 Neighbourhood

4.21 Mr Ameen defined the neighbourhood as the village of Springside bound by a continuous belt of countryside. Services within that neighbourhood included a school, nursery, library, community hall, post office, three convenience stores, three hot food outlets, two beauty salons, florist, garage/valet centre, car dealership, sheltered housing, three outdoor play areas, two football pitches and a bowling green. There was access to a whole host of other services in the community centre. The neighbourhood also held a very successful gala day. Mr Ameen stated that it was a neighbourhood for all purposes and most people did not need to leave the area for day to day purposes.

4.22 Mr Ameen looked for evidence that Springside was a neighbourhood and quoted from the Community Action Plan developed by the Council that described Springside as a close knit thriving community. Mr Ameen had personal experience of this from talking to residents who considered it distinct from Dregghorn and Crosshouse. This was also evident from discussions with many Councillors and MPs. Finally the Post Office that was shutting down

many outlets had not closed the Post Office in Springside but recognised it needed these services.

4.23 Population

4.24 The 2011 census recorded the total Springside population at 1259 with 573 households. However the Council's 2014 Action Plan stated that 650 surveys had been issued which indicated 573 households was an underestimate. On closer examination of the population estimate given in the pack for this Hearing it was based on a SAP estimate which, when analysed on the map, did not cover the entire neighbourhood proposed. Mr Ameen estimated the population at more than 1400.

4.25 Mr Ameen had been told that Springside was the only area indicated for longer term growth after 2025 by urban strategic planning. In the shorter term a developer was currently in discussion with the owner of Springside Farm for the development of 170 new homes. Mr Ameen estimated this would increase the population in the neighbourhood by at least 370. In conclusion the neighbourhood had a significant population which was expected to grow.

4.26 Deprivation

4.27 The Council Action Plan stated that "**Statistically, Springside does not compare well with other areas in North Ayrshire on issues such as health, employment and educational attainment**". Mr Ameen stated that Springside had more than twice the percentage of people that were long term sick or disabled and in very bad health.

4.28 The Scottish Government pharmacy contract aimed to provide local services focussing efforts in the areas of greatest need across Scotland. Using the Scottish Index of Multiple Deprivation (SIMD) tool which divided Scotland into 6500 datazones, the SIMD ranks for Springside were 330 and 1622. The Scottish Government was targeting resources to the 10% most deprived areas. SIMD rank 330 was within the 5% most deprived areas in Scotland. This was a case for local pharmacy services to be provided in Springside especially as the majority of the Springside population was in the 330 bracket.

4.29 Significant Prevalent Deprivation + Barriers = Local Pharmacy

4.30 Mr Ameen explained that smoking was the single biggest preventable cause of ill health. Pharmacies were running very successful smoking cessation programmes. It had been shown that people were four times more likely to quit using these programmes than if trying to do so alone. Springside also had twice as many pregnant women who smoked than the neighbouring villages so this was a local issue that could be tackled. Two comments made during the consultation exercise were as follows

- "I myself will benefit from the service, at another pharmacy I tried the smoking cessation but failed after 5 weeks, I'm looking forward to trying again and feel having a closer pharmacy will be more encouraging"

- "I would definitely join the smoking program if it was in the village. Crosshouse is too far from me. I am going every week this is too much for me"

4.31 Mr Ameen said that these were examples of people doing what the vast majority of other residents were doing – delaying treatment and neglecting health. The Scottish Government wanted pharmacies to be the first port of call for ill health and have minor ailments sorted out before developing into a major illness. The vast majority of Springside residents were using pharmacies for one basic dispensing service when a whole suite of services was available.

4.32 Viability

4.33 Mr Ameen noted that the full range of services from the neighbouring pharmacies were not being used and therefore were having minimal effect. It was stated that since 2005, eight applications had been granted within NHS Ayrshire & Arran, five of which were in neighbourhoods very similar to Springside. Mr Ameen explained that the more deprived populations used more pharmacy services. This was supported by the fact that Logan pharmacy (population 1263) dispensed 4100 items per month whereas Ochiltree pharmacy which was in a less deprived area (population 1046) dispensed less than half at 1300 items per month. The volume of prescriptions estimated for dispensing at the proposed Springside pharmacy was 2200 items per month.

4.34 APPC

4.35 In the final part of the presentation Mr Ameen addressed three points made by the APPC in response to the Springside application.

- i) Springside residents currently accessed pharmacy services from Bourtreehill as well as Crosshouse and Dreghorn

4.36 There was no mention or consideration of the CAR in the APPC response. Mr Ameen was of the opinion that if the APPC were going to make statements then the CAR should have been taken into account as it was a legal requirement.

4.37 Mr Ameen stated that Bourtreehill Pharmacy was 2.2 miles from Springside and there was no direct bus service so was impractical for the majority of residents to use.

4.38 There was only one comment received from the consultation exercise about Bourtreehill which was "I stay in Bourtreehill and would use Springside Pharmacy". Mr Ameen questioned what this said about the service at Bourtreehill Pharmacy.

- ii) Existing provision adequate

4.39 Hundreds of comments had been received during the consultation exercise which said otherwise.

iii) Residents leave area for day to day needs

- 4.40 Mr Ameen did not believe this statement to be true. Springside had a range of services and was a neighbourhood for all purposes. Residents only really needed to leave the area to access healthcare services.

4.41 Summary

- 4.42 The phrase "the forgotten village" had been used quite a few times in relation to Springside. It had even been used by a local councillor the previous week in a letter of support for this application. Mr Ameen had attended a meeting of the residents association to find out what people thought about the existing pharmacy services and the view was the no-one really cared about Springside. When told that Mr Ameen was trying to open a pharmacy there was clapping and cheering which showed the level of support from the community.

- 4.43 Residents really needed a pharmacy at the heart of the village given that the population was immobile.

- 4.44 Mr Ameen recapped the main barriers to accessing existing pharmacies –

- 4.45 Car - 40.1% were economically inactive and did not have a car, A further 40.9% had access to only one car which was used for commuting to work when the existing pharmacies were open. They were the ones that were unable to leave the area and needed local pharmaceutical provision.

- 4.46 Walking - was out of the question as people can't really be expected to walk more than one hour to access pharmacy services.

- 4.47 Bus -- fares were too expensive in this area of deprivation where benefits were stretched. The Scottish Government wants pharmacists to provide local services that were easily accessible.

- 4.48 Mr Ameen stated that the only way to solve this inadequate provision of pharmaceutical services was to grant this application, enable Springside pharmacy to open and bring a level of health care into the community. The pharmacy was not just about dispensing prescriptions but about providing many other services to the community.

- 4.49 Mr Ameen appreciated that it was a legal process and that panel members made the decision. The vast majority of residents would use these services to help them live longer but to do that the Committee needed to make the right decision and give people what they wanted – a pharmacy in the heart of their village. This was reflected in the highest number responses received to a consultation exercise in NHS Ayrshire & Arran.

- 4.50 This concluded the presentation from Mr Ameen

5. **The Chairman invited questions from the interested parties to Mr Ameen.**

- 5.1 Mrs Hulbert declined to ask any questions of Mr Ameen.

- 5.2 Having ascertained that Mrs Hulbert had no further questions, the Chairman invited questions from Dr Illingworth.
- 5.3 Dr Illingworth began by asking the applicant to define the neighbourhood more specifically than areas of countryside to the North, South, East and West. Mr Ameen said that as well as man made features such as roads, areas of countryside were acceptable as boundaries. Where the countryside stopped being green was the boundary. From memory Mr Ameen stated the A763 to the south and Towerlands Road to the West. Dr Illingworth was unable to find the A763 on the map and so gave Mr Ameen access to the map to confirm the name of the road in question. Mr Ameen confirmed the road was the A71 not the A763.
- 5.4 Dr Illingworth asked whether Mr Ameen had a business plan that suggested Springside Pharmacy would be sustainable. Mr Ameen referred to the presentation slide on viability which estimated the number of prescriptions dispensed per month at 2200. Mr Ameen stated the number of prescriptions dispensed per month in both Dreghorn and Crosshouse pharmacies were far higher than expected. It was also noted that the more deprived communities used more pharmacy services. Logan was not as deprived an area as Springside so Mr Ameen believed it would dispense more items.
- 5.5 Dr Illingworth noted that there was no mention of a superintendent pharmacist in the application so asked if Springside would have one. It was confirmed that Mr Ameen would be in charge.
- 5.6 Finally Dr Illingworth asked about arrangements for the lease of the proposed property. Mr Ameen currently had a binding agreement to rent the property which would be transferred to a lease if this application was granted. The cost to refit the property was estimated at £10000-£15000.
- 5.7 **The Chairman then invited questions from the Committee members**
- 5.8 Mrs Gallagher referred to the provision of palliative care services as it was understood that these were only provided at locations deemed necessary by NHS Ayrshire & Arran. Mrs Gallagher asked why Mr Ameen thought these could be provided at the proposed pharmacy. Mr Ameen said that there was a significant ageing population in the neighbourhood, one nursing home less than half a mile away and another close by so wanted to offer this service to improve access. Mr Ameen understood that the Health Board operated on limited resources but felt that the Health Board wanted pharmacies to provide the services listed within the application document.
- 5.9 Mrs Gallagher found it strange that the £3 cost of a return bus fare to access pharmaceutical services was such an issue when residents of Springside spent money in the licensed grocer and beauty salon. Mr Ameen was asked whether these were the same groups of people. Two SIMD ranks had been identified for Springside. The most deprived group were in section 330 whilst the other group were ranked 1627. Mr Ameen expected the needs of both groups to be different.

- 5.10 Mrs Gallagher wanted to be clear that Mr Ameen would be an independent contractor rather than part of a consortium in the proposed pharmacy. Mr Ameen confirmed status as an independent contractor.
- 5.11 When asked about pharmacy staff, Mr Ameen explained there would be a full time pharmacist, dispensing assistant and counter staff.
- 5.12 Mrs Gallagher was concerned about the 9am-6pm opening times which required the pharmacist to work through without a break. Mrs Gallagher asked whether this approach was safe. Mr Ameen currently worked these hours without a break adding that lunchtime opening was current practice in most pharmacies.
- 5.13 Reference was made to the expected dispensing figure of 2200 items per month. Mr Stevenson checked whether Mr Ameen had said this would not have a detrimental effect on the existing pharmacies. Mr Ameen explained that a recent Freedom of Information request had indicated that the average number of prescriptions dispensed in Scotland was 5700 per month. A six month snapshot of the dispensing figures indicated the existing pharmacies did 5200 items per month. This was much higher than expected for a rural pharmacy. It had also been mentioned that residents were not using the full range of services on offer from the existing pharmacies only the dispensing services so Mr Ameen was of the opinion that the impact would not be significant. Mr Stevenson explained that the Committee could only take into account the information in front of it so asked how taking 2200 items from 5700 was not going to have a significant impact. Mr Ameen responded that Ochiltree was thriving on 1500 items per month. Even if 2200 items was taken from each existing pharmacy both would be comfortably viable.
- 5.14 Mr Stevenson asked for evidence that Springside residents were not using the other services on offer at the existing pharmacies. Mr Ameen referred to the responses made during the joint consultation exercise and the complaints made. Mr Ameen had found it difficult to make a chart as to why residents liked the existing pharmacies. As the question had not been answered Mr Stevenson asked again for evidence that the Springside residents were not using core pharmacy services. Mr Ameen referred to the slide about the smoking cessation service and the two quotes made.
- 5.15 Ms Lamprell said there had been much made in the presentation of the 275 responses being the highest ever received by the Health Board and asked Mr Ameen to explain exactly what was meant by that statement. Mr Ameen explained that this statement was made during a meeting with the Health Board in relation to recent applications. Ms Lamprell surmised this was in relation to only two other applications. Ms Lamprell continued by asking whether this was an unprecedented response given that 275 was less than one fifth of the neighbourhood population estimated. Mr Ameen explained that some responses related to the views of more than one person given that respondents were mothers, fathers and carers. The number of occupants in the household was asked as part of the consultation exercise. In the context of the previous two applications Mr Ameen suggested that the response had been unprecedented.

- 5.16 Ms Lamprell then asked whether Mr Ameen was aware of the specification for the provision of palliative care and Childsmile within NHS Ayrshire & Arran or whether services were being offered without understanding how to provide them. Mr Ameen admitted to not having researched the exact requirements for the provision of all services but would do so in the event of this application being approved. Mr Ameen added that if those services had not been deemed appropriate by the Health Board then they would not have been listed in the application document.
- 5.17 Ms Lamprell mentioned that great store had been given in the presentation to datazone information and asked if Mr Ameen was aware of the pharmaceutical services plan for NHS Ayrshire & Arran. Mr Ameen was aware of it and noted that it was very basic compared with those in existence for other health boards. The NHS Ayrshire & Arran pharmaceutical services plan was drafted in 2009. Such plans in other Health Board areas were updated annually and highlighted areas of need. Ms Lamprell was not here to defend the plan but, as part of this committee, it was one of the areas examined.
- 5.18 Canon McManus wanted to know whether the high number of prescriptions fulfilled at the existing pharmacies was indicative of people using the GP as the first port of call for healthcare rather than the pharmacy. Mr Ameen thought that could be true. The way the pharmacy contract was set up was the pharmacy, as a walk in centre, was supposed to be the first port of call. People going to the GP may be doing so because their health had gotten worse.
- 5.19 It was noted that people notoriously did not respond to surveys. Canon McManus enquired whether the positive responses for the proposed pharmacy were about more than convenience. Mr Ameen explained that the pharmacy contract was about delivery of services to areas of need. The factors that prevented Springside residents accessing pharmacy services had been established – low car ownership, long walking time, high bus fares.
- 5.20 Questions that would have been asked by Ms Hamilton had already been answered but for the record these were about opening hours, safe provision of a service when working during lunchtime and provision of care home/palliative care services.
- 5.21 Mrs Anderson was pleased to hear that the applicant had taken into account the cost of public transport as benefits of £70 per week was generous and suggested it might have been better to obtain the opinion of the other adults in the household rather than the numbers of adults/children. It was also noted that the use of methadone had not been mentioned. Mr Ameen had been unable to include everything in the presentation but had found out the methadone population in the area was Springside (20), Dreghorn (14), Crosshouse (4). The highest number of methadone patients was in Springside. The following response had also been given in the Consultation Exercise "I would like methadone to be dispensed as I need to go on a bus to another area". This was a vulnerable group with a chaotic lifestyle which needed a local service. Mr Ameen wanted to bring a patient focus to the methadone programme.

- 5.22 Having ascertained that there were no further questions, the Chairman invited submissions from Interested Parties, commencing with Mrs Maureen Hulbert.

6 Interested Parties' Submissions

- 6.1 Mrs Hulbert made a statement on behalf of members of the Springside Community Association in support of the application for the proposed pharmacy within Springside village. Members of the SCA worked tirelessly on behalf of the community. Monthly meetings were held to get feedback from other residents who were very vocal in their opinions. It was a strong close knit community.
- 6.2 The SCA was delighted with the community response of 275 completed consultation documents, the majority of which were in support of the application. Most people in the village did not like to go out with the village to access amenities. The new services were doing pretty well so the community was using the amenities it did have. All were positioned on the main road so got passing trade as parking was easier than in Dregghorn or Crosshouse. Mrs Hulbert was sure the pharmacy would be used in the same manner.
- 6.3 The proposed opening hours were a necessity. The area did have high unemployment but there were also working people. The proposal included Saturday morning opening so people would not need to travel at the weekend or in an emergency.
- 6.4 A high population of elderly residents used the community centre as they had more free time and played bingo and carpet bowls. The opinions of these people were that a pharmacy in the village would be of great benefit and would be valued.
- 6.5 Mrs Hulbert was a guider for more than ten years in Springside running Rainbow and Guide units. During the 13 years spent living in Springside, Mrs Hulbert met the families of many children who were severely disadvantaged. Baking and hygiene was built into the guiding programmes. There was a high epidemic of head lice which could not be addressed. Mrs Hulbert spoke to the mothers about free access to head lice products at the local pharmacy. One mother said that was all very well if you could afford the bus fare. This was an example of a small issue that was not dealt with because of a need to travel out with the village.
- 6.6 If Springside had a local pharmacy ailments could be treated even when people may not be feeling great or able to afford bus fares. Having a local pharmacy would ease pressure on GP appointments. On 3 January, Mrs Hulbert was offered the first appointment with a doctor on 15 January 2016. If Springside had a pharmacy then people would get their prescriptions there. Numbers would go down in the existing pharmacies but people would use it and buy bits and pieces whilst there. The residents felt very strongly in favour of the proposed pharmacy hence the 275 documents. Mrs Hulbert confirmed that her response counted as four as there were four occupants in the household. Mrs Hulbert was shocked that one respondent said the choice was between paying for the bus fare to the pharmacy or buying food. However Mrs Hulbert had first hand experience of deprivation in Springside through guiding and as part of the parent teacher association.

- 6.7 The SCA strongly supported this new pharmacy for the good of the village residents.
- 6.8 **The Chair then invited questions from the Applicant then Dr Illingworth but these opportunities were declined.**
- 6.9 **Having ascertained that neither Mr Ameen nor Dr Illingworth wanted to ask any questions, questions were invited from the Committee.**
- 6.10 No questions were asked by Mrs Gallagher, Mr Stevenson, Ms Lamprell, Ms Hamilton, Mrs Anderson or Mr McKie.
- 6.11 Canon McManus explained that the committee had to abide by a legal test when considering this application and asked whether Springside was a community in the ordinary sense of the word. Mrs Hulbert said Springside was definitely a community, residents would never consider themselves as living in Dreghorn or Crosshouse. In fact there used to be a community newsletter called "Springsiders". A typical example about community action was recounted by Mrs Hulbert when faced with the possibility of closure of the primary school. In the end of a very long process North Ayrshire Council withdrew the application because of the Springsiders fight.
- 6.12 Canon McManus then asked whether people were able to access the services that made a community e.g. school, shops. Mrs Hulbert confirmed that residents rarely left the village.
- 6.13 **The Chairman then invited Dr Illingworth to make a submission on behalf of Newfield Dundonald Ltd.**
- 6.14 Dr Illingworth read aloud the following from a pre-prepared statement
- 6.15 "Good afternoon.
- 6.16 My name is Dr Marshall Illingworth, I am a director of Newfield Dundonald Ltd and am representing Crosshouse and Dreghorn pharmacies in opposing the application for the proposed pharmacy in Springside.
- 6.17 I also make it clear to the committee that I am a full time General Practitioner in Dundonald Medical Practice which operates a branch from Dreghorn surgery. Newfield Dundonald Ltd now operates six pharmacies. It is a completely separate business from the medical practice and 43% of the shares are held by individuals who are not members of Dundonald Medical Practice.
- 6.18 NDL believes that a pharmacy in Springside is not necessary and is not desirable and I will make this case under three headings:
- Springside is not a discrete neighbourhood in terms of the provision of pharmaceutical services.
 - It is not necessary
 - It is not desirable

- 6.19 And in addition I will address two of the many precedents that support this view.
- 6.20 Let me firstly talk about the neighbourhood of Springside and a little bit of history to help define its local links and associations:
- 6.21 The National Gazetteer extract from 1868 stated 'Dreghorn, a parish in the county of Ayr, Scotland. It contains a village of its own name, and is of an irregular shape, extending 8 miles in length from South West to North East with a breadth varying from three-quarters of a mile to 2 miles. It is bounded on the East by Kilmaurs, on the South by Dundonald, on the West and Northwest by Irvine and Stewarton, and on the Northeast by Fenwick. It includes the ancient parishes of Dreghorn and Peirston, which were united in 1668. At the Southwest end, which is only a mile from the sea, the surface is flat, but rises inland. The soil is fertile, and the whole parish is well cultivated and enclosed. Coal and limestone are worked, and freestone is found. The chief mansions are Annick Lodge, Peirston, Warwickhill, Cunninghamhead, and Righouse. The parish is traversed by the Glasgow and South-Western railway, and by the road from Irvine to Kilmarnock, and from Irvine to Glasgow. The village of Dreghorn is at the Southwest end of the parish, on an eminence overlooking the Firth of Clyde and the coast of Ayrshire. It is 2 miles from Irvine, on the road to Kilmarnock. This parish is in the presbytery of Irvine, and synod of Glasgow and Ayr, and in the patronage of the Earl of Eglinton. The minister has a stipend of £260. There is a Free church at Peirston'
- 6.22 'Peirstoun, an ancient parish in the county of Ayr, Scotland, now joined to Dreghorn.'
- 6.23 This extract makes it quite clear that Dreghorn Parish in 1868 included neighbouring villages including Springside within its boundaries. Springside is therefore part of the Dreghorn Parish and it is clear that Springside, which originated as a collection of mining settlements [Corsehill, Springside, Bankhead and possibly Overtoun] is really part of the larger community centred in Dreghorn.
- 6.24 Moving to more recent history, it was quite clear that Springside and Dreghorn were part of Irvine New Town and its headquarters was at Perceton being closer to Springside than to Irvine. The government then changed its mind and the New Town was wound up before it paid any serious consideration to Springside.
- 6.25 Let me refer to the recent history regarding dispensing of prescriptions in the local area:
- 6.26 Around 1969 the cooperative pharmacy in Dreghorn had closed and there was no pharmaceutical provision. Crosshouse was a single handed dispensing practice covering about half of Springside. Dreghorn was served by Dr John Campbell who died suddenly around 1971. On the day he died Fallows, Gibson and Watts were asked to provide cover and within a few months had been appointed to take over the practice and in the absence of a chemist shop required to start dispensing for their patients in Dreghorn and Springside. Some years later the Dreghorn pharmacy was opened and the

Dundonald Practice was required to stop dispensing in Dreghorn and Springside because the shop in Dreghorn was considered to provide an adequate pharmaceutical service to the community in Dreghorn, Springside and the surrounding area.

- 6.27 Let me move on to focus on Springside as a village in order to consider whether it could be considered a separate neighbourhood in its own right, or if indeed as we believe it to be, a part of the Dreghorn neighbourhood.
- 6.28 Springside has a population of around 1200. There is a primary school, three small grocery shops of which one contains a sub post office, a hairdresser's salon and a car sales garage.
- 6.29 The village is therefore dependent on other amenities out with the village, namely medical services, a dentist, public houses, main post office, fast food outlets, restaurant and hotel, the church, petrol station, secondary school and fire station. These are all found in Dreghorn. Most residents will do the majority of their shopping outside the village. The village inn, latterly named the Croft, shut down some years ago after a difficult history, surviving latterly as a social services hostel. This is indicative of the low level of spending in the village. Interestingly the local church found at the Cross in Dreghorn is still known as Dreghorn and Springside Parish Church again illustrating the close relationship of the two villages. The medical services are provided on the whole by Dundonald and Irvine practices.
- 6.30 My point, I believe, is well illustrated by historical and current demographic use of the area is that Springside is part of the Dreghorn community and neighbourhood which already has a pharmacy.
- 6.31 I have defined the neighbourhood for pharmaceutical services for Dreghorn and Springside. The A71 defines the southern border, Long Drive the west, Annick Water its north until it crosses Towerlands gate, moving east to the cycle path which was the old railway until it meets the Garrier Burn flowing south on the eastern border until it meets the A71. Dreghorn pharmacy is central to this neighbourhood.
- 6.32 Secondly let me discuss desirability. Is a pharmacy desirable in Springside?
- 6.33 The public consultation completed by 10/15 have suggested that 70% of people interviewed felt there were gaps or deficiencies in the existing provision of pharmaceutical services. The gaps seem to be the lack of a delivery service from Dreghorn pharmacy and the reduced opening hours on a Wednesday afternoon.
- 6.34 Newfield Dundonald Ltd acquired Dreghorn pharmacy on 1/12/15, realised these gaps were present and addressed this immediately. The shop is now open every morning and afternoon (Monday to Friday 9am-1pm and 2pm-5:30pm) with a collection and delivery service offered to all residents with two vans working in the area every morning and afternoon. The company have a policy that all its shops close for an hour at lunchtime to enable each pharmacist to have a break during the day which has been shown to reduce stress levels and potentially reduce dispensing errors. Most people appreciate and respect this.

- 6.35 In round terms the population of Dreghorn, Crosshouse and Springside is 7600 of which 1200 live in Springside. Given in the document that 5200 scripts are dispensed each month and on a proportional basis one seventh of these might be presented at Springside giving a projected MAXIMUM total of 750 scripts per month.
- 6.36 The essential small pharmacy scheme would support a pharmacy that dispensed less than 1400 scripts per month but only if it was situated more than two miles from the nearest pharmacy.
([http://www.sehd.scot.nhs.uk/pca/PCA20_10\(P\)02.pdf](http://www.sehd.scot.nhs.uk/pca/PCA20_10(P)02.pdf))
- 6.37 A non-viable pharmacy is not an attractive or desirable prospect for the board.
- 6.38 North Ayrshire Scottish Community Development Centre (SDC) was working with seven rural communities to help improve their communities. Springside was one of these. Figures here suggest the ages of the population is in keeping with North Ayrshire, namely children 16.7%, working age 64.8% and pensionable age 18.5%. 10.1% of the population felt they had bad or very bad health. This would represent around 120 people. I also note that the SDC in 2014 conducted a survey of its population and asked them for a wish list for the village. Such things included more things for young people to do, more regular litter picking & waste bins, improvement of the swing park and play areas; crossing patrol/road crossing on the main road, better maintained paths, walkways and cycle path and a tennis court were requested but there was no mention of a pharmacy.
- 6.39 (<http://www.north-ayrshire.gov.uk/Documents/CorporateServices/ChiefExecutive/CommunityPlanning/ayrshire-211action-plan-springside.pdf>)
- 6.40 There is a valid, albeit subtle difference between being asked in person if you want a specific item or provision and deciding which item or provision are desirable. None of the respondents when asked to produce a list of desired improvements mentioned a pharmacy.
- 6.41 Therefore contrary to the applicant's belief, there is no desire for a pharmacy in Springside.
- 6.42 Thirdly is the proposed pharmacy in question necessary? I would suggest it is not.
- 6.43 As you will have all seen, Springside is in extremely close proximity to its neighbouring villages. The edge of Springside is 0.4 miles from the edge of the Dreghorn boundary and 1 mile from the edge of the Crosshouse village. The Dreghorn pharmacy is 1.1 miles to the site of the proposed Springside pharmacy and 1.9 miles to the Crosshouse pharmacy. The number 11 bus travels in both directions every 7-8 minutes during working hours, Monday to Friday, with bus stops close to all three mentioned sites. The journey takes 3-4 minutes to both destinations. The adult fare is £1.35 single and £2.35 return for both journeys. Of course over 60s and those with a disability can travel for free.

- 6.44 The walk to Dreghorn and Crosshouse is on a pavement and would take 20 minutes to Dreghorn and a similar time to Crosshouse depending on the starting point. Many people have their own car. There are car parks close to the pharmacies in both villages as well as road side parking. Failing all of this, for whoever requests, prescriptions will be collected from any surgery and delivered to the residents address. This service has been well advertised.
- 6.45 The current pharmaceutical services provided by the two pharmacies are extensive as can be seen in the document provided. These are ordinarily available on a face to face basis but telephone consultations are welcomed by the pharmacists in Dreghorn and Crosshouse. It can be seen that those who are mobile can reach these services with ease; those who are housebound are unlikely to be able to reach any pharmacy however close.
- 6.46 Crosshouse and Dreghorn pharmacies are part of a well established group of pharmacies, with extensive stock, frequent deliveries and close inter-branch links. Over the years a relationship has developed with suppliers and it is able to satisfy the pharmaceutical needs of the customer fully in the majority of cases. Whilst the survey suggests there may be gaps in provision of service we have not received this feedback within the shops and there have been no complaints to reflect this.
- 6.47 Finally, precedents.
- 6.48 There were two simultaneous applications to open a pharmacy in Stanley in 2000. Stanley is a village around 5 miles north of Perth and much of the argument centred around Luncarty (population 1317) situated about 3 miles from Stanley and Bankfoot (population 1178) situated about 4 miles from Stanley. One application suggested a two-mile radius for the neighbourhood and the other a five-mile radius. The application from Davidsons Ltd which proposed the 5-mile radius was accepted at appeal by the National Appeal Panel. It was thus established that Bankfoot, which is a very similar village to Springside could be adequately supplied with pharmaceutical services by a pharmacy four miles away and on the other side of the main A9 road. At the appeal hearing considerable weight was given to the proposed collection and delivery service.
- 6.49 More locally in 2013, the application for Dunlop was declined, due to the adequate provision of pharmaceutical services from Stewarton, a village 2 and a half miles away, 16 minutes away by public transport with a 2 hourly bus service and a 30 minute train service.
- 6.50 Dunlop is a village of similar in size to Springside with a lesser collection and delivery service.
- 6.51 In conclusion it is the view of NDL
- 6.52 That Springside does not constitute a neighbourhood in terms of the regulations. That it is not necessary to grant the application in order to secure the provision of pharmaceutical services.

- 6.53 That it is not desirable to grant the application in order to secure the provision of pharmaceutical services.
- 6.54 Thankyou for listening."
- 6.55 **This concluded the presentation from Dr Illingworth. The Chairman then invited questions from the Applicant.**
- 6.56 Mr Ameen referred to the east boundary of Garrier Burn and pointed out that it cut through Springside so two homes were not part of the neighbourhood. Dr Illingworth was not sure to which two homes Dr Ameen referred but said if these were on the opposite side of Garrier Burn then they belonged to another neighbourhood.
- 6.57 Dr Illingworth had stated that most people shopped outside Springside. Mr Ameen asked whether there was any evidence of this in the CAR. Dr Illingworth said there was no evidence other than the fact there was only three corner shops, a hairdressers and sub post-office in Springside. The majority of people needed to leave the village to buy petrol, visit the doctor etc.
- 6.58 Mr Ameen stated that the crux of Dr Illingworth's argument seemed to be that pharmacy services were adequate because of the collection and delivery service. Mr Ameen asked whether this made available to Springside residents the wide range of services the pharmacy had to offer. Dr Illingworth acknowledged this was only a method of getting medication without having to visit the pharmacy but added that patients could obtain advice by telephone consultation.
- 6.59 Mr Ameen said that the main theme of the CAR was the difficulty people had getting to the pharmacy and the high cost of public transport which was £3 return not £2.35 as mentioned in the statement. Dr Illingworth was asked to comment on this and provide evidence that this was not the case. Dr Illingworth said there was a frequent bus service (every 7-8 minutes), 20 minutes walk and failing that a collection and delivery service.
- 6.60 Mr Ameen asked what Dr Illingworth would say to the person that needed to choose between food and a bus fare. Dr Illingworth would tell them to call the pharmacy to discuss any health concerns or ask for a prescription to be delivered. Newfield Dundonald Ltd would do everything possible to get a prescription to them.
- 6.61 Mr Ameen described a scenario of a child with chickenpox that needed some Ibuprofen and asked if the pharmacy could deliver this medicine. Dr Illingworth stated that he was not a pharmacist so there was no point in setting a test about what could be delivered. The easy way would be to request a prescription from the GP for the pharmacist to collect and deliver to the patient. If requested before 10am it should be available by 1pm.
- 6.62 Mr Ameen recalled the comment from the respondent who had travelled to Crosshouse pharmacy to find the prescription medicine out of stock. The prescription was also found to be unavailable after travelling to the pharmacy in Dregthorn and had to be ordered. Mr Ameen asked why people were not

using the collection and delivery service. Dr Illingworth did not know and said the collection and delivery service was open to everyone.

- 6.63 Mrs Hulbert recalled similar experiences of travelling to Dregghorn to find it closed and had to return. Being a fairly healthy person who did not receive prescriptions regularly, Mrs Hulbert did not know the collection and delivery service was an option. Dr Illingworth found it difficult to comment on specific cases and did not know why the pharmacy staff had not advised that this service was available. Dr Illingworth added that some people for whatever reason did not want their prescription delivered. Dregghorn pharmacy was now open on a Wednesday afternoon.
- 6.64 When asked whether Dr Illingworth thought standing at a bus stop for 8 minutes was acceptable when unwell, Dr Illingworth replied that the statutory regulations required pharmacy provision to be adequate not convenient. Dr Illingworth was of the opinion that the current provision of pharmacy services were adequate.
- 6.65 **Having ascertained that Mr Ameen had no further questions, the Chairman invited the Committee to question Dr Illingworth.**
- 6.66 Mrs Gallagher asked whether Newfield Dundonald Ltd would refuse to deliver to anyone even if the item was a prescription balance. Dr Illingworth confirmed neither pharmacy would refuse delivery of a prescription. The two delivery vans were out all the time and Dr Illingworth had heard the pharmacist ask patients if it was OK to drop a prescription off later if all of it was unavailable.
- 6.67 Mr Stevenson wanted to know what effect the granting of this application would have on the ability to offer the pharmaceutical services currently provided. Dr Illingworth did not anticipate that either pharmacy would close but a drop of 2000 prescriptions would certainly have an effect on staff numbers.
- 6.68 Ms Lamprell referred to the recent takeover of Dregghorn pharmacy by Newfield Dundonald Ltd and asked whether there were any plans to take over other pharmacies. Dr Illingworth said there were no such plans.
- 6.69 Canon McManus was interested in the neighbourhood definition proposed by Dr Illingworth and asked whether Springside residents, considered themselves to be part of Dregghorn. Dr Illingworth said that residents belonged to Springside but that the village could not function without the larger community. The majority of people from Springside needed the services of the dentist, doctor, petrol station, church etc.
- 6.70 Canon McManus said the legal test was based on people's perception, not an area providing all services but considered by people as a neighbourhood for all purposes. If Dregghorn and Springside were combined together to make a neighbourhood, Dr Illingworth was asked whether that would satisfy the local population. Dr Illingworth explained that the basis of the argument for a wider neighbourhood was historical.

6.71 The Chairman asked how the collection and delivery service was advertised at the Crosshouse pharmacy. Dr Illingworth stated that there was a giant poster advertising the service on the gable end of the building. This service was also advertised on the delivery vans, by word of mouth and by pharmacists in the shops. Mrs Hulbert pointed out that the gable end of the building was also near a set of traffic lights which made it difficult to read when driving through the busy junction. Dr Illingworth maintained that people walking past could easily read the information.

6.72 There were no further questions from the Committee.

6.73 The Chair then asked all parties to sum up.

7. SUMMING UP

7.1 Mrs Hulbert on behalf of the SCA represented the people of Springside village in supporting the application. The residents have said there was a need for the proposed pharmacy service but this was for the committee to decide. There was a great need in Springside for a pharmacy and the services it would provide. Mrs Hulbert was here as the voice of the people and asked the Committee not to let Springside be the forgotten village again.

7.2 Dr Illingworth opposed the proposed application arguing that gaps in the service may already have been covered by the extended opening hours. The existing pharmacies were easily accessible from both sides of the village and there was no inadequacy in the services provided.

7.3 Mr Ameen stated that the Consultation Analysis Report had shown that Springside residents needed healthcare services. The vast majority of respondents felt there were barriers that prevented access to the existing pharmaceutical services. The location of the proposed pharmacy was in the centre of the village on a main road with plenty of parking available. Opening hours were extended to 6pm and during lunch. More services would be provided to Springside and the wider community. Given the low figure for car ownership 40.1% and 40.9% with access to only one car, the vast majority had only two options to access pharmaceutical services — by walking or taking the bus. Walking took too long along a very narrow path next to a national speed limit road. Mr Ameen had never seen anyone walking from Springside to either Dregghorn or Crosshouse. The area was poorly lit and this mode meant sick people or mothers pushing prams needed to walk for over an hour. The cost of bus fares at £3 return also put people off especially in areas of deprivation. Mr Ameen reminded the Committee that the Scottish Government wanted local pharmacy services. Neighbourhood had been mentioned quite a few times. There were some very basic services in the neighbourhood proposed by the applicant e.g. school, library and some additional services e.g. a post office. The neighbourhood proposed was one for all purposes. Two types of people lived in Springside — one mobile and the other economically inactive. It was for these people that a pharmacy in the village was essential. Collection and delivery services were the crux of the argument from the Crosshouse and Dregghorn pharmacies. However when asked about current services, no-one mentioned the collection and delivery service at all which showed how well it was used. Offering such a service admitted to a problem. The only thing that can be delivered was a

prescription. It did not enable access to the minor ailment service or smoking cessation programme. One respondent encapsulated the issues by stating that residents did not need to go to the nearby village for anything except access to healthcare. Mr Ameen highlighted that Committee members were the guardians of healthcare for 1400 people. Springside residents wanted a local pharmacy in the heart of the village and the Committee had the ability to grant it.

- 7.4 The Chairman thanked all parties for contributing. As there were a few new points introduced during summing up, all were given a further opportunity to ask questions. However no further questions were asked.

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

- 8.3 The hearing adjourned at 1430 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 Springside and the surrounding area noting the location of the proposed premises, the pharmacies, general medical practices 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 Springside and the surrounding area.
- iii. Springside Community Action Plan
- iv. Area Profile report for Data Zone S01004366.
- v. Bus timetable detailing Springside services
- vi. Dispensing statistics of the Community Pharmacies in Dregghorn and Crosshouse
- vii. Population figure for Springside as indicated by Scottish Neighbourhood Statistics.

- viii. Report on Pharmaceutical Services provided by existing pharmaceutical contractors to the neighbourhood
- ix. NHS Ayrshire & Arran Pharmaceutical Care Services Plan 2012
- x. The application and supporting documentation including the Consultation Analysis Report provided by the Applicant.

10 Summary of Consultation Analysis Report (CAR)

10.1 Introduction

10.2 NHS Ayrshire & Arran undertook a joint consultation exercise with Mr M Ameen regarding the application for a new pharmacy at 55 Main Road, Springside, KA11 3AX.

10.3 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.

10.4 Method of Engagement to Undertake Consultation

10.5 The consultation was conducted by placing an advertisement in the Irvine Times; notifications being placed on the Health Board Twitter and Facebook pages; a link to the consultation document on NHS Ayrshire & Arran's website (www.nhsaaa.net); copies of the Joint Consultation questionnaire placed at various locations including Springside Community Centre, Springside Post Office, the Springside Gala Day, the Surgery, 31 Portland Road, Kilmarnock, Glencairn Medical Practice, Crosshouse and Dundonald Medical Practice, Dundonald. Respondents could reply electronically via SurveyMonkey or by returning the hardcopy questionnaire using a Freepost address.

10.6 The Consultation Period lasted for 90 working days and ran from 17 June 2015 until 21 October 2015.

10.7 Summary of Questions and Analysis of Responses

10.8 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.

Question	Response Percent			Response Count		
	Yes	No	Don't know	Yes	No	Don't know
A. do you agree this describes the neighbourhood to be served?	94.2	5.5	0.4	258	15	1
please say why	Answered		274	Skipped		1
B. do you think the proposed location is appropriate	92.6	6.3	1.1	252	17	3
please say why	Answered		272	Skipped		3
C. do you think the proposed hours are appropriate	93.7	4.1	2.2	254	11	6
please say why	Answered		271	Skipped		4

D. do you think that the services listed are appropriate for this proposed new location	91.9	6.3	1.8	250	17	6
please say why	Answered		272	Skipped		3
E. do you believe there are any gaps/deficiencies in the existing provision of pharmaceutical services to the neighbourhood?	70.0	22.4	7.6	184	59	20
please say why	Answered		263	Skipped		12
F Do you agree with the statement about the proposed pharmacy improving access to pharmacy services for all Springside residents etc.	91.9	5.5	2.6	250	15	7
please say why	Answered		272	Skipped		3
G Do you believe this proposal would have any impact on other NHS services?	18.0	66.9	15.0	48	178	40
please say why	Answered		266	Skipped		9

10.9 In total 275 responses were received. All submissions were made and received within the required timescale, thus all were included in the Consultation Analysis Report.

10.10 From the responses 268 were identified as individual responses and 5 responded on behalf of a group/organisation. 2 respondents did not provide an indication as to whether the response was individual or on behalf of an organisation.

10.11 Consultation Outcome and Conclusion

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

10.13 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.

11.2 **Neighbourhood**

11.3 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.

11.4 The Committee agreed that the neighbourhood should be defined as:

To the South - The A71 to the south of Springside village as far as Corsehill Mount Roundabout

To the West - Following Towerlands Road in a northerly direction until Capringstone Roundabout

To the North - Continuing North East along the cycle track crossing Overtoun Road to the Garrier Burn

To the East - The Garrier Burn south until it meets the A71

11.5 This definition had been reached because of the physical boundaries and because the residents of Springside considered it to be a neighbourhood for all purposes. This view had been strongly represented by the Springside Community Association.

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

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

11.8 The committee noted that there were no pharmacies within the neighbourhood and the location of the existing pharmacies in Dreghorn, Crosshouse and presumably Bourtreehill. There was no public transport to Bourtreehill and only one comment about Bourtreehill in the Joint Consultation exercise.

11.9 The immobile population of Springside and impact of the cost of public transport to this much deprived area led the lay members of the committee to conclude that pharmaceutical services were inadequate. There was an adequacy of dispensing through the collection and delivery service but the full range of services available could not be accessed by a significant proportion of the population. In addition there was no medical presence in the village.

11.10 However the professional pharmacist members disagreed and deemed existing services to be fundamentally adequate although inconvenient. There were no services missing from the existing pharmacies and the public transport services were good with the bus service running every 7-8 minutes.

11.11 The committee expected Dreghorn pharmacy to be impacted most if Springside Pharmacy opened. The committee had access to confidential prescribing figures for the Dreghorn and Crosshouse pharmacies. The monthly dispensing figures for Dreghorn pharmacy were far higher than expected. Dr Illingworth had stated that neither the Dreghorn nor

Crosshouse pharmacy would close in the event of Springside Pharmacy opening although staff numbers would almost certainly be affected.

- 11.12 Dr Illingworth had also explained that gaps in the service at Dreghorn pharmacy had been rectified since being taken over by Newfield Dundonald Ltd in December 2015. This pharmacy was now open on a Wednesday afternoon.
- 11.13 The strength of feeling within the community in support of this application was evident from the submission from the SCA and the high number of responses to the joint consultation exercise.
- 11.14 **Having ascertained that pharmacy services to the defined neighbourhood were inadequate, consideration was given to whether the proposed application was necessary or desirable to secure adequate provision of pharmaceutical services for the neighbourhood.**
- 11.15 Committee members were unable to conclude that the proposed application was necessary but it was desirable given the difficulties in accessing existing services as a result of the high cost of public transport, lack of car ownership and long time to walk to the nearest pharmacies.
- 11.16 Following the withdrawal of Mrs Gallagher, Mr Stevenson and Ms Lamprell 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 to be inadequate.
- 11.17 Accordingly, the decision of the Committee was unanimous that the granting of a new pharmacy contract in Springside was 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 approved. This decision was made subject to the right of appeal as specified in Paragraph 4.1, Regulations 2009, as amended.
- 11.18 Mrs Gallagher, Mr Stevenson and Ms Lamprell returned to the meeting, and were advised of the decision of the Committee.

The meeting closed at 1630 hours

Signed:

Alistair McKie
Chair – Pharmacy Practices Committee

Date: