

**Minutes of the meeting of the Pharmacy Practices Committee (PPC) held on
Wednesday 25 January 2017 at 1245 hours in the Fenwick Hotel, Fenwick**

The composition of the PPC at this hearing was:

Chair: Mr Alistair McKie

Present: Lay Members Appointed by NHS Ayrshire & Arran

Ms Margaret Clark
Ms Pauline Hamilton
Mr Donald Osborne

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

Observer: Mr Alan Cowan, NHS Greater Glasgow & Clyde, Vice Chair
Pharmacy Practice Committee

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

1. APPLICATION BY MR ASHFAQ AHMED

1.1 There was submitted an application and supporting documents from Mr Ashfaq Ahmed received on 3 October 2016, for inclusion in the pharmaceutical list of a new pharmacy at 77 Main Road, Fenwick, KA3 6DU

1.2 Submission of Interested Parties

1.3 The following documents were received:

- i. Letter dated 23 December 2016 from Gavin McLaren of Central Pharmacies UK Ltd

- ii. Letter dated 23 December 2016 from Matthew Cox of Lloyds Pharmacy
- iii. Letter dated 8 January 2017 from William McAlpine, Joint Secretary of the Ayrshire and Arran GP Sub-Committee
- iv. Letter dated 9 January 2017 from Mrs Gillian Jardine, Chair of the Area Pharmaceutical Professional Committee (APPC)
- v. Letter dated 11 January 2017 from Fenwick Community Council
- vi. Letter dated 17 January 2017 from Matthew Cox of Lloyds Pharmacy asking for additional comments to be taken into account by the Committee in Lloyds absence

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

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

2. Procedure

2.1 The Applicant and interested parties were invited into the hearing.

2.2 At 1245 hours on Wednesday, 25 January 2017, the Pharmacy Practices Committee ("the Committee") convened to hear the application by Ashfaq Ahmed ("the Applicant"). The hearing was convened under Paragraph 2 of Schedule 3 of The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, as amended, (S.S.I. 2009 No.183) ("the Regulations"). In terms of paragraph 2(2) of Schedule 4 of the Regulations, the Committee, exercising the function on behalf of the Board, shall "determine any application in such manner as it thinks fit". In terms of Regulation 5(10) of the Regulations, the question for the Committee was whether "the provision of pharmaceutical services at the premises named in the application is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located by persons whose names are included in the Pharmaceutical List".

2.3 The Chairman welcomed all to the meeting and introductions were made. The hearing was advised that Ms Ferguson was independent from the Health Board and was solely responsible for taking the minute of the meeting. Mr Cowan was observing the hearing and would have no input to the discussion of the application or in the decision making.

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

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

- 2.6 Members of the Committee had undertaken a joint site visit to Fenwick and the surrounding area in order to understand better the issues arising from this application. 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.
- 2.7 The Chairman outlined the procedure for the hearing. All confirmed an understanding of these procedures.
- 2.8 Having ascertained that all parties understood the procedures, that there were no conflicts of interest or questions the Chairman confirmed that the Oral Hearing would be conducted in accordance with the guidance notes contained within the papers circulated.

3. Attendance of Parties

- 3.1 The Applicant, Mr Ashfaq Ahmed was unaccompanied. From the Interested Parties eligible to attend the hearing, the following accepted the invitation: Ms Faiza Yousaf accompanied by Mr Parvez Aslam from Central Pharmacies UK Ltd and Mrs Kim Donald accompanied by Mrs Jean Brown from Fenwick and Waterside & Moscow Community Councils.
- 3.2 The Chairman confirmed to all parties present that the decision of the Committee would be based entirely on the evidence submitted in writing as part of the application and consultation process, and the verbal evidence presented at the hearing itself, and according to the statutory test as set out in Regulations 5(10) of the 2009 regulations, as amended, which the Chairman read out in part:
- 3.3 "5(10) an application shall be ... granted by the Board, ... only if it is satisfied that the provision of pharmaceutical services at the premises named in the application is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located..."
- 3.4 The three components of the statutory test were emphasised. It was explained that the Committee, in making its decision, would consider these in reverse order, i.e. determine the neighbourhood first and then decide if the existing pharmaceutical services within and into that neighbourhood were adequate. Only if the Committee decided that existing services were inadequate would the Committee go on to consider whether the services to be provided by the applicant were necessary or desirable in order to secure adequate services. That approach was accepted by all present.

4. Submissions

- 4.1 The Chairman invited Mr Ashfaq Ahmed, to speak first in support of the application.

- 4.2 Mr Ahmed read aloud the following pre-prepared statement making alterations as necessary:
- 4.3 "Firstly I would like to thank the Committee for providing me with the opportunity to present my case today.
- 4.4 *Background*
- 4.5 I qualified at an early age from the University of Strathclyde over 10 years ago. I have worked for all major high street pharmacies as well as small independents. The majority of my work has been in the community pharmacy setting either as a manager or a locum. The experience of working all over Scotland and sometimes in England has given me immense exposure to the different working environments and priceless experience in regards to what aspects of healthcare are most important for a neighbourhood and its residents.
- 4.6 I have never before applied for a pharmacy contract, purely because I have been waiting for when I genuinely felt there was a need and that I could make a massive improvement. I shall do my best today to provide facts and figures to show that this is exactly the case.
- 4.7 *Neighbourhood*
- 4.8 As per my application, the neighbourhood is defined as the whole village of Fenwick and the surrounding areas (Moscow, Waterside and local farms). Boundaries are as follows;
- 4.9 To the North – M77
- 4.10 To the East – M77/A719 intersection following road all the way down to Moscow.
- 4.11 To the South – From Moscow travelling North on A719, turning left and taking unnamed road towards Sunny Side Cottage Gardens, then travelling West and taking a series of (unnamed) roads until B7038/Main road roundabout reached.
- 4.12 To the West – M77
- 4.13 The proposed pharmacy will be located in the heart of the village at 77 Main Road, Fenwick, East Ayrshire, KA3 6DU. This unit will allow for very easy local access.
- 4.14 Fenwick is a historic village situated approximately 4 miles north east of Kilmarnock, bypassed by the busy M77 motorway.
- 4.15 In general it is a self-containing neighbourhood comprising of the following amenities;

- 4.16 A primary school, pre-5s nursery, pub, village shop and post office, car garage, decorators, hairdressers, bowling club, deli and coffee shop and at least half a dozen B&Bs.
- 4.17 The village is also home to :-
- 4.18 Fenwick Hotel – which includes a quality restaurant
- 4.19 Craufurdland – which is a large, family run estate and castle in Fenwick, and features accommodation, fisheries, outdoor activities and a café.
- 4.20 A community hall
- 4.21 A Church which has a well-used hall with a small car park. It has great sporting facilities all situated on the playing field.
- 4.22 A small children's play park.
- 4.23 A sheltered housing complex
- 4.24 A care home (Hallhouse)
- 4.25 The future developments for a better transport network and improvements in the roads will only strengthen the self serving ability of this neighbourhood.
- 4.26 Existing Pharmacies and Inadequacies
- 4.27 Presently there is no pharmacy providing a full pharmaceutical service within the village of Fenwick.
- 4.28 In fact, the nearest pharmacy is located on Glasgow Road and from the middle of Fenwick is 2.8 miles and for many residents is well over 3 miles (3.2 miles) away and that equates to a round trip of over 6 miles.
- 4.29 The bus service is every 30 minutes. The total time for a patient using public transport to get to the nearest pharmacy and back is well in excess of an hour.
- 4.30 I have taken this journey several times during quiet periods. I am a fairly healthy individual but even I found it extremely challenging, for the following reasons;
- 4.31 From the bus stop the extremely busy Glasgow Road has to be negotiated with cars travelling in both directions at high speeds.
- 4.32 There are absolutely no traffic lights to assist with crossing and only a small platform in the middle of this road separates the pedestrians from passing traffic.
- 4.33 From personal visits it was observed that the traffic didn't always stop to

give way and many were forced to look for gaps to cross – obviously not a very safe option.

- 4.34 The walk to the pharmacy involves avoiding being splashed by the puddles which accumulate quickly next to the narrow pavements, trying to find a way round the very badly damaged slabs and then negotiating a very busy car park.
- 4.35 Due to the petrol pump, Tesco's and many other shops, the cars were entering and exiting from all different directions. Trying to allocate a path and cross was very tricky. The journey back was just as challenging.
- 4.36 I have to comment and honestly I am not exaggerating when I say this:-
- 4.37 Whilst waiting at the bus stop to return, I saw a few people with kids waiting in the middle of the road which I believe was a chevron and while traffic was passing from behind them on the other side a lorry driver slowed and flashed his lights to let them cross. The risks associated for everyone involved are pretty clear. To top it all off, the return bus was exactly 11 minutes later than scheduled therefore confirming the unreliability of the public transport that many have mentioned.
- 4.38 This is not taking into account the waiting times for prescriptions and indeed instances where patients have to return to the pharmacy for a balance. These challenges are likely to be exaggerated during busy periods e.g. morning traffic or rush hour.
- 4.39 I have submitted photos and explanations as evidence for the points I have just made.
- 4.40 Other pharmacies in Kilmarnock take even longer to get to.
- 4.41 Pharmacy in Kilmaurs is 4.5 miles away with no direct bus service. (Have to change buses in Kilmarnock).
- 4.42 The distance to the pharmacies makes it virtually impossible to get there by foot.
- 4.43 The extremely high cost at £4.60 for a return ticket from Fenwick and travel time involved will no doubt act as massive deterrents for those seeking medical advice from a pharmacy. (Especially so on a regular basis). This is clearly unacceptable.
- 4.44 Even car owners will have to travel a round trip in excess of 6 miles to access the nearest pharmacy.
- 4.45 The situation is actually worse when considering other parts of the neighbourhood. For example, the distance to the nearest pharmacy from Waterside is actually 4.3 miles (Lloyds) and 6 miles (Kilmaurs).
- 4.46 Again even those with personal transport have to travel a minimum total

distance touching 9 miles. The petrol expenses, the journey through narrow unlit country roads all add to the challenges faced by the locals.

- 4.47 In addition, we mustn't underestimate the contribution to emissions all these journeys will result in.
- 4.48 Currently the pharmaceutical services are indeed inadequate as there is no pharmacy within the village of Fenwick.
- 4.49 In fact, there is absolutely no medical provision for the residents whatsoever.
- 4.50 Young mums with prams, disabled, and the elderly population (which is above average in Fenwick than the rest of Ayrshire) will struggle with public transport even more in harsh weather conditions and especially as they manoeuvre around the much complained about narrow pavements. Parents of children who need access to eMAS (Minor Ailments Scheme) or those needing to physically consult with the pharmacist should not have to travel outside their neighbourhood to access these services.
- 4.51 I am aware there might be a delivery service to the area. However this is indeed an inadequacy. For example, there is absolutely no substitute for when a patient needs an eye infection looked at or when there is an emergency i.e. the patient can't wait for the delivery.
- 4.52 Moreover if a pharmacy e.g. Kilmaurs delivers a patient's regular medication to Fenwick but due to no direct bus service that patient actually visits Lloyds pharmacy for other services and counter products then this seriously jeopardises patient safety e.g. interactions can be missed.
- 4.53 Lloyds Pharmacy confirmed that they do not deliver to the area. A recently introduced delivery service from Kilmaurs Pharmacy between 4.3 to 6 miles outside the neighbourhood cannot be expected to replace full pharmaceutical services. For example, those wanting to utilise the core services such as smoking cessation where face to face interaction is key (as well as having to be monitored for carbon monoxide readings and so on) and others wanting a supply of EHC (Emergency Hormonal Contraception) currently face the same dilemma of no direct access to essential pharmaceutical services.
- 4.54 The waiting time for a routine appointment at Fenwick surgery was over three weeks to see a regular doctor. As a result of its closure, other surgeries will have to absorb this pressure. The new developments currently taking place and others planned for the future are going to massively stretch the limited resources even further.
- 4.55 A pharmacy will complement the surgeries by providing all the pharmaceutical services it can and therefore help alleviate this pressure and also free up the doctors' time for urgent matters.

- 4.56 Furthermore, I would like to read the following two paragraphs taken from Applications to provide NHS Pharmaceutical Services, a consultation on the Control of Entry Arrangements and Dispensing GP Practices produced by the Scottish Government in December 2013.
- 4.57 Dispensing GP Practices
- 4.58 (Ref) 1.28 Under the terms of "the 1978 Act", NHS Boards are required to make and administer arrangements for the provision of NHS pharmaceutical services as well as primary medical services to people in their area.
- 4.59 (Ref) 1.29 NHS Boards must assess the needs of patients based on their individual circumstances. It is for the NHS Board to determine whether any patients will have serious difficulty in obtaining their medicines and to take steps to ensure they can receive that medication. Where a patient would have serious difficulty in having their prescribed medicines dispensed, NHS Boards can instruct GP practices to dispense medication to patients.
- 4.60 Therefore given that until recently Fenwick surgery was a dispensing medical practice – this in itself confirms that the Health Board are aware of the challenges and the inadequacy of pharmaceutical services within this neighbourhood.
- 4.61 Whilst I appreciate that each application is granted on its own merit I would request the Committee to bear in mind that new pharmacy contracts have been granted for similar cases.
- 4.62 For the application in Kilmaurs, the committee had clearly stated that it was not reasonable to expect the residents to travel two miles or further to access the full range of pharmaceutical services. The distances are more than double for some residents in the case today.
- 4.63 It is important that difficulties in access to healthcare do not force people to delay treatment or ignore their health. This is emphasised by the Scottish Government who want pharmacists to be placed at the heart of the community and be the first port of call.
- 4.64 I would also like to draw attention to one of the latest applications granted, in Springside, not too far from here actually. Pharmacies were about one mile away with a bus service every 7-8 minutes, much lower bus fare costs, and a delivery service to the area, but the Committee decided the neighbourhood was not adequately served.
- 4.65 Population and Statistics
- 4.66 The population of Fenwick in 2013 was 1038.
- 4.67 The neighbourhood includes Fenwick as well as surrounding hamlets of Waterside and Moscow. Due to a lack of amenities, the residents in these

local villages depend heavily on the facilities within Fenwick. This includes the use of the surgery (when it was open), shops and cafes, work/business, church, schools and much more.

- 4.68 The catchment area of Fenwick Primary School actually includes Waterside and extends towards Moscow.
- 4.69 The Council has also grouped Fenwick, Waterside and Moscow together in the electoral register.
- 4.70 Therefore the population of Fenwick and the surrounding area totals 1261.
- 4.71 There are plans for at least another 100 houses in Fenwick (work on some has already started and may have been responsible for the site visit delay today) and there is potential for more development in Waterside. With an average occupancy of three, this is likely to increase the population to be serviced to 1600. This is not including a significant population of people living in nearby farms right along the M77 who were heavily dependent on the surgery and will look to be served in the community.
- 4.72 The following was taken from the statistics.gov.scot website – latest figures from 2016 (out of a possible 6976 with 1 the most deprived rank). Fenwick was placed within the top 25% (23.2%) and Waterside & Moscow were placed within the top 4% with regards to the most deprived areas for access to services.
- 4.73 The percentage of children and working age adults in Fenwick has decreased but increased for those of a retired age. There is now a significantly higher percentage of over 60 year olds than East Ayrshire and Scotland (Fenwick Community Action Plan 2014-2019).
- 4.74 Hence the ageing population who may not be as mobile, the pockets of deprivation and significant level of social housing, as well as the extreme difficulty with access to services indicate a strong need for a pharmacy within the heart of the neighbourhood.
- 4.75 Viability
- 4.76 Pharmacy contracts for a smaller population have been granted in Logan (approximately 1250) and Ochiltree (approximately 1000).
- 4.77 I regularly locum for an independent pharmacy which is located in an affluent village with a similar population size and demographics. It has been running very successfully for the last eight years and the business has been sustained without much trouble.
- 4.78 Therefore the long distances to other pharmacies, the higher medicinal need from the elevated elderly population, the presence of a significant population from surrounding farms and the completion of new homes should all add to the security and viability of a new pharmacy in Fenwick.

- 4.79 In addition, I have closely analysed previous NHS payments to Fenwick surgery, the average number of items dispensed and the average item value. The expected additional income (from opening longer, more services, delivering and collecting from other surgeries) have been viewed. All the costs and expenses have been extensively analysed in a business plan. The results clearly show that viability would not be an issue.
- 4.80 In fact, my provisional business plan was based on quite a reserved monthly average from 2015. However recent figures provided by the Health Board indicated that from July to September of 2016, for residents of this neighbourhood, 7052 items were dispensed giving a much greater average of 2350 per month and this too during the quieter summer months when schools are off and people are away.
- 4.81 It is evident that demand has increased considerably and again should add to the viability.
- 4.82 Representations
- 4.83 The Area Pharmaceutical Professional Committee (APPC) felt that adequate services were provided to the area from existing pharmacies. I would like to comment on the reasons which formed the basis of their decision:
- 4.84 Suggesting that a pharmacy, which for many (Waterside) is at least 4.3 miles away was reasonable, is difficult to understand, especially with the presence of a high elderly population and no regular bus service.
- 4.85 Transport links -
- 4.86 I struggle to appreciate how an unreliable and costly bus service running every half an hour is seen as good public transport links.
- 4.87 I would like to know if any member of the APPC actually physically took the journey or just acquired information from the bus timetable. I ask this because on several occasions I personally did take the journey from Fenwick, and found the risks and challenges discussed previously to be present each and every time. Especially with the fact that there is a primary school and pre 5s nursery. We are all aware of the recurrent medical needs of children as their bodies develop, and to suggest that these regular commutes are reasonable e.g. for mums with buggies, is somewhat unreasonable.
- 4.88 Amenities
- 4.89 Firstly I don't believe that amenities are too limited – I have already provided a list including: a school, church, deli and coffee shop, hotels, hairdressers, pub etc. It is also worth mentioning that over the past decade or two there has been a great shift in the way people shop. Most transactions from paying bills to ordering food are now completed online. I

do believe that at certain times residents will have to leave the neighbourhood but for daily needs which I feel should really include food, drink and clothes there isn't such a requirement. This opinion was actually confirmed when as part of my initial research I spoke to the locals and many suggested exactly that i.e. most just ordered online especially with a huge supermarket only a couple of miles away.

4.90 Surgery

4.91 The APPC felt the closure of the surgery should not influence the decision. Again I disagree. With now no medical provision within the area to serve such a significant population, this creates an even greater need for a pharmacy. A local healthcare professional will be absolutely vital under these circumstances. It will also reduce unnecessary calls to the stretched NHS24 and visits to A&E, and also save on costs for ambulance call outs.

4.92 Consultation

4.93 In addition they didn't really touch on the Consultation results which was slightly disappointing. With such a high response rate and almost two thirds of people in support, especially with the uncertainty over the surgery, it would have been interesting to hear their opinion.

4.94 Consultation Analysis Report (CAR)

4.95 Before I begin my analysis, I want to clarify that I had spoken to locals after the consultation and most were under the impression that it was a choice between the pharmacy and surgery. I believe this is clearly evident from the additional comments that were made in the consultation report. Many felt that if both the pharmacy and surgery could co-exist then their feedback would have been different. I would kindly ask the Committee to take this into consideration.

4.96 Some of the recurrent concerns were as follows:

4.97 Size of the premises

4.98 Some felt it was on the smaller side to provide all the services and include a consultation room.

4.99 I have been fortunate to have worked in pharmacies of all shapes and sizes in over 10 years as a locum pharmacist. Some even operate from a small area at the back of a grocers or supermarket that sells alcohol and tobacco products! The interesting fact is that they are still operating even after years of their business expanding.

4.100 I regularly work at an independent's which is very similar in size. It easily includes a spacious consultation area with an excellent range of over the counter (OTC) medicines as well as basic need items. In fact the owner has just installed more stands for gifts, cards and first aid products. The pharmacy has a very healthy number of weekly blister packs but with

clever designing and fitting there has never been a problem with dispensing or indeed storage space.

- 4.101 The population profile (e.g. size, age) and the location indicate that half a dozen patients waiting in the shop for their prescriptions to be dispensed simultaneously is unlikely (it is not a high street pharmacy). In fact with a prescription collection and delivery service on offer, this occurrence will be even more improbable. Therefore I feel the requirement for huge premises isn't essential. In any case priority will be given to the dispensary and consultation room first. Available space will be used for counter medicines and then additional products. I personally believe having a pharmacy at the heart of the community with very easy local access is of more importance.
- 4.102 Experienced and professional pharmacy shop fitters have confirmed that plans incorporating a consultation room and a dispensary will not be a problem. This should help take care of the worry that some expressed in regards to the size of the premises.
- 4.103 Viability
- 4.104 Already discussed.
- 4.105 Parking
- 4.106 Patients who used to drive to the surgery will basically start using the pharmacy down the road. Not sure how this is supposed to deteriorate the parking situation as some mentioned. In fact with many prescriptions being collected and delivered at once there is likely to be less congestion.
- 4.107 I personally have made many visits to the area over the year and from busy mornings to rush hour peak times have never had any problems. If anything I have found a choice of parking spaces available.
- 4.108 Theft
- 4.109 Some comments suggested the pharmacy could invite crime. While it can never be guaranteed every effort will be made to minimise such occurrences. For example, latest alarms and CCTV cameras will be installed.
- 4.110 At a community council meeting the police were consulted on the risk that a pharmacy may bring to the area. It was made very clear that historically a pharmacy premises did not result in an increased risk of break-ins in comparison to any other business.
- 4.111 Now the Analysis
- 4.112 The total number of responses received was 224. This can be viewed as an excellent response rate. Especially considering the population to be served and the fact that for the majority, each response was representative

of several occupants.

4.113 Question 1 - Neighbourhood

4.114 The neighbourhood to be served includes Fenwick as well as Waterside, Moscow and the local farms. As discussed earlier, residents in these nearby areas do not have any medical facilities of their own. They rely on the amenities, schools and services within the village and many either come to work or have set up their own business.

4.115 The map used for the consultation unfortunately did not make the neighbourhood clear. This was evident as almost 20% of the respondents (living out with Fenwick) felt that they had been excluded.

4.116 On the positive side, the fact that many people outside Fenwick responded is a good indicator and reiterates how strongly residents nearby feel about the need to be included and be part of the population to be served by a new pharmacy.

4.117 Question 2 - Location

4.118 Over two thirds (68.3%) agreed with the appropriateness of the location – indicating that parking and access would not be a problem.

4.119 Question 3 – Live in the Neighbourhood

4.120 Almost 90% were local residents.

4.121 Question 4 – Opening Times

4.122 Over 70% felt that the opening times were just right with about 18% who did not know. Some (6%) were worried that the hours were too long and the business may not be able to sustain itself. The costs have been closely calculated and staff wages factored in. The business projections look positive. The pharmacy will be open every day until 5:30pm and 6pm on days the surgery used to open until later.

4.123 If there is a need to extend the hours on a certain day or indeed operate earlier then this will strongly be considered. In general I feel these times will allow good access to local pharmaceutical and healthcare facilities and would be a massive improvement in comparison to the current situation.

4.124 Question 5 – Appropriateness of services listed for the proposed new location

4.125 Over two thirds (66.7%) agreed and some commented about the lack of space and indeed privacy which had existed within the surgery. I shall therefore make every effort to have a good, solid, soundproof consultation room so that this concern is taken care of. The aim is to offer as many services as possible and thereby deflect as much stress and pressure off the surgeries and doctors. For example, providing services like eMAS,

EHC and smoking cessation is likely to result in a much more efficient use of the consultation hours for all surgeries.

- 4.126 Some of the comments mentioned that many of the services were already provided by the surgery. With the practice now closed, these points are no longer relevant.
- 4.127 In any case, I strongly feel that a better approach would be to let the pharmacist offer as many services as possible and for the surgeries to utilise these opportunities and offer shorter waiting times for appointments instead.
- 4.128 After all we are all aware of the chronic shortage of GPs across the country. To underline my point I would like to quote from the consultation feedback (Q4, no 57) "Surgery is part time as a stroke victim I strongly feel 3.5 weeks is far too long to wait for an appointment."
- 4.129 Question 6 – Gaps / deficiencies in existing services
- 4.130 Just over half the respondents (50.2%) agreed. The most common factor being the part time opening hours. If the situation wasn't challenging enough it will be worse now that the surgery is closed.
- 4.131 With the growing population and demand for services increasing, conditions are likely to get even more desperate.
- 4.132 Some residents are registered to one of the other surgeries of the practice and have to take a journey of at least two buses to attend. They felt it was unacceptable that they had no alternative medical provision available to them within the neighbourhood.
- 4.133 Question 7 – Wider impact and pharmacy complimenting surgery – do you wish to comment
- 4.134 Over half the respondents were fine and in agreement with the statement that the wider impact would improve access to services but 43% wanted to comment.
- 4.135 Most of these comments expressed a worry that the surgery may close. This underlines the fact that the majority weren't necessarily disagreeing with the statement. It reiterates a point I made earlier that many respondents weren't aware that having both the surgery and pharmacy operating simultaneously was a realistic option.
- 4.136 Again with the surgery now closed, I would like to reason that the percentage in favour would be significantly higher.
- 4.137 Question 8 – Proposal would have an impact on other NHS services
- 4.138 34.1% felt there would be no impact. On the other hand, while 47% agreed it would have an impact, it was hard to decipher the exact percentage who

thought this would be in a positive or negative manner.

4.139 Question 9 – Support a new pharmacy

4.140 I believe this to be one of the most important questions. 8.5% didn't know. Out of the remaining 91.5% - two thirds (59.8%) answered yes. This indicates a very solid level of backing especially with the uncertainties that existed. Again with the latest changes, the support is likely to be even greater now.

4.141 Question 10 – Contact information

4.142 Almost all (98.6%) were individual responses.

4.143 Question 11 – Post code and occupancy levels

4.144 Nearly all respondents were local residents.

4.145 In regard to occupancy levels – 132 completed paper consultation questionnaires were returned to the Health Board.

4.146 If I break this down further and refer back to Q9 which was to do with supporting a new pharmacy then the occupancy levels for the 132 paper responses were as follows

4.147 Total 91 answered Yes = (Total occupants – 208)

Total 27 answered No = (Total occupants – 51)

Total 7 answered Don't Know = (Total occupants – 16)

4.148 Based on the assumption that other members of the family didn't also complete a separate questionnaire and assuming that all occupants in the household were in agreement with the individual completing the questionnaire then the following observation can be made -

4.149 Question 9 gave a percentage to how many people were in favour, however, when occupancy levels are analysed it creates an even clearer divide. It can be observed that for every four people in favour there is only one person opposing. I believe this brief summary gives a very strong reflection of the support and the need for a new pharmacy within the village.

4.150 Unfortunately I was unable to ascertain this information for those that had completed the online survey.

4.151 I would like to end the CAR analysis by mentioning that throughout the consultation process I wanted to establish a true reflection of the views of the residents. Therefore honestly speaking I didn't ask anyone I personally knew who may have had a biased view to respond. This was purely to avoid orchestrating the result in any shape or form."

- 4.152 This concluded the presentation from Mr Ahmed.
- 5. The Chairman invited questions from the Interested Parties in turn to the Applicant**
- 5.1 Mrs Donald (Fenwick Community Council) questions to Mr Ahmed - none
- 5.2 Ms Yousaf (Central Pharmacies UK Ltd) questions to Mr Ahmed - none
- 5.3 **Having established that there were no questions from the interested parties the Chairman invited questions from Committee members.**
- 6.0 Questions from the Committee to Mr Ahmed**
- 6.1 Mr Osborne (Lay Member) questions to Mr Ahmed
- 6.1.1 Mr Osborne referred to comments made about patients having to collect the balance of prescriptions and asked how long it would take Mr Ahmed to deliver the balance. Mr Ahmed said that the priority would be to deliver it on the day but would depend on the time of day the prescription was received. Pharmacies were able to order several times throughout the day. The proposed pharmacy would try its best to issue prescription balances on the same day but if not deemed an emergency balances would be available the following day.
- 6.2 Ms Lamprell (Non-Contractor Pharmacy Member) questions to Mr Ahmed
- 6.2.1 Mrs Lamprell asked whether it was still the case that the applicant did not have a lease for the proposed pharmacy premises. Mr Ahmed said there was a binding agreement with the landlord which was ready to be transferred to a lease should this application be approved. Evidence of this had been submitted to the Health Board.
- 6.2.2 When asked whether the full costs had been factored in for the collection and delivery service, Mr Ahmed confirmed that the cost of a full time delivery driver had been factored into the business case. Family were also available to lend support should deliveries exceed this provision.
- 6.2.3 Ms Lamprell referred to the comment made in the application that "the premises would be made as compliant as possible for disabled access". Mrs Lamprell wanted to know what essential adjustments would be made to the premises and what adjustments would be desirable. Mr Ahmed replied that it was essential to ensure that disabled patients could access the premises in a wheelchair. Wheelchair access to the consulting room was also essential. Certain adjustments were going to be difficult to incorporate such as a disabled access toilet. However as a toilet was already present it was not essential to ensure there was disabled access.
- 6.3 Mrs Clark (Lay Member) questions to Mr Ahmed - none

- 6.4 Ms Gallagher (Contractor Pharmacy Member) questions to Mr Ahmed
- 6.4.1 The applicant was asked to clarify the proposed neighbourhood as its boundaries appeared to differ between the application submitted and representation just made. Mr Ahmed had initially misjudged the neighbourhood and had revised it after taking into account the responses received from the joint consultation exercise. It made sense to Mr Ahmed to include all the areas the proposed pharmacy wished to serve so the new neighbourhood included Waterside, Moscow and surrounding rural areas. This was also consistent with school catchment areas and the electoral register.
- 6.4.2 Mrs Gallagher then asked whether the Post Office was still open. Mr Ahmed was uncertain but thought that the shop in which the Post Office was contained was open until 2pm. Mrs Donald offered to answer but was not allowed at this point in the proceedings.
- 6.5 Ms Hamilton (Lay Member) questions to Mr Ahmed
- 6.5.1 Ms Hamilton questioned Mr Ahmed about staffing of the proposed pharmacy and specifically whether there were any periods during the day when the pharmacy would be closed. Mr Ahmed confirmed that the pharmacy was to be open from 9am to 5:30pm (6pm on late nights) and that it was not going to close for lunch. The proposed pharmacy was to be staffed by Mr Ahmed as the full time pharmacist, one full time dispenser and potentially a part time counter assistant.
- 6.5.2 When asked how the delivery driver had been factored in, Mr Ahmed had estimated that the delivery person would work 4 hours per day. The neighbourhood did not cover a vast area and the doctors surgeries from which prescriptions would be collected were not too far apart.
- 6.6 Mr Stevenson (Contractor Pharmacy Member) questions to Mr Ahmed
- 6.6.1 Mr Stevenson sought clarification on the meaning of the prescription numbers quoted in the oral representation. Mr Ahmed explained that some comments had been received from the joint consultation exercise that residents did not want a pharmacy that could not be sustained so Mr Ahmed had used prescription numbers obtained by a Freedom of Information request to assess the viability of the proposed pharmacy. FOI information provided the number of items dispensed at Fenwick surgery in January, a summer month and December 2015. This was used to indicate a monthly average and potential income for the proposed pharmacy in the business plan. The monthly average figure used by the applicant for the business plan was actually lower than that provided for the hearing by the Health Board which showed the surgery dispensed 7052 items in July, August and September last year (2350 per month).
- 6.6.2 Mr Stevenson asked whether Mr Ahmed was aware that the total number of prescription items dispensed to residents in the postcode area would not

all have been dispensed from the Fenwick surgery. Mr Ahmed appreciated that adding that some residents in Fenwick may have been registered with a different GP practice. However as the proposed pharmacy was to collect prescriptions from all surgeries in the area it would serve all Fenwick residents.

6.6.3 When asked if Mr Ahmed was aware that the dispensing figures from Fenwick surgery included items prescribed for the Care Home, the applicant was not aware of this.

6.6.4 Mr Stevenson suggested the applicant clarify the number of patients resident in the postcode area and the total number of items dispensed irrespective of which pharmacy was used. The Chairman agreed to clarify this information with Health Board officials. Nevertheless, the applicant was confident that the business plan was viable as a more conservative estimate had been used based on 2015 information.

6.6.5 Lastly Mr Stevenson sought assurance that the applicant was aware that the pharmacy payment for dispensing prescription items was different from that received by a dispensing GP practice. Mr Ahmed was aware of this adding that pharmacies also received payments for services.

6.7 Mr McKie (Chairman) questions for Mr Ahmed - none

6.8 Having ascertained that there were no further questions from the Committee for Mr Ahmed, representation from the interested parties commenced.

7.0 Interested Parties' Submissions

7.0.1 Of the interested parties present, Mrs Donald was invited by the Chairman first to make representation on behalf of Fenwick and Waterside & Moscow Community Councils.

7.1 **Mrs Kim Donald (Fenwick and Waterside & Moscow Community Councils)**

7.2 Mrs Donald read aloud the following statement:

7.3 "Fenwick Community Council made written submission to East Ayrshire Health & Social Care Partnership on 11 January 2017, with regard to the application for inclusion in the pharmaceutical list by Mr Ashfaq Ahmed, 77 Main Road, Fenwick, Ayrshire, KA3 6DU.

7.4 On behalf of the Fenwick Community Council Mrs Donald made the following comments on the Fenwick Community Council submission.

7.5 1. Consultation Process & Panel Report 2016

7.6 a) Fenwick Community Council would like it noted that the location map provided of our "neighbourhood" was incorrect. The map only showed the actual village of Fenwick, it excluded all rural areas which

fall within the Parish of Fenwick, and the rural areas surrounding Waterside and Moscow.

- 7.7 b) By this exclusion the survey was only conducted within the confines of Fenwick Village, and the hamlet dwellings of Waterside and Moscow, thus misrepresenting the area covered by the Community Councils of Fenwick, Waterside and Moscow.
- 7.8 c) Similarly the note of the meeting of the Panel, Monday 28th November 2016, again reflected incorrectly the population of our area. In Section A it states that according to the census of 2011 our population has fallen by 1.9%, when in fact it has risen substantively over the last 5 years: 87 new homes have been built or are in the process of being built, of which 67 are occupied, they are all family sized homes (3-5 bedrooms – which probably has increased the population by at least 218). The current Reporter's recommendations (due to be adopted in March/April of this year) are that a further 40 houses be built in Fenwick and 16 in Waterside – giving an additional 56 new family sized homes, potentially a further 140 residents.
- 7.9 d) Section B(6) of the same note showed a population in Fenwick of 1038, Waterside 82 and Moscow 141 (2011) when in fact it would appear that the electoral register for E601 and 602 which encompass all the hamlets, village and surrounding rural areas within our Parish of the following households, these will be only of people of the age of 18 and over, taking no account of children under 18 – Fenwick & Waterside: 1247 (households) and Moscow: 293 (households). The estimation of adults in these two polling districts is 2080, considerably more than the note estimates. This could call into question our classification as a rural area of under 3000 as noted in B(1).
- 7.10 e) Section B(4) incorrectly assumed "very little employment in the actual village of Fenwick". There are in fact many local businesses in the village of Fenwick and the surrounding rural areas of Fenwick, Waterside and Moscow. In addition many small businesses are run now from domestic premises. Additionally we have a village school of 160 children, fully staffed, which attracts many additional visits to the village daily.
- 7.11 f) Section B(5) incorrectly states "the road to Kilmarnock from Fenwick has pavements and street lights" This is the B751 leading to the B7038 to Glasgow Road, Kilmarnock. In fact the street lights end at the roundabout of the junction of the B751 and B7038, and there are no street lights for the whole section of road until the next roundabout at the junction for the A77 heading to Ayr or Kilmarnock.
- 7.12 2. **Taking all this information above into account Fenwick Community Council wishes to make the following comments:**

- 7.13 a) The situation in Fenwick, Waterside & Moscow has changed dramatically since this consultation process started. The Glencairn Medical Practice notified all its patients by letter of a temporary closure of the Fenwick Practice, as well as their dispensing service. Since the last meeting of the Fenwick Community Council in December 2016, when a senior partner of the practice attended to take questions from residents, the Health & Social Care Partnership have met. A report was issued on 19th January to the Fenwick Community Council, when we were notified that a decision has now been made to make the temporary closure of the Fenwick surgery permanent. Registered patients are advised that they will require now to use either Kilmaurs or Crosshouse surgeries.
- 7.14 b) We wish to note that the Fenwick surgery was a dispensing practice to over 1000 local residents. This status fully supports our representation that a pharmacy is now necessary. To suggest otherwise would imply that before the surgery ceased to operate, pharmacy services were over provided in this area.
- 7.15 c) Neither Crosshouse nor Kilmaurs surgeries are easily accessed by public transport, many residents do not own a car.
- 7.16 d) To access the Crosshouse Pharmacy or the Kilmaurs Pharmacy you need transport, public transport entails two changes of bus.
- 7.17 e) To access the Lloyds Pharmacy at the Western Road site if you use public transport you need to cross the very busy Glasgow Road, no pedestrian crossing is sited here. Difficult for mothers with buggies and elderly residents. This pharmacy does not provide a delivery to Fenwick, Waterside, Moscow or the surrounding areas.
- 7.18 f) Representation being made to the Community Councils since the doctors note of intention to suspend their services in Fenwick, has been that had the survey taken place following the issue of their letter many of the surveys would have been even more favourable to a pharmacy in Fenwick. As it is there was a majority in favour of a local pharmacy.
- 7.19 g) Residents who were not registered with the Glencairn practice have always had to travel a distance to pharmacies in Stewarton, Kilmaurs and Kilmarnock. We believe there would be no significant impact on any one pharmacy to prejudice the sustainability of existing pharmaceutical provision in the area.
- 7.20 h) It would appear that about half our population use doctors either in Stewarton or Kilmarnock, many residents have made representation to the Community Councils recently to say they would welcome the opportunity of having a Fenwick Pharmacy to fill their prescriptions, purchase over the counter medicines and receive a home delivery

service where required.

7.21 In Conclusion

7.22 1) The Glencairn practice letter sent out before Christmas to all their patients registered at the Fenwick Practice, advising a temporary closure, did in fact support the opening of a Pharmacy in Fenwick.

7.23 2) Subsequent to the decision last week to close the Fenwick Practice the same patients received an undated letter by post on Friday 20th January from the Partners of the Glencairn Practice advising them of the closure and where patients should attend – either Crosshouse or Kilmaurs. The Fenwick Community Council welcome the paragraph in this letter which states: “work is being undertaken to raise awareness of how new technology can support people to live independently in the community and to consider options in relation to community transport for people who need additional support to attend appointments”.

7.24 3) The Fenwick Community Council in speaking today on behalf of the residents of Fenwick, Waterside and Moscow, hope the Panel we appear before today recognises there is an opportunity to provide our communities with a pharmacy which is not only much needed but an essential service provision which is in line with current Government policies – setting out their expectation that local pharmacies should be one of the first points of contact for the provision of primary care in the community.

7.25 The Community Council can see no negative impacts only positive outcomes from this application to open a pharmacy in Fenwick village and hope the Panel will grant our community this essential facility.”

7.26 In relation to the situation with the Post Office in Fenwick, Mrs Donald confirmed it was currently closed as the licence had been suspended following an enquiry.

7.27 This concluded the presentation from Mrs Donald.

8.0 **Questions from Mr Ahmed (the Applicant) to Mrs Donald - none**

9.0 **Other Interested Parties Questions to Mrs Donald**

9.1 Ms Yousaf (Central Pharmacies UK Ltd) questions to Mrs Donald - none

10.0 **Questions from the Committee to Mrs Donald - none**

11.0 Having confirmed that there were no questions for Mrs Donald, the Chairman invited a submission from the second interested party, Ms Yousaf.

11.1 **Ms Yousaf (Central Pharmacies UK Ltd)**

11.2 Ms Yousaf outlined the following points Central Pharmacies would like the Panel to consider when making its decision on the application.

11.3

- Premise size – Central Pharmacies was concerned about the size of the proposed pharmacy premises and whether it was suitably sized to provide an adequate service. Mr Ahmed had stated that the proposed pharmacy was not a high street pharmacy and did not expect half a dozen patients to be waiting in the pharmacy at the same time for a prescription. Central Pharmacies were also not a High Street pharmacy and could quite easily have that number of patients waiting

11.4

- Viability – concern was raised about the viability of the pharmacy and on the impact for patients if it closed shortly after opening. Prescription numbers related to the whole postcode, if these were halved to 1500 items per month Ms Yousaf questioned whether this would be viable. Central Pharmacies had experienced first hand the disruption caused to patients following closure of the dispensing practice, Glencairn surgery, and raised concern about the upset caused should the pharmacy close a second time.

11.5

- Experience – the expertise of the applicant in running the pharmacy was questioned together with the impact this may have on patients.

11.6 **This concluded the presentation from Ms Yousaf.**

11.7 The Chairman noted that there had been no mention made of the neighbourhood proposed by the applicant. Ms Yousaf was content with the neighbourhood as described.

12.0 **Questions from Mr Ahmed (the Applicant) to Ms Yousaf**

12.1 Mr Ahmed stated the main objection to the application from Central Pharmacies was that the neighbourhood was adequately served because of the delivery service offered by Kilmaurs Pharmacy. The Chairman informed Mr Ahmed that questions had to be based on the oral representation made by Ms Yousaf. As Mr Ahmed had some difficulty equating the oral representation with the written statement previously submitted, the Chairman allowed some latitude. Mr Ahmed continued by asking whether a full pharmacy service was available to Fenwick residents unable to travel to the pharmacy. Ms Yousaf replied that in such circumstances Kilmaurs Pharmacy was unable to provide certain face to face services but would offer all Fenwick residents pharmacy services it was legally and ethically able to provide.

13.0 **Questions from the Other Interested Party to Ms Yousaf**

13.1 Mrs Donald (Fenwick Community Council) questions to Ms Yousaf - none

14.0 Questions from the Committee to Ms Yousaf

14.1 Mr Osborne (Lay Member) questions to Ms Yousaf

14.1.1 Comment had been made by Ms Yousaf on the size of the proposed pharmacy premises. As a lay member, Mr Osborne did not know how big a space was required to carry out pharmacy duties so asked whether there were any guidelines on the minimum size for a dispensing pharmacy. Mrs Gallagher advised that there was no minimum size stipulated but the Pharmacy Council either registered or did not register the premises. It was noted that the issue of premise size was not a matter for consideration by the Pharmacy Practice Committee.

14.1.2 Mr Osborne then enquired whether the objection raised by Ms Yousaf on the grounds of premise size would be removed if the space conformed to the Pharmacy Council's requirement. Ms Yousaf indicated that this would be the case.

14.2 Ms Lamprell (Non-Contractor Pharmacist Member) questions to Ms Yousaf

14.2.1 Ms Lamprell enquired whether any Fenwick residents used Kilmaurs Pharmacy prior to the closure of Glencairn surgery. Ms Yousaf confirmed that Fenwick residents registered with Kilmaurs Surgery used Kilmaurs Pharmacy for walk in prescriptions. Prior to closure of the Fenwick surgery it had also provided dosette boxes to five residents. Kilmaurs pharmacy had an agreement with the Glencairn dispensing practice to offer additional help if required. Kilmaurs Pharmacy had previously delivered prescriptions to Fenwick and this had not changed since the surgery closed.

14.2.2 Ms Lamprell asked what changes Kilmaurs had seen since Glencairn had closed. Ms Yousaf stated that there had been more walk ins from Fenwick residents as the vast majority of Glencairn registered patients seemed to have registered with Kilmaurs surgery. There had also been a rise in the number of blister packs provided (quadrupled for the Fenwick area) and it delivered prescriptions to a higher number of Fenwick residents.

14.3 Ms Margaret Clark (Lay Member) questions to Ms Yousaf – none

14.4 Ms Gallagher (Contractor Pharmacy Member) questions to Ms Yousaf - none

14.5 Ms Pauline Hamilton (Lay Member) questions to Ms Yousaf

14.5.1 Ms Yousaf was asked whether the delivery service had been extended to deliver items to Fenwick residents temporarily or whether this was an ongoing arrangement. Ms Yousaf stated that nothing had changed in terms of the number of hours worked by the delivery driver. The delivery person was employed on a full time basis at Kilmaurs Pharmacy and this had not changed since Glencairn had closed. The closure of Glencairn

Surgery had not impacted on the service provided by Kilmaurs Pharmacy in any way.

14.6 Mr Stevenson (Contractor Pharmacy Member) questions to Ms Yousaf - none

14.7 Mr McKie (Chairman) questions to Ms Yousaf - none

15.0 **Summing Up**

15.0.1 After the Chairman had confirmed that there were no further questions or comments from those present and participating in the hearing, the various parties were asked to sum up their arguments within ten minutes without adding any new information.

15.1 **Mrs Donald (Fenwick Community Council)**

15.1.1 Mrs Donald declined the opportunity to provide a submission summary stating that the comments already made stood.

15.2 **Ms Yousaf (Central Pharmacies UK Ltd)**

15.2.1 Ms Yousaf asked the Panel to consider the three points made during the representation from Central Pharmacies UK Ltd and the impact on patients.

15.3 **Mr Ahmed (the Applicant)**

15.3.1 Mr Ahmed said that with the surgery now closed permanently, the residents of Fenwick and surrounding villages currently had absolutely no access to medical provision within the neighbourhood. Adding that even the closest dentist, optician and hospital were in Kilmarnock.

15.3.2 The nearest pharmacy was Lloyds, for some in Waterside this was 4.3 miles away. Lloyds did not deliver prescription items so locals had to travel a total of over 8 miles to access the full range of pharmaceutical services. These journeys were costly, time consuming and challenging.

15.3.3 The alternative pharmacy was in Kilmaurs which was even further away (with a single journey around 4.3 to 6 miles). Mr Ahmed said that Kilmaurs Pharmacy had recently started a delivery service but could not realistically be seen as adequately serving a population of around 1600 especially since there were no direct bus links to the area. Listening to the Community Council representation a more accurate population was nearer 3000 which increased the need for pharmaceutical services.

15.3.4 The opening hours of the new pharmacy were to include a Saturday to aid with emergency supplies of medicines and help to address the needs of patients receiving prescriptions or advice out-with normal working hours. Should this application be granted, patients would not have to rely on a delivery service as prescription items could be collected from the new pharmacy any time throughout the day or, if working, on a Saturday.

- 15.3.5 Mr Ahmed reminded the hearing that the proposed premises were located in the heart of the village. The pharmacy was to be newly fitted with a consultation room and offer a range of over the counter products and medicines.
- 15.3.6 All core services and any additional that there was demand for were to be made available. This would potentially free up and help reduce the long waiting times for appointments at nearby surgeries and free up the doctors' time for more urgent consultations.
- 15.3.7 Assurance was given that delivering on the same day of receiving acute and repeat prescriptions was to be a priority. This would take care of urgent requests such as antibiotics, insulin and items for the elderly or housebound. Mr Ahmed endeavoured to forge an interactive, synergistic and transparent partnership with GP practices so that residents had the best of what the surgeries and pharmacy had to offer.
- 15.3.8 Overall, it was established that;
- 15.3.9 During times of great uncertainty at Glencairn surgery, there was a very high level of support for the pharmacy throughout the consultation.
- 15.3.10 Both the community councils, which were perhaps in the most neutral positions and extremely aware of the needs of the neighbourhood, also showed strong support.
- 15.3.11 The surgery itself backed the opening of the pharmacy – a letter was submitted by the GPs to the Health Board.
- 15.3.12 Mr Ahmed stated that demand for the pharmacy was very evident and even greater now that the surgery had closed.
- 15.3.13 It was concluded that,
- 15.3.14 The absence of any medical or full time pharmaceutical provision within the area clearly highlighted the inadequacies that currently existed.
- 15.3.15 The limited access and difficulty travelling to other pharmacies several miles away underlined the necessity and desirability of a local pharmacy at the heart of the village.
- 15.3.16 As Glencairn surgery had now closed, the prejudice test was no longer applicable as the area was no longer a controlled locality.
- 15.3.17 Finally Mr Ahmed noted that the absence of Lloyds Pharmacy at this hearing was significant in demonstrating the need for a pharmacy in the area.

16 Retiral of Parties

- 16.1 The Chairman then invited each of the parties present that had participated in the hearing to individually and separately confirm that a fair hearing had been received and that there was nothing further to be added. Having been advised that all parties were satisfied, the Chairman advised that the Committee would consider the application and representations prior to making a determination, and that a written decision with reasons would be prepared, and a copy issued to all parties within 15 working days. The letter would also contain details of how to make an appeal against the Committee's decision and the time limits involved.
- 16.2 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.
- 16.3 The hearing adjourned to allow the Committee to deliberate on the written and verbal submissions.

17 Supplementary Information

Following consideration of the oral evidence, the Committee noted:

- i. That they had jointly undertaken a site visit of Fenwick 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 Fenwick and the surrounding area,
- iii. Prescription Figure Information (Confidential)
- iv. Community Action Plan 2014-2019
- v. Bus Timetables
- vi. Further information including details about the existing Provision of Pharmaceutical and Medical Services in/to Fenwick and population figures for Fenwick, Waterside and Moscow 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.
- x. Letter from Glencairn Surgery
- xi. Photos of pavements and roads to be crossed to access bus stops

18 Summary of Consultation Analysis Report (CAR)

18.1 Introduction

- 18.2 NHS Ayrshire & Arran undertook a joint consultation exercise with Mr Ahmed regarding the application for a new pharmacy at 77 Main Road, Fenwick, KA3 7DU.
- 18.3 The purpose of the consultation was to seek the views of local people on this proposed new pharmacy. The consultation aimed to gauge local opinion as to whether access to pharmacy services in the area was currently adequate as well as measuring the level of support for the proposed new pharmacy.
- 18.4 Method of Engagement to Undertake Consultation
- 18.5 The consultation was conducted by placing an advertisement in the Kilmarnock Standard Weekly; 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) as well as provision of the address directly to the Consultation on SurveyMonkey; hard copies of the questionnaire were available at ten locations in Fenwick/surrounding area and could be requested by telephone. Respondents were invited to respond electronically via SurveyMonkey or by returning the hardcopy questionnaire.
- 18.7 The Consultation Period lasted for 90 working days and closed at 12 noon on Friday 9 September 2017.
- 18.7 Summary of Questions and Analysis of Responses
- 18.8 Questions covered: the neighbourhood; location of the proposed pharmacy; opening times; services to be provided; gaps in existing services; wider impact; impact on other NHS services and optional questions on respondents' addresses and circumstances.

Question	Response Percent			Response Count		
	Yes	No	Don't know	Yes	No	Don't know
1. Do you agree this describes the neighbourhood to be served?	77.4	19.9	2.7	171	44	6
2. Do you think the proposed location is appropriate?	68.3	27.5	4.1	149	60	9
3. Do you live within the above neighbourhood?	87.3	12.2	0.5	193	27	1
5. Do you think that the services listed are appropriate for the proposed new location?	66.7	25.0	8.3	144	54	18
6. Do you believe there are any gaps/deficiencies in the existing provision of pharmaceutical services to the neighbourhood?	50.2	36.0	13.7	106	76	29

Question	Response Percent			Response Count		
	Yes	No	Don't know	Yes	No	Don't know
8. Do you believe this proposal would have any impact on other NHS services?	47.0	34.1	18.9	102	74	41
9. Do you support the opening of the proposed pharmacy?	59.8	31.7	8.5	134	71	19

Question	Response Percent				Response Count			
	Just Right	Too Short	Too Long	Don't Know	Just Right	Too Short	Too Long	Don't Know
4. Do you think that the proposed hours are appropriate?	71.0	4.8	6.7	17.6	149	10	14	37

18.9 In total 224 responses were received. All submissions were made and received within the required timescale, thus all were included in the Consultation Analysis Report.

18.10 From the responses 219 were identified as individual responses and 3 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.

18.11 Consultation Outcome and Conclusion

18.12 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.

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

19 **Decision**

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

19.2 **Neighbourhood**

19.3 The Committee noted the revised neighbourhood as defined by the Applicant, the agreement 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.

- 19.4 The Committee agreed with the Applicant that the neighbourhood should be defined by the following boundaries and include the villages of Waterside and Moscow –
- Northern boundary – M77
- Eastern boundary – M77/A719 intersection following the road south to Moscow
- Southern boundary – From Moscow travelling North on A719 turning left and taking the unnamed road towards Sunny Side Cottage Gardens then travelling West and taking a series of unnamed roads until B7038/Main Road Roundabout is reached
- Western boundary – M77
- 19.5 This definition had been reached because the major roads provided physical boundaries. As it was a rural area the villages of Waterside and Moscow were included in the neighbourhood because the Community Councils worked closely together. This definition was also consistent with the areas defined for primary school catchment and the electoral register.
- 19.6 **Adequacy of existing provision of pharmaceutical services and necessity or desirability**
- 19.7 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. The Chairman reminded the Committee that it was not concerned with the viability or size of the proposed pharmacy as that was for the Pharmacy Council to determine when deciding whether or not to register the pharmacy.
- 19.8 The Committee noted there were no pharmacies within the neighbourhood and the location of the two existing pharmacies serving the neighbourhood in Kilmaurs and Kilmarnock. In accordance with the Regulations it was not necessary for a pharmacy to be located in a neighbourhood provided access to existing pharmaceutical services was adequate.
- 19.9 The Committee looked at the prescription figures for the KA3 postcode and estimated the proposed pharmacy would dispense less than 1300 prescriptions per month. It was the professional opinion of the pharmacy members that this volume could be adequately dispensed by the existing pharmacies.
- 19.10 In fact residents had already made alternative arrangements for accessing pharmaceutical services. Evidence was heard from Ms Yousaf that

Kilmaurs Pharmacy had picked up the bulk of prescription business from Fenwick following the closure of Glencairn surgery. The dispensing service that had been provided by the Glencairn surgery had only been available two half days per week. Prior to surgery closure, patients must have accessed pharmacy services out with the neighbourhood for the other four days of the week.

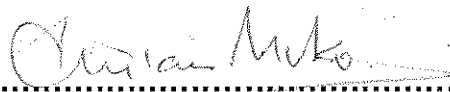
- 19.11 The Community Council stated that half the neighbourhood population were registered with surgeries in Kilmarnock and Stewarton so half had been registered with the Glencairn Surgery. Given that the Glencairn surgery had now closed, prescriptions did not need to be dispensed in Fenwick. Patients with an acute prescription usually accessed the pharmacy closest to the surgery. For those with travel difficulties there was a delivery service for repeat prescriptions from Kilmaurs and Crosshouse. It had also been confirmed during the site visit that Lloyds Pharmacy was now considering starting a delivery service into Fenwick. The Committee concluded that there was no difficulty for people living in Fenwick in obtaining prescriptions.
- 19.12 The Committee then considered the other pharmacy services available to the neighbourhood. The Applicant had particularly mentioned smoking cessation, EHC and eMAS. Although all services were worthwhile, the numbers using these services were not high. Those accessing EHC were more likely to do so in urban areas which were more impersonal than rural settings. Furthermore there was not expected to be great demand for EHC in this neighbourhood given the high percentage of its population over 60 years of age.
- 19.13 Accessibility of pharmaceutical services using public transport links was considered by the Committee. From personal experience the bus service to Kilmarnock bus station was very good. On the whole people choosing to live in rural areas knew that bus services were not as frequent as urban locations and the fact that buses were late was a fact of life. It was possible to access pharmacy services from the neighbourhood by bus.
- 19.14 Whilst the Community Council had made a passionate presentation, the Committee considered the argument to have been based on convenience rather than inadequacy.
- 19.15 There had been no formal complaints made to the Health Board about pharmaceutical services to this neighbourhood so could not be used to demonstrate any inadequacy.
- 19.16 The Applicant had commented on the absence of Lloyds pharmacy at the hearing and had concluded that this demonstrated the need for a pharmacy in the area. However the Committee disagreed; as no reason had been provided from Lloyds no inference could be drawn from Lloyds absence.
- 19.17 The impact of future developments on adequacy of existing pharmacy services was assessed. The Community Council confirmed that 87 new homes had or were in the process of being built in the neighbourhood, all of

which were 3-5 bedroom family homes. Given the size of these new developments it was unlikely that these residents would choose to move into this neighbourhood without access to a car. With access to a car then people had an open choice on where to access pharmacy services. The road network in the area was excellent with the M77 close by.

- 19.18 It was noted that information in the NHS Ayrshire & Arran pharmacy care plan could not be used as evidence of adequacy as it was written prior to the closure of the dispensing practice in Fenwick.
- 19.19 **The Committee concluded that there was no evidence provided to demonstrate any inadequacy of the existing pharmaceutical services to the defined neighbourhood.**
- 19.20 Following the withdrawal of Ms Gallagher, Ms Lamprell, Mr Stevenson and Mr Cowan in accordance with the procedure on applications contained within Paragraph 7, Schedule 4 of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 1909, as amended, the Committee, for the reasons set out above, considered that the pharmaceutical service into the neighbourhood was adequate.
- 19.21 Accordingly, the decision of the Committee was 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 1909, as amended.
- 19.22 Ms Gallagher, Ms Lamprell, Mr Stevenson and Mr Cowan returned to the meeting, and were advised of the decision of the Committee.

The meeting closed at 1520 hours

Signed:



Alistair McKie

Chairman – Pharmacy Practices Committee

Date:

7th February 2017