

**Minutes of the meeting of the Pharmacy Practices Committee (PPC) held on
Thursday 4 February 2016 at 1230 hours in the Willowbank Hotel, Largs**

The composition of the PPC at this hearing was:

Chair: Mr Alistair McKie

Present: Lay Members Appointed by NHS Ayrshire & Arran

Ms Joy Chamberlain
Ms Margaret Clark
Canon Matt McManus

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

Mr Richard Devenish
Ms Morag McConnell

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 CUMBRAE COMMUNITY DEVELOPMENT COMPANY

1.1 There was submitted an application and supporting documents from Cumbrae Community Development Company (CCDC) received on 30 November 2015, for inclusion in the pharmaceutical list of a new pharmacy at Garrison House, 2 Clifton Street, Millport, KA28 0AZ.

1.2 Submission of Interested Parties

1.3 The following documents were received:

- i. Letter dated 19 January 2016 from the Area Pharmaceutical Professional Committee (APPC)
- ii. Email dated 6 January 2016 from James Semple, Invercoast Ltd, t/a Cumbrae Pharmacy

- iii. Further Supporting Information from James Semple including
- Hours of Service Scheme
 - Cumbrae Remote Dispensing Standing Operating Procedure
 - Analysis of Responses to Public Consultation
 - Respondents Stating Gaps
 - Brief History of Events
 - Save our Dispensing Services
 - CCDC Board Minutes 23 March 2015

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

- 1.5
- i) Consultation Analysis Report (CAR)
 - ii) Consultation Document and completed questionnaires

2 Procedure

- 2.1 At 1300 hours on Thursday, 4 February 2016, the Pharmacy Practices Committee ("the Committee") convened to hear the application by Cumbrae Community Development Company ("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.
- 2.3 Members of the Committee had undertaken a joint site visit to Millport 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 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 Party were invited to enter the hearing.

The open session convened at 1310 hours

3 Attendance of Parties

- 3.1 The Chairman welcomed all and introductions were made. The Applicant, Cumbrae Community Development Company represented by Mr Michael Bertram who was accompanied by Mrs Jean Kerr. From the Interested Parties eligible to attend the hearing, the following accepted the invitation: Mr Brendan Semple representing Invercoast Ltd t/a Cumbrae Pharmacy.
- 3.2 The Chairman advised all present that the meeting was convened to determine the application submitted by Cumbrae Community Development Company in respect of a proposed new pharmacy at Garrison House, 2 Clifton Street, Millport, KA28 0AZ. 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 hearing papers. It was noted that there had been written representation received from Cumbrae Community Council and MSP Kenneth Gibson but as these had been submitted outwith the required timescales had not been accepted for consideration by the Committee.
- 3.5 The three components of the statutory test were emphasised. It was explained that the Committee, in making its decision, would consider these in reverse order, i.e. determine the neighbourhood first and then decide if the existing pharmaceutical services within and into that neighbourhood were adequate. Only if the Committee decided that existing services were inadequate would the Committee go on to consider whether the services to be provided by the applicant were necessary or desirable in order to secure adequate services. That approach was accepted by all present.
- 3.6 The Chairman asked all parties for confirmation that these procedures had been understood. Having ascertained that all parties understood the

procedures the Chairman confirmed that the Oral Hearing would be conducted in accordance with the Procedure at Hearings document contained within the papers circulated.

3.7 The Chairman confirmed that 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.

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

4. Submissions

4.1 The Chairman invited Mr Michael Bertram, to speak first in support of the application.

4.2 Mr Bertram read aloud the following pre-prepared statement making alterations as necessary:

4.3 "Application for Inclusion in the Pharmaceutical list to Provide Pharmaceutical Services.

4.4 Good afternoon ladies and gentleman, my name is Michael Bertram and I represent Cumbrae Community Development Company; which we will abbreviate to CCDC for the purposes of this meeting.

4.5 My colleague is Mrs Jean Kerr; who today is representing three organisations on the Island. For ten years she has been Chair of our very successful Isle of Cumbrae Elderly Forum, and for three years she was Chair and representative of the elderly forum on the recent NHS Ayrshire and Arran Health Review for Cumbrae and she is also a founding member of 'Save our Dispensing Services'.

4.6 In his representation Mr Semple has resorted to mudslinging and personal attacks; and at this stage of proceedings CCDC feel they are totally inappropriate and unsubstantiated.

4.7 Cumbrae Community Development Company's mandate is varied; however for the purpose of today's hearing I will revert to the main objects of the company's memorandum of understanding namely; item 9 of the company MoU states "to relieve ill health and promote good health, particularly among residents".

4.8 CCDC is the landlord for Garrison House and we currently lease space to the NHS for the Cumbrae Medical Centre and therefore we are familiar with the demands and standards of the Care Quality Commission.

4.9 It is our position that locating a 'community pharmacy' within the Garrison

- will allow a closer working partnership between the medical centre and the pharmacy. In effect creating a one stop shop.
- 4.10 I would like to quote from the Review of NHS Pharmaceutical Care of Patients in the Community in Scotland which was undertaken by Dr Hamish Wilson and Professor Nick Barber. This report states on page 4 of the report that "The current SNP administration's manifesto contains a commitment to build on what has already been achieved." Namely "to further enhance the role of pharmacists, building on the introduction of the Chronic Medication Service, and encourage even closer joint working between GPs, pharmacists and other community services...",
<http://www.gov.scot/resource/0043/00430209.pdf>
- 4.11 CCDC is encouraged by this statement to include other community services in health care.
- 4.12 According to "Achieving Sustainable Quality in Scotland's Healthcare: A 20:20 Vision 2011, Scottish Government, stated in September 2011"- the changing demography of Scotland, the associated changes in morbidity and the continuing health inequalities set major challenges for pharmaceutical care in the future.
- 4.13 The report further stated that "The proportion of over 75s, who are the highest users of NHS services and for whom prescribing can be particularly complex, will increase by 25% in the next 10 years, and the number of over 75s is likely to have increased by almost 60% in the next 20 years". Quite sobering points I'm sure you'll agree.
- 4.14 Siting of a community pharmacy within the same building of the Cumbrae Medical Centre, will certainly ease the pressure on the elderly and as highlighted by this report, the demography is set to continue to live longer but with more changes in morbidity; will equally apply to the Isle of Cumbrae.
- 4.15 CCDC have engaged the services of a professional retail design consultancy to make the necessary changes to our own current offices for a Community Pharmacy; which you kindly visited this morning and with our Superintendent Pharmacist, we will create a first-class Community Pharmacy suitable for the changing demographics of the isle of Cumbrae and as you noted this morning will be disabled friendly.
- 4.16 Signage will also be included in the design package, to ensure all patients and visitors can easily identify the new Pharmacy.
- 4.17 Concerns raised to CCDC from patients about the current pharmacy, also praised CCDC for the facts we have a dedicated NHS car park, with lift facility to Cumbrae Medical Centre and there is no need for any adverse weather shelters.
- 4.18 The Garrison is the Emergency Centre for the Island, and is the official location for the Isle of Cumbrae Support Team and has a generator supplied

by SSE to power the Garrison when electricity is cut to the island.

- 4.19. The boundaries of this neighbourhood are the Island of Cumbrae, and the town of Millport; it currently has two pharmacies servicing the needs of the islanders and our visitors. Cumbrae Pharmacy could in these circumstances we believe not carry out their work over 'Skype' in these emergency situations; which have been known to last for several consecutive days and that was the reason SSE gave an emergency generator to CCDC.
- 4.20. CCDC in its written application provided their assessment of the current provision.
- 4.21. We firmly believe there to be inadequate provision and our evidence will support that view.
- 4.22. The history of this application is both simple and straight forward; CCDC was approached by concerned citizens that the services provided were unsatisfactory and inadequate.
- 4.23. Cumbrae Pharmacy application indicated that the shop is a quarter of a mile approximately from the Cumbrae Medical Centre.
- 4.24. These concerned citizens worries included the unsuitability of the location, due to the close proximity to a busy cycle shop, a ferry bus stop, which in high season is inundated with passengers and the pharmacy has no available parking outside.
- 4.25. Further concerns are that there is no bus service if the ferries are not running.
- 4.26. CCDC naturally, questioned how this planning application was approved in the first instance, but we limited our investigation to the concerns which were raised by our citizens.
- 4.27. These concerns regarding the ongoing problem of cycles being left on pavements; is the inevitable consequence of this island being a cyclist's paradise; and CCDC's position is that there is no short term solution to this phenomena.
- 4.28. Our position is that this shop has been badly sited, and as Millport has no town centre, the Garrison has effectively taken over as the epi-centre for the town. The population volume is mainly to the east of the town; in the opposite direction to the current pharmacy.
- 4.29. The main concerns raised by citizens, however are the lack of an adequate disabled entrance to the current pharmacy premises which causes disabled patients to have to wait outside until pharmacy staff can drop their ramp and allow wheelchair access.
- 4.30. CCDC would like to point out that the worst of Cumbrae storms originate

from the south-east which is directly in the path of Cumbrae Pharmacy, which has no wet weather protection for sick patients waiting to gain access to the shop.

- 4.31 I'm sure you will concur this simply adds to the displeasure of being disabled and once inside Cumbrae Pharmacy, the premises space is confined and limited for manoeuvrability for wheelchairs, prams and the general public all mingling in this space.
- 4.32 CCDC was also informed that often patients are forced to walk along Stuart Street in inclement weather as there is no public transport available on this island. This is indeed the case.
- 4.33 The reason being, that during the worst of our island weather, and the ferry is cancelled then the ferry bus stops altogether. Often, patients are required to take two taxi fares to visit the doctor's surgery and the pharmacist in these circumstances.
- 4.34 Concerns have also been raised that as Cumbrae does not have a resident pharmacist, Cumbrae Pharmacy has had to introduce their own standard operating procedures to cover that fact that a pharmacist is not in residence; when the ferries are not running. According to the 'Responsible Pharmacist Regulations 2008' our position is that this is illegal.
- 4.35 CCDC position, is that this does not constitute an emergency situation and these SOPs are therefore illegal when used for the pharmacist not being able to travel to work.
- 4.36 Another concern brought to our attention, is that the current pharmacy opening hours do not coincide with the surgery hours' thus forcing patients to go to Largs for acute medications.
- 4.37 In the original application brought by Cumbrae Pharmacy their trading hours were far greater than currently being operated.
- 4.38 The evidence is that in their first application it was stated that the trading hours were to be Monday-Friday 9-6pm and Saturday 9-5pm. The current hours are much reduced at Monday-Friday 9-5.30pm; and closed 1-1.30pm for lunch and Saturday 9-1pm. CCDC's position is therefore that this in effect is a reduction of 9 hours per week over the original application.
- 4.39 Cumbrae, is also a well visited destination, attracting hundreds of thousands in the summer months, and the current pharmacy does not open Saturday afternoon nor on a Sunday.
- 4.40 As we are all aware, minor ailments can and indeed are often treated by pharmacists taking pressure off the NHS system. Unlike the mainland, this is not available to residents or visitors Saturday afternoon or Sunday in Cumbrae.

- 4.41 Cumbrae currently has very limited 'out-of-hours' access to specialised medication.
- 4.42 Our proposal, if successful, would allow qualified NHS staff to access a full range of specified drugs 24/7; particularly as we have an all ages Care Home for special needs patients on the island.
- 4.43 As a direct result of our investigations, CCDC approached NHS Ayrshire & Arran to discuss current and future pharmaceutical services for the island of Cumbrae.
- 4.44 NHS Ayrshire & Arran consulted with CCDC for approximately six months, regarding its proposed application for a new additional community pharmacy within 'The Garrison', Millport, Isle of Cumbrae.
- 4.45 Before any application was made CCDC and NHS Ayrshire & Arran met for several workshops to understand fully the requirements of the local community.
- 4.46 Our position is that the wider community of the Isle of Cumbrae wish to see a Community Pharmacy establishment in the same building as the current medical centre.
- 4.47 Before taking this venture on board; CCDC commissioned a questionnaire which was professionally managed and implemented; which asked a simple question of the community; namely "Our household would support a Community Pharmacy in the Garrison" and this questionnaire received a 72.5% approval rating from those respondents who took part in the survey.
- 4.48 The consultation aims were to gauge local opinion on whether people feel they already have adequate access to pharmaceutical services in the area, as well as measure the level of local support for the proposed new pharmacy.
- 4.49 The information gathered as part of this process is now available to the Health Board's Pharmacy Practices Committee.
- 4.50 CCDC and NHS Ayrshire & Arran undertook a joint consultation exercise to seek the views of local people on this proposed new pharmacy.
- 4.51 Cumbrae Pharmacy is questioning the validity of the questions posed in the questionnaire.
- 4.52 It is CCDC position that this questionnaire was crafted by the NHS and not CCDC; so we will not be inviting any questions on the validity of the questionnaire, and prefer that NHS staff answer any queries from Cumbrae Pharmacy on the validity of the questionnaire.
- 4.53 It is CCDC position that this joint consultation exercise coupled with our own individual island wide survey fully supports our application for a Community Pharmacy to be based in the Garrison, adjacent to the current Cumbrae

Medical Centre.

4.54 CCDC aims for the community pharmacy are to:

- develop the role of the pharmacy team to provide personalised care; and
- play an even stronger role at the heart of more integrated out-of-hospital services.
- provide a greater role in healthy living advice, improving health and reducing health inequalities;
- deliver excellent patient experience which helps people to get the most from their medicines

4.55 CCDC is willing to make access to the pharmacy available to any qualified NHS personnel 'out-of-hours' emergencies.

4.56 Proposed services to be provided are listed in the application form.

4.57 Our position is that the wider community of the Isle of Cumbrae overwhelmingly endorses the proposal to develop a Community Pharmacy in the same building as the current Medical Centre.

4.58 Cumbrae Pharmacy is also questioning the financial viability of having two pharmacies operating on the island. Our pharmacy would replace Superdrug, giving we believe a better service to the community.

4.59 CCDC position is that there are currently two pharmacies serving the island, Superdrug and Cumbrae Pharmacy.

4.60 The Garrison Pharmacy, if successful, would be a community owned pharmacy, as CCDC is a Charitable Trust, any profits will therefore be reinvested back into community projects.

4.61 Patient's choice would be paramount to the success of any new pharmacy, and our research indicates that we would have strong client support from day one of operations.

4.62 Our position is also that Cumbrae Pharmacy actions demonstrate that they are clearly worried by the introduction of Scotland's first community owned pharmacy.

4.63 Evidence of this has been provided in the format of notices dropped off at Garrison House on a regular basis decrying CCDC and its plans for a community owned pharmacy. Copies of which were sent to the Pharmacy Practice Committee.

4.64 A constant stream of negative comments on Facebook, twitter and attempts to influence local media under the auspices of "War of Attrition" have also emanated from Cumbrae Pharmacy. Again copies of which have been provided.

- 4.65 CCDC's evidence will also demonstrate attempts to negatively affect our recruitment process for a senior superintendent; and then efforts to coerce the superintendent after she had accepted CCDC's offer of employment. Copies of those emails have been provided to you.
- 4.66 CCDC questions how these actions will be viewed by the Scottish Pharmacy Board.
- 4.67 Our final piece of evidence; which illustrates our residents' concerns of adequate access to pharmacy services in the area is the evidence of the owner's attempts to sell the pharmacy as soon as a licence was granted. A copy of which has been provided.
- 4.68 In conclusion, we would like to thank the NHS for their assistance and guidance through this difficult process, and for recognising that CCDC role is to be an active partner in improving the medical care for both residents and visitors to the isle of Cumbrae.
- 4.69 Due to unforeseen circumstances copies of letters of support for this application from the Community Council and MSP could not be submitted."
- 4.70 This concluded the presentation from Mr Bertram

5. The Chairman invited questions from the interested party to Mr Bertram.

- 5.1 Mr Semple referred to the statement made that the proposed pharmacy would provide a "stronger role at the heart of more integrated out-of-hospital services" and "a greater role in healthy living advice". Mr Semple asked Mr Bertram to whom CCDC was going to play a greater role than. Mr Bertram said it was the vision of CCDC that by siting the pharmacy in the Garrison there would be a closer interaction between the pharmacy and the medical practice. Mr Semple remarked that this had not answered the question and so asked directly whether the proposed pharmacy would play a greater role than Cumbrae Pharmacy. Mr Bertram said that was correct.
- 5.2 Mr Bertram was then asked to explain how the out-of-hours access to medication would work. Mr Bertram stated that it had been brought to the attention of CCDC that there had been several occasions when access to medication had not been available. The Directors of CCDC had therefore agreed to give direct access to the Garrison Pharmacy if required out-of-hours. Mr Semple asked whether Mr Bertram knew that the pharmacy could not operate without a pharmacist and if Mr Bertram agreed then this was exactly what Cumbrae Pharmacy actually provided. Mr Bertram explained that it was the desire of CCDC for the pharmacist to reside on the island especially as there had been three instances last month when the pharmacist could not get to Millport due to the weather. Mr Semple corrected this statement as there had only been one day in the last four years when the pharmacist was not on the island during pharmacy opening hours. In such circumstances the pharmacy must liaise with the Health

Board so this could be verified. Mr Semple pursued whether Mr Bertram agreed that the proposition was illegal without a pharmacist present. Mr Bertram reiterated that it was the intention to have a resident pharmacist.

- 5.3 Mr Semple referred to the list of pharmaceutical services on the Health Board list and asked why the proposed pharmacy was not intending to provide certain services. Mr Bertram objected to the manner in which questions were being asked stating that it was offensive. CCDC had employed a senior superintendent pharmacist to work in the proposed pharmacy and provide a world class service. The Chair interjected and asked Mr Semple to state which services in particular were not going to be provided. Mr Semple listed anti TNF, advice to care homes, Chlamydia testing, choose a smile for your child, condom dam distribution, clozapine, MAR chart, palliative care, hepatitis C. Mr Semple asked if Mr Bertram was aware of them and if they were to be provided. Without waiting for an answer Mr Semple continued by asking Mr Bertram to explain what the alcohol screening scheme was and how it was funded. Mr Bertram stated that CCDC was a charitable trust and were not pharmacists. That was why a pharmacist was being employed to guide the CCDC Board and improve services on the island.
- 5.4 This prompted Mr Semple to ask who wrote the application. It was confirmed that Mr Bertram had written the application after seeking advice. Mr Semple stated that in which case Mr Bertram was responsible for the services offered and a barrage of questions on pharmacy services followed – so what is an appliance and how is it funded? The falls reduction scheme – any comment? The Chair interrupted Mr Semple and objected to this manner of questioning. Mr Semple wanted to demonstrate that CCDC had offered to provide services without knowing what they were or what was involved. Mr Bertram explained that several pharmacists who had expressed an interest in the role of superintendent had been consulted about which services would be provided at the proposed pharmacy.
- 5.5 Mr Semple then asked whether Mr Bertram accepted that the largest cost for a pharmacy was staff. Mr Bertram accepted that statement. Mr Semple wanted to know whether there was a business model in existence that paid for the proposed opening hours with a resident population of 1300 people. Mr Bertram said there was. Mr Semple noted that if this application were to be approved there was nothing to stop the proposed pharmacy reducing its weekly opening hours from 65 to 44 hours if it was found the staff could not be paid. Mr Bertram stressed that CDDC was not a profit making organisation but looking to run a service on behalf of the community.
- 5.6 Mr Semple made reference to the numerous comments made about the pharmacist living on the island. Invercoast Ltd would have loved to employ a resident pharmacist but could not find the staff for Cumbrae Pharmacy. Mr Bertram was asked what guarantee could be given that a resident pharmacist would be employed. Mr Bertram said the island of Cumbrae was a beautiful island and a wonderful place to bring up a young family. A pharmacist had been found through a recruitment agency that was willing to

live on the island. This pharmacist would be working in the first community pharmacy in Scotland which was an asset on any CV.

- 5.7 Mr Semple continued by asking what percentage of prescriptions was repeat? Mr Bertram did not know. Mr Semple said that 85% were repeat prescriptions and asked if Mr Bertram would agree that for most people getting a prescription did not involve a trip to the doctors' surgery. Mr Bertram agreed.
- 5.8 When asked Mr Bertram agreed it was important for the pharmacy to be open on bank holidays.
- 5.9 Mr Semple turned to the location of the proposed pharmacy and asked whether it was better to be visible on a main road or in a historic building away from the main road. Mr Bertram was of the opinion that 99% of people visited Garrison House at some point during a trip to the island and because of this additional bike racks had been installed there last year. Mr Bertram said the Committee would not be aware that there were four shops renting bicycles on the island with over 2000 available for rent. At some point those visitors ended up at Garrison House. Millport had no town centre. The proposed location was very visible not hidden away as implied by Mr Semple. Additionally should this application be approved there would be improved signage to show there was a pharmacy in the building.
- 5.10 Finally Mr Semple asked about the cost implications of setting up a new pharmacy to the NHS. Mr Bertram was asked whether adding another pharmacy to the list would result in additional cost to the NHS. Mr Bertram anticipated the majority of the proposed pharmacy's business to come from the 62% of prescriptions currently serviced at Superdrug in Largs. Mr Semple pointed out that the NHS would still incur establishment payments, emas payments etc. and suggested that the NHS would have to pay an additional £3800 per month for the new pharmacy. Mr Bertram declined to comment.
- 5.11 **Having established that there were no further questions from Mr Semple the Chairman invited questions from the Committee members.**
- 5.12 Ms McConnell referred to the results of the joint consultation exercise and in particular the fact that 72% of respondents supported a pharmacy in Garrison House. Mr Bertram was asked whether Cumbrae Pharmacy had been approached to see whether relocation to Garrison House was an option. Mr Bertram confirmed that the CCDC Board had not made a formal approach to Cumbrae Pharmacy.
- 5.13 Ms Lamprell was interested to know whether CCDC was anticipating employing more than one pharmacist to cover 62.5 hours of trading per week. Mr Bertram stated that it was the intention to employ two pharmacists.
- 5.14 When asked, Mr Bertram said that Garrison House staff were on duty from

9am-7:30pm for the Library and the Board Room which was used as a community facility most days of the week.

- 5.15 Should this contract be granted and the second contract detrimentally affect the other pharmacy on the island, Ms Lamprell asked if this would comply with the CCDC mandate on health. Mr Bertram thought it would as the proposal was for a community pharmacy. Ms Lamprell sought clarification that it was a community pharmacy contract that CCDC was applying for as that was what Cumbrae Pharmacy already had. Mr Bertram said that was correct but added that Superdrug was supporting the application so the status quo was not changing. Should this contract be granted Superdrug would fall away and the proposed pharmacy would take on Superdrug's role.
- 5.16 Canon McManus thanked Mr Bertram for showing the committee round Garrison House earlier in the day. The advantages of the out-of-hours service had been stated but Canon McManus found it quite confusing so asked whether it meant that the doctor could access the pharmacy and for clarification as to who the NHS staff were that could access the pharmacy if not the pharmacist. Mr Bertram said that CCDC would like the pharmacist and the doctor to work closely together. If the facilities needed to be opened up, for example if the care home needed access to acute medication, it would be the pharmacist. Canon McManus asked whether the pharmacist was resident on the island to which the reply was that the pharmacist was not currently resident but would be if this application were granted. The GP was currently resident on Cumbrae. Canon McManus asked whether the application should have stated that the superintendent pharmacist would be able to get into the building to access the pharmacy at any time. Mr Bertram clarified that Mrs Anne Brown, the current practice manager, was a key holder and that a CCDC Board Director would open up the building with Mrs Brown in such an event. This would allow the pharmacist to attend to the out-of-hours incident. There would always be two people there not necessarily the GP. Canon McManus noted that the pharmacist could not always be on the island so asked whether the GP could access the pharmacy provided the practice manager was present. After consultation with Mrs Kerr, Mr Bertram confirmed that the doctor and pharmacist must both be present.
- 5.17 Canon McManus then referred to the delivery service from Largs and enquired whether the medication from Superdrug was better than that available a few yards from Garrison House. Mr Bertram explained that it was not a question of better but CCDC wanted to be part of the solution as to why residents preferred to use Superdrug. It was nothing to do with the drugs being better but there was a belief that the islanders did not want to deal with Mr Semple. Mr Bertram did not want to get into this any further during the hearing.
- 5.18 Canon McManus thought this extraordinary and explained that the Committee were constrained by a legal test that had been tried and used throughout Scotland. A new pharmacy contract could only be granted if pharmacy services in or to the neighbourhood were inadequate. Mr Bertram

was asked to explain what was inadequate about the existing services that could be used by the Committee to justify granting an additional pharmaceutical services contract. Mr Bertram stated that there had to be cognisance of patient choice. Although there were four pharmacies in Largs Cumbrae had only one. There was a lack of a relationship between residents and the pharmaceutical service provider currently in Millport. It was not a case of better or worse but it was patient choice not to use Cumbrae Pharmacy. With regards to Garrison House being poorly sited for a pharmacy Mr Bertram recounted that a similar concern had been made by CCDC when it was proposed to open a Co-op in Cardiff Street. This was deemed an unsuitable location due to the volume of traffic. Mr Semple could have asked to lease space in the Garrison but no approach had been made. The community had responded by saying that for five years the voice of the islanders had not been listened to and wanted a choice of pharmacy on the island hence this application.

- 5.19 Canon McManus continued by asking if Mr Bertram believed the service offered by Superdrug in Largs was adequate when people were physically delivering medication with no training and probably no insurance. Canon McManus was concerned that medicine was floating about in the hands of people with no personal responsibility for it although had been reassured following the site visit to Superdrug. Canon McManus wanted to know what cover CCDC had if one of these well meaning, generous community minded people delivered the wrong medication and was taken by the patient. First and foremost Mr Bertram explained that CCDC was not delivering medication. Mr Bertram was under the impression that the collection and delivery service was NHS approved and the main concern for CCDC was from an insurance point of view. Ms Lamprell advised that the collection and delivery service was a non-NHS approved service and so NHS Ayrshire & Arran had not approved prescription collection and delivery from Superdrug. Mr Bertram said that in all the meetings CCDC had held with the Health Board this had never been raised as a concern.
- 5.20 Canon McManus asked if this application was based on the fact that the community did not like Mr Semple and that islanders were dealing with a pharmacy off the island so as not to deal with the pharmacy on the island. Mr Bertram said these were the facts.
- 5.21 Canon McManus was still quite concerned about the minutes of CCDC meetings and the discussion around profits from medication and the NHS going to an outsider when these could be used within the community. Mr Bertram was asked whether this pharmacy was being set up so that outsiders were not profiting from the community. Mr Bertram gave some context to that discussion by explaining that it was about the island retaining its businesses by ensuring that profits earned on the island stayed on the island. The island was left with only independent retailers when the economic climate got tough and the Co-op left the island. There was a proposal for it to reopen but the Co-op store did not open on Millport because it was not doing well in Largs. That was why there was so much discussion in the minutes. Mr Bertram added that as soon as Mr Semple

was granted a pharmacy licence the business was advertised for sale.

- 5.22 Ms Chamberlain was concerned about the number of hours the pharmacists were going to work even with two pharmacists as holidays, sickness absence and maternity leave needed to be covered. Mr Bertram explained that when putting the business plan together, CCDC were of the opinion that locums would be used. CCDC owned nine flats on the island so finding accommodation for locum pharmacist cover would not be an issue.
- 5.23 Reference was made to 72% of respondents approving the location of the proposed pharmacy. Ms Chamberlain wanted to know how many questionnaires were issued and how many returned. Mr Bertram passed a document to Ms Chamberlain and the committee detailing that information. CCDC needed to know from the islanders themselves if there was a genuine need for another pharmacy on the island or if it were just one or two vociferous individuals. That was the reason for CCDC carrying out its own research before contacting NHS Ayrshire & Arran.
- 5.24 Ms Clark referred to an earlier comment made by the applicant that should this application be successful business was expected from those islanders currently using Superdrug. Ms Clark asked what would happen to the volunteers that currently collected and delivered prescriptions from Superdrug. Mr Bertram said that this had been considered and should the application be approved there would no longer be a prescription collection and delivery service from Superdrug.
- 5.25 The Chairman enquired about the response of CCDC's link to Police Scotland regarding the pavement obstruction issue. Mr Bertram had met with the latest policeman last month and many ideas were suggested to clamp down on this activity including speed cameras on the high street. However with over 2000 bicycles on the island and only one policeman it was very difficult to control. The Chairman pointed out that obstruction of the pavement by bicycles was the responsibility of the shop renting out the bicycles and should not be an issue of concern to the pharmacy. As Millport was a major cycling tourist attraction the Chairman asked what CCDC had done to resolve the problem. Mr Bertram accepted that criticism and stated that CCDC had tried unsuccessfully to resolve the issue.
- 5.26 Mr Devenish had no questions for Mr Bertram.

6. Interested Parties' Submissions

- 6.1 Mr Semple read out the following prepared statement:
- 6.2 "Thanks to the panel for an opportunity to present.
- 6.3 As we have explained in our background paper this is an unusual application. This is not an application by a young pharmacist or an existing contractor looking to open a pharmacy in an area they have identified as having an inadequate existing service. This application is simply the continuation of a campaign against Cumbrae Pharmacy which

has been waged by the SODS since we first applied to open our pharmacy back in 2010.

6.4 So, the Legal Test.

6.5 **Neighbourhood**

6.6 Unusually, I doubt there will be any dispute about the boundaries of the neighbourhood. We agree with the applicants: the neighbourhood is the island of Cumbrae, with the only population centre being the small town of Millport.

6.7 **Existing Services**

6.8 There is a single pharmacy providing services in the neighbourhood: our pharmacy.

6.9 It provides all of the core NHS services and all appropriate locally negotiated services. We also provide free prescription collection services twice daily from the surgery and free home delivery if required.

6.10 We have just received the results of an FOI request to ISD, (I can show you this if required) and this gives some very useful information about the dispensing of NHS prescriptions:

6.11 The medical practice generates between 3000 and 3500 prescription items each month.

6.12 Cumbrae Pharmacy dispenses about 2,200. That's just above the threshold which is accepted as the 'break-even' point for a small pharmacy, and that's taking into account a peppercorn rent.

6.13 Superdrug dispenses around 700 items per month or around 30 items each working day. We assume this is the SODS 'prescription service' which we described in paper 4.

6.14 Boots Pharmacy dispenses around 200 items per month. These will be the prescriptions for the care home with which Boots has a national contract.

6.15 There are a further 100-150 items dispensed across a wide range of 'others' and this includes all of the appliances which are sent to appliance contractors.

6.16 So, with respect to the dispensing of NHS prescriptions the vast majority are dispensed at Cumbrae Pharmacy, a significant minority (about 30 scripts a day) are dispensed by Superdrug and transported back to the island by the SODS, fewer than 10 items per day are dispensed by Boots as part of their Care Home contract, and a handful of scripts are dispensed at various other pharmacies.

- 6.17 Cumbrae Pharmacy is the exclusive provider of the out-of-hours emergency dispensing service on Cumbrae. (We have yet to be asked to open the pharmacy at night, which is unsurprising given that the NHS Board have not asked any pharmacy to open at night in the past ten years).
- 6.18 Cumbrae Pharmacy is the only provider of the eMAS service on Cumbrae since this requires face-to-face contact with the patient.
- 6.19 With respect to the dispensing of acute prescriptions we suspect that we dispense the vast majority of these. For example, even though the Care Home has its repeat medicines sent to the island by Boots they still rely on us for acute prescriptions and emergency supplies. I'm sure the pharmacists on the panel will appreciate how galling this is to us, but we happily provide this service nonetheless...
- 6.20 We were very proud in 2014 when our pharmacist, Karen Kennedy, won the prestigious 'Pharmacist of the Year' award at the Scottish Pharmacy Awards. This was in recognition of the work she had done in introducing pharmacy services to the island. Karen was also a finalist in the UK Chemist & Druggist Pharmacist of the Year awards last year, in recognition of her 'beyond the call of duty' efforts to ensure the pharmacy opened every single day during the terrible storms of that winter. I should mention that her colleague Olga is also to be thanked for the many nights she spent on the island and in fact just on Sunday there she travelled over to make sure we were able to open first thing on Monday despite Storm Henry.
- 6.21 In short, we believe that we provide an excellent service to Cumbrae.
- 6.22 **Adequacy of Existing Service**
- 6.23 This is the key question for the PPC and it is on this single question that every application hinges. I know I don't need to explain this to the panel but I'll go through it for the benefit of the applicant.
- 6.24 An application can only be granted when it is necessary or desirable in order to secure an adequate pharmaceutical service in the neighbourhood in which the proposed premises are located.
- 6.25 As Lord Nimmo Smith famously explained, *if the existing service is adequate then the application fails at this point*. That's the end of it - it's as simple as that.
- 6.26 So with that in mind, I want to talk about the questionnaire distributed as part of the public consultation.
- 6.27 This questionnaire asks a number of questions which are unrelated to this crucial part of the Legal Test. For example:

- 6.28 *'Do you agree with the definition of the neighbourhood?'*
- 6.29 Well of course everyone agrees. We agree!
- 6.30 *'Do you think the premises are suitable?'*
- 6.31 Well, we think they're OK. They're quite central, they're next to the surgery which is handy sometimes and there's disabled access. They're a bit 'hidden away which isn't ideal, but are they suitable to put a pharmacy in? Of course they are. Even we agree that they are!
- 6.32 However, a more interesting question would be whether they are in a **better** location than the existing pharmacy. In all honesty we wouldn't swap. The visibility of the premises to the thousands of visitors to the island is much more important than being co-located with the surgery. And remember - about 85% of prescriptions are repeats. For these there is no need to go to the surgery before collecting the medicine, as the script will be collected by the pharmacy in advance. In a modern pharmacy, co-location with a surgery is of little benefit. Visibility to tourists who may require for example eMAS is much more important.
- 6.33 "Are the opening hours suitable?"
- 6.34 Listen, the opening hours are fantastic. As in, they're a fantasy.
- 6.35 It would be wonderful to have a pharmacy open every Saturday afternoon and every Sunday, and later at night. Just in case. Who would argue that these opening hours would be a bad thing? Certainly not us.
- 6.36 There's just one problem.
- 6.37 The cost of a pharmacist and supporting staff is, by far, the biggest variable cost in a pharmacy. The applicants are proposing to open an extra 22 hours a week at a generally accepted cost of over £100 an hour. That's £2,200 per week. Approximately £10,000 per month. (Incidentally these costs are used when the Board calculates the payment for rotas).
- 6.38 So, the applicants have a business plan which requires around £10,000 profit to be generated during their extended hours in order to break even. (That would require an additional monthly turnover of around £30k. Do the maths...)
- 6.39 This is why pharmacies opening for extended hours tend to be in huge Retail Parks or city centres. Not in small towns of 1,300 people where they are competing with another pharmacy ...
- 6.40 To be blunt, the opening hours proposed by the applicants are completely unsustainable and perfectly demonstrate how little the applicants understand the commercial realities of running an NHS

pharmacy.

- 6.41 Of course, as I will explain in more detail later, the applicant is under no obligation whatsoever to persevere with these proposed hours. As soon as they realise how financially crippling they would be they can simply reduce them to meet the Board's model hours scheme.
- 6.42 **It is for this reason that 'extended hours' is not a factor which can be taken into consideration by a PPC when considering an application.**
- 6.43 What about the services offered by the applicants?
- 6.44 Well it appears that someone simply Googled 'pharmacy services' then wrote down what Google came up with, and once again the applicants have shown that they don't have a clue about operating an NHS Community pharmacy.
- 6.45 I've already touched on these proposed services when I questioned the applicants, but as is the case with extended hours, **the applicant is under no obligation whatsoever to provide any service which is not part of the core NHS contract.**
- 6.46 If there is a genuine gap in services - for example, as once happened when an existing contractor refused to provide a methadone supervision service (which is not compulsory) then the PPC may take the services offered into account. However, where there is no gap in service then all the additional services being proposed by an applicant are irrelevant.
- 6.47 Only one question in the survey has any relevance to that most important question of all - *'are existing services adequate'?*
- 6.48 If I could refer you to our papers 3a and 3b
- 6.49 What we have done here is to analyse the responses to the question *"are there any gaps/inadequacies in the existing provision"*
- 6.50 In particular, we wanted to see if there was any substance to the claims made by those 60 people who think that there is a gap in the existing provision. (It's also important to note that the majority of respondents did not believe that there was a gap in service).
- 6.51 So lets go through the reasons some people think they have an inadequate service:
- 6.52 The most popular reason was the distance from the surgery to the pharmacy. It's 387 yards with no busy roads and it's on the flat. I'm sure you will have noticed on your site visit that you can see the pharmacy from the Garrison.
- 6.53 There is would you believe a video on the internet of the Holyrood Public

Petitions Committee where Jean Kerr (who you may recall is a SOD and ex-director of CCDC) tells the committee that people need to get a taxi from the surgery to the pharmacy. I'm serious.

- 6.54 And what if there was a huge storm, and a patient with mobility problems couldn't get from the surgery to the pharmacy? What would they do?
- 6.55 Simple-someone would come and get their prescription, take it to the pharmacy dispense it and then deliver it to the patient's home. That's the very simple way we get round wee problems like that when you're a friendly local pharmacy in a small community. It is not a justification for the NHS spending thousands paying for a new pharmacy.
- 6.56 The second most popular reason for existing services being 'inadequate' was our opening hours. In particular some people are dissatisfied that a patient presenting in the surgery between 5.30 and 6.00 may not be able to get a prescription dispensed immediately after the consultation.
- 6.57 We don't believe this is a genuine problem but if it was, we would be happy to discuss a synchronisation of opening hours with the surgery and the board.
- 6.58 If I could refer you to our paper 1 which is the Board's current Hours of Service Scheme (or 'Model Hours' as it's often called).
- 6.59 Every Health Board has a document like this. It's the hours which must be opened by every pharmacy contractor. We are fully compliant with NHS Ayrshire & Arran's model hours scheme. (In fact we go a bit further because during the summer months we always open on Bank Holidays.)
- 6.60 If you look at the underlined section, you will see that in any neighbourhood where extended hours may be required in order to secure an adequate pharmaceutical service the mechanism whereby this inadequacy is addressed is by the Board - in consultation with the APC - introducing a rota.
- 6.61 **The problem cannot be addressed by a PPC granting a new contract to an applicant promising extended hours because, as stated earlier, a PPC has no power to enforce the opening of these hours on a new contractor after they have opened their pharmacy!**
- 6.62 In other words extended opening hours have no relevance to a PPC hearing. It's a waste of time to even discuss them.
- 6.63 The next reason is 'boycotting existing pharmacy and wanting choice'.
- 6.64 I'm sure the PPC will be aware that 'Choice' is like 'convenience'. It has no part to play in considering an application.
- 6.65 'Inadequate disabled access': Our pharmacy is DDA compliant and we have never had a problem with a disabled patient.

- 6.66 'Problems with the ferry'.
- 6.67 It's true that the Largs-Cumbrae ferry is regularly disrupted, but it's rare for a whole day to pass without a service. Since we opened 4 years ago there has only been one single day when a pharmacist failed to get to the island and that was Christmas Eve 2014. The reason we never sent the pharmacist was actually not because she couldn't get there - it was because she wouldn't be able to get home for Christmas. We consulted the board and it was agreed that our Emergency Dispensing SOP would be sufficient to cover any emergencies on that day. As it happens, we didn't need to use it. In general, we keep an eye on the weather and when there are storms our pharmacists get over before it starts and stay in the George Hotel for the duration.
- 6.68 Our pharmacists all go beyond the call of duty to ensure that they are able to operate the pharmacy no matter the weather. The same cannot be said for the SODS Superdrug delivery service' and it's no surprise that when there's a storm there are usually a few unfamiliar faces using our pharmacy.
- 6.69 Of course, as an 'inadequacy' there is another glaringly obvious problem here: if our pharmacist can't get to the island, then how would the Garrison pharmacist? Can the applicants guarantee that they will have an employee who will move to Millport? Of course they can't - and I've got some bad news for them. They'll have a hard time finding a pharmacist who agrees to live on Cumbrae.
- 6.70 'Inadequate Premises'
- 6.71 You'll have visited our premises. As I'm sure you'll agree, they are far from inadequate. The GPhC were perfectly happy with them, as was the previous Chief Pharmacist - Professor Scott - who visited them twice and was very complimentary. In fact, he sent a very nice letter to Karen congratulating her on what she has done on the island which you may have seen on your visit.
- 6.72 'Existing Services Inadequate'
- 6.73 I suppose it has to be expected that when presented with a long list of proposed services - most of which sound very impressive even if no-one really knows what they are - then a few people will assume that the routine services we provide at Cumbrae Pharmacy are 'inadequate'.
- 6.74 This is called a 'leading question'.
- 6.75 Cumbrae Pharmacy provides the full range of Core NHS services and is enthusiastic about any local service which may be of any relevance to people on the island. Our services are excellent - they are most certainly not 'inadequate'.

- 6.76 Finally, our 'out of hours urgent supply' is considered inadequate by one respondent.
- 6.77 This is actually great progress, since the inability of the GPs to nip into the dispensary at night was one of the main reasons people objected to our pharmacy opening in the first place.
- 6.78 As it happens, we have an SOP which allows for the remote supervision of emergency dispensing at *any time* - whether it's because of a ferry failure or an out of hours emergency. This SOP is used as an example of innovative and pragmatic pharmacy practice by the GPhC in their lecture to Pharmacy Students. (See our Paper 2)
- 6.79 **So, are existing services on Cumbrae inadequate?**
- 6.80 We have a pharmacy in a central location, with an award winning pharmacy team.
- 6.81 The pharmacy is a short walk from the GP surgery and is at the heart of the town - easily visible to the thousands of visitors to Cumbrae and accessible to all residents.
- 6.82 The pharmacy provides all of the core NHS services and all appropriate locally negotiated services, plus operates a free prescription collection and delivery service.
- 6.83 The pharmacy complies with the Board's Model Hours Scheme, and also opens bank holidays during the summer season. We would be happy to discuss any additional requirements with NHS Ayrshire & Arran under the terms of the scheme.
- 6.84 The pharmacy has an innovative SOP for the supply of medicines in an emergency and where a pharmacist is unable to reach the island.
- 6.85 The pharmacy is fully DDA compliant.
- 6.86 And finally we have a great working relationship with the new GP, the nurses at the Lady Margaret Hospital and all of the other healthcare professionals on the island.
- 6.87 **Pharmaceutical services on Cumbrae are not simply adequate - we believe they are fantastic and we are extremely lucky to have the amazing team on the island that we do.**
- 6.88 But let's imagine that for some reason, the PPC were to decide that the existing service was inadequate.
- 6.89 There's one final part of the Legal Test which I'll go through just for completeness.

- 6.90 'Will the granting of the contract secure an adequate pharmaceutical service?'
- 6.91 In answering this question we must accept one very important fact:
- 6.92 Millport is not large enough to financially sustain two NHS community pharmacies.
- 6.93 Without boring the PPC with details, that's just an inescapable fact. The surgery generates 3,500 scripts a month. When you exclude care home scripts, the inevitable leakage due to people going to work on the mainland, and appliances you are probably left with around 3000 items per month. Even if you split these 50/50 you are left with 1,500 per pharmacy.
- 6.94 A pharmacy company cannot survive on 1,500 items per month whilst paying for an employee pharmacist, support staff and paying rent.
- 6.95 I'll allow the contractor pharmacists on the PPC to confirm this to the other members and I won't bore you with figures and business plans. It's just commercially unfeasible.
- 6.96 So if the granting of this application is to secure an adequate pharmaceutical service whilst at the same time resulting in the closure of the existing pharmacy - or more likely the failure of the new pharmacy - then how can the granting of this application 'secure' anything?
- 6.97 The only possible logical reason for this application 'securing an adequate pharmaceutical service' would be if this particular application offered something that the existing contractor does not.
- 6.98 Is it the opening hours? Well, we've established that extended hours are irrelevant to a PPC.
- 6.99 Is it additional non NHS services? Again these are irrelevant to a PPC.
- 6.100 Is it having a pharmacist on the island? The applicant can no more guarantee this than the existing pharmacy can. We own the countries only dedicated pharmacy recruitment company, and we couldn't get someone to live on the island!
- 6.101 Maybe the applicants think that they will bring the community together, by having a pharmacy that every resident will patronise, with no need to run their 'SODS Delivery Service' to the mainland.
- 6.102 Well that doesn't work either because for every supporter of the SODS getting their prescription from Superdrug there are two who happily use Cumbrae Pharmacy and will never set foot in a pharmacy owned by the CCDC.

- 6.103 So that doesn't work either.
- 6.104 The fact is this: Granting this application will not secure an adequate pharmaceutical service. In fact, it would do the opposite. It would cause a war of attrition between two pharmacies where costs would need to be cut to the bone and services would suffer horrendously. Ultimately only one pharmacy would survive, but the fall-out would be devastating.
- 6.105 So to summarise:
- 6.106 This application has been driven by the same small group who tried to stop Cumbrae Pharmacy opening and have subsequently organised a boycott of Cumbrae Pharmacy - with no regard for the safety of patients.
- 6.107 The application fails the legal test on every count.
- 6.108 Services provided at present are adequate. In fact, they go way beyond what would be considered 'just adequate'.
- 6.109 The services, opening hours, and other 'frills' proposed by the applicants are completely irrelevant to the Legal Test since they are unenforceable were the application to be granted.
- 6.110 Granting this application will not secure an adequate pharmaceutical service. It will destabilise the existing service and lead to chaos for as long as two pharmacies are fighting each other to survive. Cumbrae cannot support two NHS pharmacies.
- 6.111 Finally, the applicants made this application in the belief that the regulations have changed and that 'public support' is now a key element in the consideration of an application.
- 6.112 This, of course, is absolute nonsense.
- 6.113 The new regulations merely give the public more opportunity to 'feed in' their opinions IN THE CONTEXT OF THE LEGAL TEST.
- 6.114 In other words, the opinions of the public about the adequacy of their service should be sought out. Information about their transport needs, their existing service, etc...
- 6.115 The rules did not change to make it a referendum on whether the public want a new pharmacy!
- 6.116 We respectfully ask the PPC to refuse this application, and to put an end to the campaign of harassment we have endured for 5 years."
- 6.117 This concluded the representation from Mr Semple.
- 6.118 **The Chair invited Mr Bertram to question Mr Semple but the opportunity was declined.**

6.119 **The Chair then invited questions from the Committee to Mr Semple but none were asked.**

6.120 The Chair therefore asked all parties to sum up in reverse order starting with Mr Semple.

7 Summing Up

7.1 Mr Semple agreed with the proposed neighbourhood as the Isle of Cumbrae. In Mr Semple's opinion the existing pharmacy was more than adequate to meet the islanders' pharmaceutical needs and stated that this application failed the legal test.

7.2 Mr Bertram asked committee members to wipe from memory words that had been used by Mr Semple such as destabilise, lead to chaos and vendetta. CCDC had tried to find a solution and a way forward. Mr Bertram challenged the claim that there had been a campaign of harassment and had spoken to lawyers as a result. Reassurance was given that CCDC had conducted itself with the utmost professionalism throughout. CCDC owned the Garrison building and did not need to pay rent. There was a willingness to work with the care homes.

7.3 At this point Mr Semple objected as new points were being introduced which could not be challenged. The Chair reminded Mr Bertram to provide a summary of the points already made.

7.4 Mr Bertram said that CCDC had developed a business model and looked at how costs would be covered. Mr Bertram was well qualified to produce a business model having an MBA and a distinction in accountancy. It was also produced in conjunction with Chartered Accountants prior to the application being submitted in first place. If CCDC believed the mission of this application was to produce chaos in the NHS it would not have been allowed to be taken forward by the Directors. All CCDC's Directors believed the islanders wanted to see a second pharmacy in the Garrison not to destabilise the public sector within Millport.

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 Party 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 1440 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 Millport 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 Millport and the surrounding area.
- iii. Area Profile report for Data Zone S01004508
- iv. Ferry timetable detailing services between Largs and Cumbrae and fares..
- v. Dispensing statistics of the Community Pharmacies in Millport and Largs
- vi. Further information including details about the existing Provision of Pharmaceutical and Medical Services in/to Millport and population figures for Millport as indicated by Scottish Neighbourhood Statistics and General Register Office Statistics.
- vii. Report on Pharmaceutical Services provided by existing pharmaceutical contractors to the neighbourhood
- viii. NHS Ayrshire & Arran Pharmaceutical Care Services Plan 2012
- ix. 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 Cumbrae Community Development Company regarding the application for a new pharmacy within Garrison House, 2 Clifton Street, Millport, KA28 0AZ.

- 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); hard copies of the questionnaire were available and could be requested by telephone. 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 13 May 2015 until 16 September 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
1a. do you agree this describes the neighbourhood to be served?	93.1	3.1	3.8	149	5	6
1b. do you think the proposed location is appropriate	71.7	27.7	0.6	114	44	1
2a. do you think the proposed hours are appropriate	77.6	21.2	1.3	121	33	2
3a. do you believe there are any gaps/deficiencies in the existing provision of pharmaceutical services to the neighbourhood?	39.2	45.8	15	60	70	23
4a Do you wish to comment on the statement about the proposed pharmacy improving access to pharmacy services, being operational for 62.5 hours per week	59.2	40.1	0.7	87	59	1
4b Do you believe this proposal would have any impact on other NHS services on the island?	54.3	26.5	19.2	82	40	29

- 10.9 In total 160 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 154 were identified as individual responses and 3

responded on behalf of a group/organisation. 3 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 view of the Interested Party 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 the island of Cumbrae.

11.5 This definition had been reached because of the natural boundary provided by the Firth of Clyde.

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 there was one pharmacy within the neighbourhood and the location of the four existing pharmacies in Largs.


11.9 Taking into account the prescription figures and services available at the five pharmacies serving the neighbourhood, all members of the Committee

deemed existing pharmaceutical services adequate. Cumbrae Pharmacy provided a prescription collection and delivery service on request and was open on bank holidays although not required to do so by the Health Board. There had been no complaints made to the Health Board about the pharmacy services available to islanders. The Committee were advised by the pharmacists that the information provided by Mr Semple that there had been no out-of-hours opening in the last ten years was correct.

- 11.10 **The Committee concluded that there was no evidence provided to demonstrate any inadequacy of the existing pharmaceutical services to the defined neighbourhood.**
- 11.11 Following the withdrawal of Ms McConnell, Mr Devenish 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 adequate.
- 11.12 Accordingly, the decision of the Committee was unanimous that the provision of pharmaceutical services at the premises was neither necessary nor desirable in order to secure adequate provision of pharmaceutical services within the neighbourhood in which the premises were located by persons whose names were included in the pharmaceutical list, and accordingly the application was rejected. This decision was made subject to the right of appeal as specified in Paragraph 4.1, Regulations 2009, as amended.
- 11.13 Ms McConnell, Mr Devenish and Ms Lamprell returned to the meeting, and were advised of the decision of the Committee.

The meeting closed at 1500 hours

Signed:



Alistair McKie

Chair – Pharmacy Practices Committee

Date:

15th February 2016