

**Minutes of the meeting of the Pharmacy Practices Committee (PPC) held on  
Tuesday 5 December 2017 at 1315 hours in the Biggart Hospital, Prestwick**

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 Joy Chamberlain  
Canon Matt McManus

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

Ms Janice Gallagher  
Ms Morag McConnell

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

Ms Joyce Mitchell

Observers: Mr John Hunter, PPC Lay member, NHS Ayrshire & Arran  
Mr Stephen McKenzie, Non-Executive Board member, NHS  
Ayrshire & Arran

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

**1. APPLICATION BY MR SEAN MANSON**

**1.1** There was submitted an application and supporting documents from Mr Sean Manson received on 19 October 2017, for inclusion in the pharmaceutical list of a new pharmacy at 21 Main Street, Monkton, KA9 2QJ

**1.2 Submission of Interested Parties**

**1.3** The following documents were received:

- i. Letter dated 25 October 2017 from Ms Joanne Watson of Boots UK Ltd

- ii. E-mail dated 27 October 2017 from Mr Stuart Burns of Burns Pharmacy Ltd (t/a Toll Pharmacy)
- iii. Letter dated 16 November 2017 from Ms Roisin Kavanagh, Professional Secretary of the Area Pharmaceutical Professional Committee (APPC)
- iv. Letter dated 20 November 2017 from Ms Catherine McCulloch on behalf of Monkton Senior Citizens Committee (50/50 Club). *Although this arrived late, because its Secretary was seriously ill and unable to deal with correspondence, the Chairman decided to allow it to be considered and circulated to all parties present on the day.*

**1.4 Correspondence from the wider consultation process undertaken jointly by NHS Ayrshire & Arran and Sean Manson**

- 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 1315 hours on Tuesday, 5 December 2017, the Pharmacy Practices Committee ("the Committee") convened to hear the application by Sean Manson ("the Applicant"). The hearing was convened under Paragraph 2 of Schedule 3 of The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, as amended, (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 Gordon was independent from the Health Board and was solely responsible for taking the minute of the meeting. Mr Hunter and Mr McKenzie were 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. He referred to the letter from Monkton Senior Citizens Committee and explained that it was received late and therefore circulated for consideration. None raised any objections at the time.

- 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 Monkton and the surrounding area (Troon, Prestwick, Dundonald and Ayr) 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 Sean Manson, accompanied by Mrs Xue-Bai Manson. From the Interested Parties eligible to attend the hearing, the following accepted the invitation: Ms Kathleen Cowle, accompanied by Ms Catriona Wright from Boots UK Ltd; and Ms Catherine Burns, accompanied by Mr Stuart Burns from Toll Pharmacy and Ms Mary Miller, accompanied by Ms Anne Shelton, from Monkton Senior Citizens Committee.
- 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 Sean Manson, to speak first in support of the application.
- 4.2 Mr Manson read aloud the following pre-prepared statement referring to his PowerPoint presentation which is attached as Appendix 1:
- 4.3 "Firstly I would like to thank the Committee for providing me with the opportunity to present my case today and Anne and Carolyn for all the work they do in arranging these Committees.

#### *Background*

- 4.4 I enjoy community pharmacy and feel that I am a good community pharmacist who always does their best to serve the community in which I work. Community pharmacy is playing a much more expanded role within communities and I feel that having a good independent operator who can be agile to the needs of the population can only be a positive thing. I am that type of community pharmacist, and especially so in this my community in Monkton. This is the village where I was brought up and lived until the age of 18. My mum and dad and actually most of my family still live in Monkton therefore my ties to the village are still very strong.

I've spent the last 4 years working as a superintendent pharmacist at an independent pharmacy in Stornoway. Here I ensure the smooth running of the pharmacy and that it is compliant with the operating regulations set out by the General Pharmaceutical Council.

- 4.5 I am currently working towards being an independent prescriber at RGU. This will allow me to serve patients further by being able treat and prescribe for a greater variety of conditions within in house clinics in the pharmacy
- 4.6 I've been a past pharmacy representative for South Ayrshire on the Ayrshire Pharmaceutical Professional Committee and the Strategic Planning Action Group, which was an advisory committee to the Health and Social Care Integrated Joint Board.
- 4.7 I also chaired the Area Pharmacy Group, which met quarterly to discuss and learn from the latest goings on in Pharmacy.
- 4.8 This experience has landed me well to taking on the role as a pharmacy owner within a small community, as I have a firm understanding of the path which pharmacy is taking within the larger multi-disciplinary team.
- 4.9 So, I'm not just a speculative applicant who has simply picked a place on the map in which to try and open a pharmacy. I have a real passion for what I do and love to get involved in helping to enhance the community. My main work areas at the moment are Dalmellington, Tarbolton and

Stornoway- and although each have their individual needs, they are real communities of people who really value their community pharmacist. I already have a head start in this area.

#### *Neighbourhood/Location*

**4.10** Monkton has very distinct and definitive boundaries. The village is virtually enclosed by busy dual carriageways to the west, north and east of the village and Prestwick Airport, Spirit Aerosystems and other large employers to the south. The south boundaries are all gated and not accessible to the general public. Defined as:

**4.11** To the South— Station Road/B739 Baird Road (including Adamton Estate)

To the West— A79

To the North — A78

To the East— A77 (including Adamton Estate)

**4.12** Therefore the population is defined by those boundaries, with the inclusion of Adamton estate to the east- as this can be accessed by an underpass across the A77.

#### *Population*

**4.13** So the pharmacy is located here on the map. Mr Manson pointed to the location on the map in his presentation (see Appendix 1).

**4.14** The village including Adamton has 517 houses (I know this to be exact as I painstakingly walked the entire village and counted them- on the plus side, my dog got a very good walk that day.

**4.15** National Records Scotland estimates the population of Monkton and the wider area as 1,952. This figure is however derived from 2 separate datazones, so I would suggest the actual population of Monkton is estimated to be in the region of 1,400-1,700, so it's not a small village by any matter of means.

**4.16** There are 120 caravans sited at the Dutch House Caravan Park which houses in the region of 240 residents between 6-9 months of the year. This year the caravan park had residents still at the park at the end of October.

**4.19** There is a very large working population within the village at Spirit Aerosystems, UTC Aerosystems, Semex UK, Wallace McDowell, HMS Gannet, Premier Inn, Brewers Fayre, BP Garage and other shops within the village. This is estimated to be around 2,000.

**4.20** Monkton is not a small place and is actually a hive of activity during the

day with increased resident numbers, workers and visitors to the village.

#### *Other Amenities*

- 4.21 A primary school- built in 2008 on the same ground as the previous primary school. This initially comprised of 6 classrooms, however in the summer of this year a seventh classroom was built to deal with the ever-increasing roll and "future developments planned around Monkton". Since I left Monkton Primary, the school roll has increased from 90 to 140.
- 4.22 A Post Office- Monkton Post Office is busy enough to sustain a 5-day opening.
- 4.23 A Newsagent and convenience store - recently expanded through knocking through an adjacent property to deal with the levels of business the shop conducts which carries a large stock of daily essentials
- 4.24 Church and Pioneer Cafe -The Cafe is open from 10.00 am until 3pm Monday to Wednesday and provides a focal point in Monkton where people can meet. It is very popular with the senior citizens of the village.
- 4.25 There are 3 hotels. The Adamton House Hotel, The Manor Park and the Premier Inn. The Brewers Fayre restaurant is joined onto the Premier Inn is generally very busy.
- 4.26 Carvick Webster Hall- Multipurpose hall which is generally used for local meetings, fitness classes and functions.
- 4.27 Petrol station with M&S food- stocks a wide range of meals and groceries.
- 4.28 Recently renovated tearoom and restaurant (currently closed due to family circumstances)
- 4.29 Football pitch
- 4.30 Four children's playgrounds at separate locations in the village
- 4.31 So, clearly, we can see that Monkton has all of the services required in order to sustain themselves by in large in the village and lots of residents don't actually need to venture out of the village within the routine of their lives.

#### *The Premises*

- 4.32 My shop will be located within the hub of services in Monkton.

- 4.33 Fully compliant with the Equalities Act. There will be space to easily turn a wheelchair and there will be other accommodations such as a hearing loop installed.
- 4.34 The consultation room will be built to be multipurpose and there will be scope for other practitioners such as podiatrists, social workers and health visitors to use the facility.
- 4.35 There will be shutters to maintain the security of the premises. Finally, it will be fitted out to provide a clinical and modern look
- 4.36 Here I've sketched a map (See Appendix 1) of how I envisage the layout of the pharmacy to work. Everything will be drawered and closed cupboards to present a clinical and modern look. It will be forward facing dispensing, which is now the accepted standard for a new pharmacy fit out. There will be plenty of workspace and also customer floor space.

*Parking availability (with reference to the photographs in Appendix 1*

- 4.37 People in the CAR report made reference to how busy the Main Street can be at times. Whilst I believe that this can be largely down to workers with Transit vans parking outside the current fast food shop, it is certainly not always the case. That aside, there is also plentiful parking close to the shop in Monkton on Kilmarnock Rd, Burnside Rd and further down Main St. There are also 2 free public car parks between Burnside Rd and Main St, and the other located almost behind the building. Wherever you choose to park, you are only a couple of metres away from the shop and all crossings are governed by the use of traffic lighted pedestrian crossings.
- 4.38 So there's plenty of places to park, they're all free, they're all close to the shop and they all allow patients safe access to the pharmacy.

*Core Services*

- 4.39 A community pharmacy is not only dispensing of medicines, those days died a long time ago now. Here is a list of the core service that we will provide :
- 4.40
- Dispensing of medicines
  - Chronic Medication Service
  - Minor Ailments Service
  - Emergency Hormonal Contraception
  - Smoking Cessation
  - Gluten Free Food Service
  - Stoma Appliance Customisation

- Unscheduled Care Provision
- Supply of Paracetamol Post Immunisation
- Empirical treatment of uncomplicated UTIs
- Treatment of Impetigo

**4.41** Almost all of the services on this list require the patient to be physically at your pharmacy, so old age pensioners, the disabled, the infirm, the impoverished and working mums and dads cannot really get a chance to use these. And ironically it is these very people that actually need these the most.

**4.42** I'll single out the minor ailments service as one service that (evidentially from the CAR report) the residents see as being a really valuable resource within the village. Respondents made reference to the fact that their lives would be so much better if they didn't have to drag their sick child out on the bus to access this service.

**4.43** Doctor appointments are difficult to get as GP practices get busier and busier. This service allows me to treat many conditions within the community and in a timely manner. This frees up GP time and also gives me a great opportunity to sometimes refer patients on to a more appropriate choice of practitioner, such as a dentist or ophthalmologist.

*Negotiated and Complimentary services*

**4.44** And there's even more services that I am going provide from this community hub, the complimentary services we provide, we're not paid anything but we provide these as part of an ongoing mission to try to improve the overall standard of people's health.

**4.45** Negotiated Services

- C-Card Scheme
- Enhanced Care Home Services
- Childsmile Dental Scheme (if allocated by Healthboard)
- Supervised Opioid Substitution
- Community Pharmacy Palliative Care Scheme (if allocated by Health Board)
- Compliance Aids and Complex Dispensing

**4.46** Complimentary Services :

Advice, Support and Signposting

- Diabetes Screening
- Cholesterol Testing
- Weight Management



- Blood Pressure Monitoring
- Prescription Collection and Delivery Service

**4.47** Monkton has an aged population; therefore creating better access to these services will hugely improve outcomes for this population. This is also quite evident from the CAR report that the residents will find it highly desirable to have these services within their own neighbourhood.

**4.48** When assessing adequacy or inadequacy, this must now be based on pharmaceutical services as a full package of what we offer in pharmacies and not simply access to dispensed medicines.

#### *Opening Hours*

**4.49** I am going to be open from Monday to Friday 9-5:30 and from 9-1 on a Saturday and will not close for lunch which the working population can take advantage of.

**4.50** The late night opening on one night per week that coincides with the Kirkhall late night rota (Station Road in Prestwick doesn't run a late night). I am therefore going to be the only pharmacy which will provide any cover to the Prestwick area after 6pm on a weekday. All the Boots pharmacies are closed by 6pm and the Toll Pharmacy by 5:45pm. So, this will be of benefit to both Monkton and Prestwick residents.

**4.51** Wallace Stevenson's Pharmacy already provides a late-night service in Troon therefore I didn't aim to coincide with the Troon surgeries.

#### *Inadequate Level of Pharmaceutical Services in Monkton*

**4.52** I'm now going to lay out my argument as why the pharmaceutical services delivered to the residents in Monkton is inadequate and why this new pharmacy is desirable in order to secure adequate provision to this neighbourhood:

**4.53** The population has soared since 2004 as there have been THREE major developments in Monkton. Land was developed at Whiteside where 67 houses were built in 2004. In 2013, 56 new houses were built at Fairfield Park. And lastly in 2016, 27 new homes were built at Manse Gardens. (With the exception of Manse Gardens) Fairfield Park and Whiteside contain considerable levels of social housing.

**4.54** This brings the total living resident population of Monkton and Adamton Estate to an estimated 1,400-1,700 with an additional 120 regular but temporary caravan static caravan berths at Dutch House Caravan Park, bringing an extra 240 people.

**4.55** As explained earlier, there is also a very large workforce that is present in Monkton across various sites and this equates to approximately 2,000 workers.

4.56 With reference to the slide Future Planned Development 1, the application has been permitted by South Ayrshire Council for the rezoning of land between Kilmarnock Road, Tarbolton Road and A77 to the north-east of Monkton for use as housing

4.57 Persimmon Homes are at advanced stages of consultation and planning to build 277 new homes with the aim to commence in 2018 - 25% of these homes will be affordable housing. This is estimated to be an additional 120 residents within this neighbourhood. The Council has said that a formal planning application can be made for this land to be turned over for housing and this is only one proposed development site from a possible three.

*With reference to the slide Future Planned Development 2*

4.58 Here is the site which Persimmon Homes are within the consultation and planning stage for. This site leads up to the apex of the hill at Macrae's monument from the B739 and heads eastward towards the A77 around the back of the old HMS Gannet site.

4.59 This second site is land formerly owned by the MOD at HMS Gannet. A PAN application for change of use has also been made for this site, of which residential housing was included as an intended use. This was also accepted by South Ayrshire Council recently.

4.60 The third site is part of the original MON 1 Planning Application Notice which included this site and also the Persimmon Homes site. This also has a permitted change of use for residential homes.

4.61 South Ayrshire Council ARE allowing building of residential dwellings to take place across this whole site, and once all three are developed on this will literally double if not triple the population of Monkton.

4.62 So, my question to the committee is this. How large must a village get before it is afforded the same level of services that less populated villages and better-connected villages already enjoy.

*Difficulty in Accessing Pharmacies within Closest Neighbourhoods*

4.63 There are three modes of transport residents of Monkton can use when accessing pharmacies in Troon and Prestwick. They can use a car and drive, take public transport and also walk.

4.64 When driving it is difficult to park due to poor availability of parking spaces and heavy congestion. Parking in both Prestwick and Troon is difficult, busy and chaotic. There are limited parking spaces around pharmacies in Troon and Prestwick; congestion through the town (especially Prestwick) is almost at epidemic levels and many areas in both Prestwick and Troon have been subject to traffic-calming measures with the addition of double yellow lines.

4.65 The bus is unreliable and infrequent and is also under existential threat.

4.66 Walking is not really feasible due to the long distance and is unsafe due to the necessity of walking beside a dual carriageway, lack of safe crossing points and poor lighting.

4.67 The fact is, accessing pharmaceutical services in Prestwick and Troon is difficult. And I'm now going to evidence this *with reference to the photographs in the presentation (Appendix 1)*

*Troon*

4.68 The picture on the left is the Academy St car park where Boots is located. I now live in Troon and wouldn't go near that car park during the day as it is absolute bedlam and inordinately difficult to get a space

4.69 The picture on the right is Willis Pharmacy (formerly Brodlie's), this scenario of people double parking across other cars on Templehill is an absolute daily occurrence.

*Prestwick*

4.70 The situation in Prestwick is arguably worse.

4.71 Prestwick Main St is occupied by three Boots Pharmacies. These all sit on the main through road in Prestwick. None of these pharmacies have good parking options outside or even close to the shops. There are double yellow lines everywhere outside the cross pharmacy, the middle boots have a line of restricted parking on the pharmacy side of the road, but this is busy, and finding a space is almost impossible during the day. And the end boots pharmacy that sits on the corner of Main Street & Kyle Street suffers from the same problems, if not worse -as parking on Kyle Street is also manic and availability of spaces is generally zero

4.72 The Toll pharmacy is on the on Ayr Rd, which is an extension of Main Street. It is literally on the boundary of where Prestwick meets Ayr and is 3.5 miles from Monkton. To get there from Monkton you have to pass three pharmacies and navigate busy conditions in Prestwick. Parking close by is busy and restricted. There's a public car park behind the Pleasantfield bar but this means crossing the road down at Aldi Supermarket.

4.73 So, the parking close to these pharmacies is difficult. This has been clearly stated on numerous occasions within the CAR report.

*Monkton*

4.74 By contrast as you can see from the pictures in Monkton, the parking situation is somewhat better.

4.75 I can confirm that I have simply lifted all of these photos from Google

maps. You could simply look these photos up yourself online and see the same situation. I've not been sitting, waiting around at each location for a particularly busy time. This is what the standard situation looks like across the pharmacies in Prestwick and Troon.

*Poor and Inconvenient Bus Service (with reference to Appendix 1)*

- 4.76** The bus service is poor, infrequent and unreliable as it is consistently late And bus prices are rising above inflation.
- 4.77** A return journey now costs £3.50 for a return into Prestwick. After 55 minutes past the hour there is a 30 minute gap between buses heading to Prestwick. On the return journey, after 5 minutes past the hour, there is another 30 minute gap in service.
- 4.78** Regarding the service to Troon, this bus service used to run on a half hourly basis until about 3 or 4 years back. Now there is always a 1 hour gap between buses. If you spend any longer than 32 minutes in Troon then you will need to wait a further hour on the next bus home.
- 4.79** Many people in Monkton have to use the bus service. This includes senior citizens, parents with children, those with disabilities and those who cannot drive or afford to own a car. They are sometimes the more vulnerable members of society, and we live in the west coast of Scotland so we all know what the weather can be like.

*Bus service is under existential threat*

- 4.80** Stagecoach wanted to get rid of the 14 bus service that travels through Monkton. They cite this as due to coping with the massive congestion it is experienced through Prestwick. Buses are generally late in both directions and for this reason are unreliable. When they announced plans to scrap the bus service to Monkton there was an absolute uproar as this took away a lifeline service to Troon. It meant that getting to Troon by public transport would involve a bus to Prestwick and then a 2nd bus to Troon; effectively isolating the village from Troon.
- 4.81** This was eventually shelved by Stagecoach however the real fear is that when the next round of cuts come this will be one of the first services to go.

*Walking to nearby pharmacies is not feasible*

- 4.82** The slide shows the walking distances to the nearest pharmacies within Prestwick and Troon. As you can see the distance to the Boots Pharmacy at the Cross in Prestwick is 2.3 miles, which would take an hour and a half to walk there and back.
- 4.83** The nearest pharmacy in Troon is the Boots Pharmacy at Academy St in Troon. This is a 3.6 mile walk and would take over 2 hours to get

there and back (at a fast Google pace)

4.84 So distance is clearly an issue but that's not the only problem.

*Walking to the nearby pharmacies is not safe*

4.85 Looking at the photographs (Appendix 1), you can see that:

- Road is predominantly unlit
- Paving is uneven and patchy in places
- Pedestrian walkway is beside a busy dual-carriageway
- Walking to both towns will also involve crossing a busy stretch of road without pedestrian crossings Airport is a man-made barrier to Monkton ever being classed as a suburb of Prestwick
- Walking to Troon means crossing the dual-carriageway and down an unlit cycle path

4.86 So, we can see that walking to either Town to access pharmacy services isn't really an option when you live in Monkton.

*Delivery Services cannot replace face-to-face pharmaceutical services*

4.87 So, poor parking and a terrible bus service mean that Monkton heavily rely on delivery services. And relying on delivery service doesn't not constitute adequacy of pharmaceutical services to an area. This has been upheld on many occasions in other contract hearings.

4.88 Plus, waiting in the house all day for a once daily delivery service impacts people's lives. Someone in the CAR report stated that she had real issues in having to constantly explain to her autistic son why they had to wait in the house all day. I'm sure you have all had to wait in the house from time to time for parcels to be delivered, and how frustrating it can be. Well can you imagine having to do it on a regular basis?

4.89 More timely access to medicines such as antibiotics is also not possible, and with the best will in the world, a driver who has a few hours training under his belt cannot provide the same level of service. But a lot of the time it's all people have here. It is undoubtedly inadequate.

4.90 Community pharmacy is not about delivering prescriptions to the door, if that were the case we wouldn't need any community pharmacies.

*A pharmacy is desirable in this area*

4.91 The number of responses to this questionnaire was about half of the total number of houses in the village. So, to achieve that response when forms aren't even posted through people's doors is actually quite remarkable.

- 4.92** To get a true feeling of the percentages when answering the questions, I have taken out the "don't know" answers. This is commonly done in election opinion polls as it gives a closer representation of the true figure.
- 4.93** You will see there was a strong turnout of **247** responses to the CAR and of the definitive responses:
- 98%** in agreement of the boundaries
  - 95%** in favour of the appropriateness of the location
  - 95%** feel the services are appropriate for the area
  - 78%** don't think this pharmacy will impact other NHS services
  - 96%** believe that the opening hours are appropriate
  - 94%** of responses were in support of a new pharmacy opening, and this was gathered from a very strong completion number of 245
  - 95%** believe that a pharmacy is now necessary for the village to ensure that an adequate provision of pharmaceutical services are delivered to the residents of the village
- 4.94** From these results it is unarguable that a pharmacy is desirable.
- CAR report- Residents' comments*
- 4.95** People do have difficulty travelling to Prestwick and Troon
- 4.96** There is a large resident, working and seasonal population for whom a pharmacy is imperative to ease their burden of access to healthcare
- 4.97** There are many elderly and parents with young within the village who see the current provision as difficult to get to and need a local service
- 4.98** Time where patients get to see the pharmacist in a face-to-face scenario are seen as valuable
- 4.99** The opening hours are seen as appropriate for the area
- 4.100** Timely access to the pharmacies other services will be utilised well, most notably the minor ailments service
- 4.101** Many people in Monkton do have to use the bus as their primary mode of transport
- 4.102** There are large wait times for GP appointments
- 4.103** The existing pharmacies regularly fail to have the full quantity of a prescription and customers must return for the balance
- 4.104** Parking in Prestwick is terrible/"a nightmare" near to pharmacies

- 4.105 All the questions asked to answer the legal test have shown that the village **does not** currently have adequate provision of pharmaceutical services and that a new pharmacy opening would alleviate this

*Conclusion*

- 4.106 Monkton is a growing village with many elderly and young residents. It suffers from poor access to neighbouring pharmacies.

- 4.107 This is a neighbourhood with all the amenities required for day-to-day life, however do not have adequate provision of pharmaceutical services. A new pharmacy is desirable to alleviate this.

- 4.108 Both parts of the legal test have been proven conclusively in favour of a decision to award allowance of this new pharmacy."

- 4.109 This concluded the presentation from Mr Manson.

**5. The Chairman invited questions from the Interested Parties in turn to the Applicant**

- 5.1 Mrs Cowle on behalf of Boots UK Ltd put the following questions.

- 5.1.1 Mrs Cowle referred to the comments about the existing services in the CAR and asked if Mr Manson had any documented evidence of such complaints. Mr Manson replied that in the CAR, people had made reference to the difficulties in getting to the pharmacies in Prestwick plus a couple of comments about not having all the items. His main point was about the difficulties in accessing the services rather than specific complaints about the delivery of the service.

- 5.1.2 Mrs Cowle noted that Mr Manson had said that most people used the bus and asked how he knew this. He replied that you only had to stand at the bus stop to see how many people were waiting.

- 5.1.3 When asked if he knew how many people had access to a car if they chose to drive, he replied that he did not have these figures.

- 5.1.4 For clarification, Ms Cowle asked Mr Manson to confirm that Stagecoach had shelved the cancellation of the bus service through Monkton which he did.

- 5.1.5 Ms Cowle asked if planning consent had been granted for any of the proposed housing developments. Mr Manson said that the land had been turned over to housing use and that Persimmon Homes were at consultation stage. When pressed, Mr Manson said that the planning consent had not yet been given and that there was no date set for building to start. He did point out that a pharmacy was not just for today but that you had to look to the future and there was no doubt that Monkton would get the houses.

- 5.1.6** Ms Cowle asked where he found the information about deliveries being once a day and asked which pharmacy did that as Boots delivered three times a day. Mr Manson expressed surprise that Boots would do so as he had worked in many Boots pharmacies. When asked when he had last worked there, he replied that it was within the last three months but not in Prestwick.
- 5.1.7** Ms Cowle questioned the figure of 2000 people coming into Monkton to work. Mr Manson said that this was accurate and that he had obtained figures from the companies concerned.
- 5.1.8** Referring to the proposed independent prescribing clinic, Ms Cowle asked if funding had been agreed with NHS Ayrshire and was told that it had not. She noted that if this were ever to be the case then it would be something which all pharmacies would look to provide.
- 5.1.9** With regard to the complaints procedure where all pharmacies reported every quarter, she asked if he was aware of any outstanding complaints. Mr Manson said that he was not and reiterated that he had not based his arguments on quality of services but on difficulties in accessing pharmacies.
- 5.2** **Ms Cowle had no further questions and the Chair invited Ms Burns from Toll Pharmacy to put her questions.**
- 5.2.1** Ms Burns referred to the school which had recently been refurbished but was at capacity and asked if he felt that planning permission may not be granted because of this. Mr Manson said that he had looked at that during the consultation period and there was talk of a second school being built. He believed that the developers would be willing to do this if it were to be a deal breaker. He confirmed that there was no formal agreement in place to this effect.
- 5.3** Ms Burns had no further questions and the Chair invited Ms Shelton from the Senior Citizens Club to put her questions
- 5.3.1** Ms Shelton said that she was the chair of the 50/50 club who worked on behalf of older people in Monkton. She was therefore well aware of what they wanted to see and all were very enthusiastic about the prospect of a pharmacy
- 5.3.2** The Chair interrupted and explained that Ms Shelton would have the opportunity to make her views known later in the meeting. He asked if she had any questions to put to the Applicant. Ms Shelton indicated that she did not.
- 5.4** **Having established that there were no further questions from the interested parties the Chairman invited questions from Committee members.**



- 5.4.1** Ms Mitchell asked if he was planning to provide a delivery service. Mr Manson replied that he proposed to deliver a balanced service and preferred face to face contact but if someone was housebound he would deliver himself.
- 5.4.2** Ms Mitchell asked if this would be after work and Mr Manson indicated that this would probably be the case
- 5.4.3** Ms Mitchell noted that he had mentioned referring to other appropriate healthcare professionals and asked if there was a dentist or optometrist in Monkton. Mr Manson said that there was not. However as the first stop would be the pharmacist, he would be able to treat for many conditions there and then along with making recommendations on where to seek treatment, other than from the GP.
- 5.4.4** In his presentation Mr Manson had mentioned making his consultation room available to others and she asked how he would achieve this. He said that it would very much depend on the scenario. If it was being used when someone came for pharmacy advice, he would either arrange with the other person to have a break between appointments so the he could consult. Alternatively, he could ask the patient to wait until the shop was empty and then have a discussion, or ask them to come back later.
- 5.4.5** Canon McManus asked if the proposed pharmacy service was desirable or necessary to which Mr Manson replied that it was desirable.
- 5.4.6** Canon McManus asked if those using the caravan park stayed there over the summer. Mr Manson replied that the residents stayed there for long periods when the park was open.
- 5.4.7** Canon McManus asked how many of the Monkton population worked elsewhere. Mr Manson said that he did not have hard evidence but, as he was from the village, he did know that many worked for Spirit Aerosystems, UTC Aerosystems, and Semex. Undoubtedly there were those who also worked elsewhere in the area and in Glasgow.
- 5.4.8** Canon McManus asked if he knew how many one car families were in the village where the car would be unavailable during the day. Mr Manson said that he did not know but that it was possible that the family car would not be available during working hours.
- 5.4.9** Ms McConnell asked if he envisaged offering a methadone service. Mr Manson said it would be there if required but he did not envisage much of an uptake for it.
- 5.4.10** Ms Gallacher asked if he would use the consultation room to supervise opiate use as sometimes this was perceived as a barrier. Mr Manson replied that the consultation room would be his preference but it was down to patient choice and he would work with the individual.

- 5.4.11 Ms Gallacher asked for his views on the fact that new houses did not always mean extra residents as it could be people moving from their parent's house. Mr Manson said that the houses that were intended to be built were mainly three and four bedrooms with some two bedrooms which indicated families rather than singles or couples.

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

## **6.0 Interested Parties' Submissions**

### **6.1 Ms Cowle on behalf of Boots UK Ltd**

- 6.2 Ms Cowle thanked the PPC for the opportunity to put her case and read from her statement as follows:

#### *Neighbourhood and the proposed site*

- 6.3 "We do not take issue with the neighbourhood defined by the applicant.
- 6.4 The neighbourhood is small with a limited population and very limited facilities. The neighbourhood does not exist in isolation as it has good transport links to the wider area. Residents of Monkton make the most of these transport links to access the neighbouring areas of Prestwick and Troon for all but the very basic of daily needs.
- 6.5 We would suggest that they shop regularly at stores such as the Sainsbury's and Aldi supermarkets in Prestwick, or Morrisons in Troon and Ayr.
- 6.6 Residents are also likely to be registered with the GP practices in these areas as well as dentists and optometrists. It would therefore follow that they are likely to access pharmaceutical services in these areas.
- 6.7 Whilst there may be a primary school in Monkton, families with older children in the village will go daily to Prestwick Academy or Queen Margaret Academy in Ayr. A further requirement to leave the village for everyday life.
- 6.8 Between Monkton and Prestwick is Prestwick Airport. There is some suggestion in the CAR (and applicant?) that the local workforce could use the proposed pharmacy. Again, given the limited facilities in Monkton, which are possibly less than within the airport itself, we believe many of the workers at the airport will look to Prestwick for anything they need during their normal working day. Alternatively they may exit the airport out on to the A79 and access pharmacies closer to home, thereby bypassing Monkton.
- 6.9 We believe, the current population of Monkton is around 1150 people.

- 6.10** The information provided by the applicant suggests that in the last 10 years there have been approximately 150 new homes. If all of the people living in these dwellings were new to the area, this would have resulted in an increase of around 345 people over a 10 year period. All of these new families are being cared for by the existing pharmacies and they could care for many more in the future.
- 6.11** National statistics data for the super output areas (SOAs) that essentially make up the applicant's defined neighbourhood:
- gives a population figure of 1300 residents.
  - Shows that home ownership in Monkton is higher than the national average
  - Car ownership on the whole in Monkton is higher than the national average with households in half of the area having over 90% car ownership.
- 6.12** So whilst there may be pockets of 'deprivation' amongst this limited population, on the whole the population would appear to be relatively affluent and mobile.
- Adequacy
- 6.13** While there is no pharmacy currently in the neighbourhood defined by the applicant the committee must consider the pharmaceutical services available to the neighbourhood.
- 6.14** Prestwick, Troon and the wider area provide access to an extensive range of pharmaceutical services as well as access to services in the evening and seven days a week.
- 6.15** Boots have three pharmacies in Prestwick, one at Prestwick Cross and two on the Main Street.
- 6.16** Between them the pharmacies provide opening hours from 8.30am until 6pm weekdays and 9am until 5.30pm Saturdays. They cover Bank Holidays and any additional requests by the board. This year for example we will be open 4 hours on Christmas Day which would again show the accessibility of these stores.
- 6.17** Our pharmacy in Troon is open seven days a week from 8.30am until 6pm (7pm on Tuesday and Thursday), from 9am until 6pm on Saturday and from 11am until 4pm on Sunday.
- 6.18** All our pharmacies offer all core services and an extensive range of additional services.
- 6.19** We have both Macmillan pharmacists and Dementia Friendly staff in our teams in Prestwick. Our pharmacist at the 66-68 Main Street branch is also an independent prescriber.

6. 20 There are currently no other services on offer in Ayrshire that aren't being offered from our pharmacies and we would and always do welcome the opportunity to provide new services when requested.
6. 21 Medisure compliance aids/domiciliary dosage packs are available from our pharmacies. We have no waiting list and can provide this service to more patients if their GP or nurse considers it appropriate for them.
6. 22 All our pharmacies offer a delivery service and do deliver to Monkton. Delivery slots are available three times a day weekdays and one in the morning on Saturdays. We also offer an emergency delivery service in the late afternoon for urgent items such as antibiotics.
6. 23 We note the applicant has proposed to offer a delivery and collection service also. They must therefore recognise that for some patients collection and delivery services are a valued and necessary service and regardless of the location of the pharmacy are the only way in which some patients i.e. the housebound are able to receive their medication and a change in premises will not affect their needs.
6. 24 All our pharmacies in Prestwick and Troon are DDA compliant.
6. 25 We believe that all our pharmacies offer a good level of service and this is demonstrated by the high level of customer satisfaction recorded on our feedback survey. Year to date we have had no complaints and customers care scores are higher in this area than the rest of the West of Scotland.
6. 26 We have good working relationships with the healthcare providers in the area. Our pharmacy in Main Street Prestwick has a strong working relationship with the practice managers at Station Road and Kirkhall Surgeries- our pharmacy team meets with them quarterly but communication is daily if required.
6. 27 With the exception of the varying late evening, the applicant is not proposing to open for hours in excess of those already provided. We would also like to highlight that following discussions with the surgery who provides the evening appointments we were advised there would be no benefit in extending our hours in this way as the patients would all be on repeat medication rather than acute. We do provide 2 late nights in our Troon store which could be utilised if the GPs felt a need. Furthermore, as the applicant is not proposing to open on Saturday afternoon's or Sundays we must assume that the applicant would expect residents to access the existing services during these times and that the existing pharmacies adequately meet the neighbourhood's needs outside of their opening hours.
6. 28 The applicant is not proposing to offer services that, if not already provided, could not be provided by one of the existing pharmacies.

6. 29 We submit that the existing pharmacies provide an adequate level and range of pharmaceutical services to residents of Monkton. The applicant has failed to show any evidence of inadequacy.

*Access*

6. 30 Many of these pharmacies are located where patients go to visit their GP, access other key facilities such as banks or carry out their regular shop.
6. 31 Car ownership in South Ayrshire is over 4% points higher than the national average and increased by 5 % points between the 2001 and 2011 census.
6. 32 Car ownership in Monkton is on the whole higher than the national average.
6. 33 New housing in the area typically has at least one parking or garage space allocated to it. Therefore we do not expect car ownership to decrease in the Monkton area.
6. 34 Parking is available at the existing pharmacies with free parking at a number of sites. Far less challenging than at the proposed site.
6. 35 Bus services run through Monkton notably the number 4 service that runs every 30 minutes from Monkton Cross to Ayr and Troon. The number 14 service also runs hourly between Ayr and Troon calling at Monkton Cross.
6. 36 There is no evidence to indicate that patients are experiencing significant difficulties when wishing to access pharmaceutical services.

*Viability of the proposed pharmacy and the effect on the existing pharmacies.*

6. 37 Given that the population is small and that there are no GPs in the neighbourhood generating prescriptions we believe the actual number of items that would be dispensed by the proposed pharmacy would be small and we question the viability of the pharmacy.
6. 38 Dispensing data we have shows that all three of our pharmacies in Prestwick, and our pharmacy in Troon, dispense prescriptions for residents of Monkton.
6. 39 A pharmacy opening at this site would have a detrimental effect on our pharmacies, particularly those in Prestwick. While we recognise this should not result in a closure there would be implications for staff and employment security.

*The CAR report and representations*

6. 40 While we would agree that the volume of responses to the CAR report is high. We cannot agree that it in any way shows an inadequacy of current services.

6. 41 It is worth noting that:

- A quarter of all respondents aren't resident of the neighbourhood
- Of the postcodes recorded 170 are from the Prestwick and Monkton area (KA9 and KA8), 5 are from Troon, 18 are from the wider Kilmarnock area and 7 are from a distance outside of the area (Glasgow, Falkirk and Motherwell postcodes)

6.42 What you can see from the CAR report is the desire for the development of any further amenities in Monkton. Not the necessity for a pharmacy. Yes it would be 'nice' and 'convenient' for a few however it could be argued that it would make no difference to the many who are currently leaving Monkton to carry on with daily life.

#### *Our Case*

6. 43 The control of entry regulations are in place to protect the limited resources of the NHS.

6.44 An application is granted only if it is necessary or desirable to secure the adequate provision of pharmaceutical services in the identified neighbourhood.

6. 45 Whilst people may like to see a pharmacy closer to their home, it is the matter of necessity and desirability and not simply convenience we must consider as there will be a cost to the NHS for this service.

6. 46 Boots' case is that the existing pharmacy provision more than adequately meets the needs of the local population and persons within the neighbourhood.

#### *Previous applications*

6. 47 We understand that there has been at least one previous application for a new pharmacy in Monkton and that this application was refused.

6. 48 There have been no material changes since any previous decision that would significantly affect the adequacy of the existing services i.e. there has been no new housing, this was also recognised by the APPC and reflected in their decision. The APPC agreed that adequate pharmaceutical services were provided from existing pharmacies in the surrounding neighbourhood."

6.49 This concluded the presentation from Ms Cowle.

#### **7 Questions to Ms Cowle**

## **7.1 Questions from Mr Manson (the Applicant) to Ms Cowle**

- 7.1.1** Mr Manson asked what plans Boots had to improve access to the increasing number of the population of Monkton. Ms Cowle said that Boots quarterly monitored the volume of people coming through its doors and the number of prescriptions dispensed and used this to review staffing and opening hours.
- 7.1.2** Mr Manson said that his question was about improving access. Ms Cowle said that she did not understand what he wanted and if he wanted Boots to improve the roads.
- 7.1.3** Mr Manson said that the issue was that the residents of Monkton did not have access to face to face consultations. Ms Cowle said that she still did not understand and that Boots had varied extended opening hours and were also open on a Sunday in Troon.
- 7.1.4** When asked if she believed that a face to face service was important, Ms Cowle stated that this was absolutely the case.
- 7.1.5** Mr Manson asked if there were any plans to improve the parking near the pharmacies. Ms Cowle said that they were members of the Town Centre Forum, along with other local businesses, and tried to influence decisions about things like parking but that was all that could be done.
- 7.1.6** Mr Manson asked if it was reasonable for a senior citizen to have to travel two hours to access pharmaceutical services. Ms Cowle replied that it would be great if everyone had a pharmacy on the street corner but this was not feasible and there would also be times when people had to travel. She pointed out that there were other places which would benefit more than Monkton from having a pharmacy and that the residents of Monkton had access to pharmaceutical services.
- 7.1.7** Mr Manson noted that Ms Cowle had said that there had been no material changes since 2008. Ms Cowle pointed out that she had said no significant material changes.
- 7.1.8** Mr Manson said that a 19% increase in the population was significant to him and asked what it was to her. Ms Cowle replied that she had looked at the new houses and they did not show an increase in the population which would have a significant impact on pharmaceutical services as all the current providers had capacity.
- 7.1.9** In noting that Ms Cowle had mentioned people travelling to supermarkets for their shopping and Mr Manson asked if she thought that people should tie in a visit to their pharmacy with the supermarket shop. Ms Cowle replied that her point was that people travelled elsewhere to meet the needs of their daily life and pharmacy was part of their daily life.
- 7.1.10** Referring to Sunday opening, Mr Manson asked why only the Troon branch

was open then. Ms Cowle replied that the Prestwick branches were not open because no need had been identified.

**7.1.11** Turning to the figures on car ownership in South Ayrshire, Mr Manson asked if she had figures for Monkton. Ms Cowle said that the figures were taken as a percentage of the super output areas (which reflected his defined neighbourhood) in the National statistic data and this gave a 90% car ownership rate.

**7.1.12** Mr Manson asked what would happen if a family had only one car. Ms Cowle said that there would be a number of different scenarios as all accessed services differently.

**7.1.13** Mr Manson asked why she thought that only a few people would benefit from a new pharmacy. Ms Cowle replied that as most of the residents would have to leave Monkton for their daily needs, that only really left the housebound for whom a new pharmacy would make no difference.

**7.1.14** Mr Manson asked why 95% of respondents to the CAR had said that the current service was inadequate. Ms Cowle said that she could not answer for them and asked if he was referring to the delivery service. Mr Manson said that he was referring to accessing pharmaceutical services.

*The Chair interjected and said that there would be little to gain from pursuing this line of questioning.*

**7.1.15** Mr Manson asked Ms Cowle to explain the detrimental effect that a new pharmacy would have on Boots. Ms Cowle said that if there was a loss of business this could potentially have an impact on the number of staff required but this would be identified as part of Boots normal review process.

**7.1.6** This concluded the questions from the Applicant.

**7.2** **Questions from Ms Burns (Toll Pharmacy) to Ms Cowle - none**

**7.3** **Questions from Ms Shelton (50/50 Club) to Ms Cowle**

**7.3.1** Ms Shelton said that it really worried her that if you did not live in Monkton then you did not know what it was like to have to go into Prestwick if you needed a plaster. The village really needed a pharmacy.

*The Chair reminded Ms Shelton that she would be able to put her points later.*

**7.4** **Questions from the Committee to Ms Cowle**

**7.4.1** Ms Mitchell asked if it was the Kirkhill surgery who had said that the evening surgery was usually for repeat prescriptions. Ms Cowle replied that they had been looking at their opening hours and had asked them if it was repeat or acute and were told that at this time it was mostly working



people who unable to attend during the day.

**7.4.2** Canon McManus, in accepting that people moved out of the village for some of their needs, asked if Ms Cowle had said that as there was no GP there was no need for a pharmacy. She replied that because there was no GP in the village the number of prescriptions would be low as most would have them filled when they visited the GP.

**7.4.3** Canon McManus noted that Ms Cowle had reminded the PPC that the Regulations allowed for services to be provided outwith a neighbourhood and noted that they also permitted the PPC to consider future housing, whether planning permission was in place or not and asked for her views. Ms Cowle replied that she was aware of this also and the current services were adequate and had adapted to the additional houses over the past two years and could continue to adapt, and had the capacity, to cope with any future new housing over the next ten years.

**7.4.4** Canon McManus asked if Ms Cowle knew why the last application had been unsuccessful. She replied that she imagined it would have been because it was deemed neither necessary nor desirable.

**7.4.5** This concluded the Committee questions.

## **8.1 Ms Burns on behalf of Toll Pharmacy**

**8.2** Ms Burns thanked the PPC for giving her the opportunity to speak and read from her statement:

**8.3** "With regard to the definition of the neighbourhood, we would generally agree with the neighbourhood proposed by the applicant with the exception of the Adamton Estate. Whilst this might be assumed to be in the catchment area of the proposed pharmacy, I think it's a stretch to say that it's in the same neighbourhood.

**8.4** The vast majority of residents of this small neighbourhood will currently access NHS pharmaceutical services in Prestwick or Troon.

**8.5** With regard to adequacy of existing services, we cannot accept that this village suffers from an inadequate pharmaceutical service.

**8.6** Before I explain why in more detail, I want to make some observations about the size and demographics of the population

**8.7** The most recent census information from 2011 gives a population for the neighbourhood as defined by the applicant as being 918.

**8.8** I would point out that the data zone information provided by the board is wildly inaccurate.

**8.9** There has been a small increase in the population since the last census, and we would accept that the current population is somewhere between

1,300 and 1,400 people.

**8.10** The applicant has included the residents of the caravan park. He obviously doesn't know much about caravans. 'Residents' of the caravan site will use their caravans for regular short breaks - mainly weekends and during school holidays - and are not likely to use a pharmacy in Monkton any more than on rare occasions.

**8.11** We would also think it highly unlikely that the workforce in the industrial areas close to Monkton would ever use a pharmacy in the village.

**8.12** Finally, he mentions the proposed new housing development. As of today, there has been no planning permission granted for any new development and therefore the PPC cannot give any weight to this claim.

**8.13** So, the proposal is to provide an NHS Pharmaceutical Service to a village of approximately 1,300 people.

**8.14** The applicant claims that there are 'substantial amounts of elderly and disadvantaged residents'. This claim is false.

**8.15** Here are some interesting facts from the last national census:

(All of the data I am quoting comes from the Scotland's Census official website and is for the Monkton locality in the 2011 census which exactly matches the applicant's neighbourhood. I would also like to point out that although there has been an increase in population since 2011 these percentages are unlikely to have significantly changed. If anything the new housing will have attracted younger, healthier families and they are more likely to have multiple cars).

- 8.16**
- 95% of the population are in very good, good, or fair health.
  - Only 5% of the population consider themselves to be in bad or very bad health. That would equate to around 65 people.
  - 70% of the population have no long-term health condition.
  - 80% of the population have no limiting disability or health condition.
  - Only 6.6% of the population are elderly (i.e. over 74)

The applicant himself has accepted that this is an affluent population, and ranks highly in the SIMD tables. This is clear to see when you visit this neighbourhood.

**8.17** As you would expect from an affluent dormitory village on the periphery of a large conglomeration (that being Troon-Prestwick-Ayr) car ownership is exceptionally high with most households having more than one car. In 2011 there were 1.3 cars per household in the village of Monkton which is 30% higher than the national average.

**8.18** So, this is an affluent, healthy, and mobile population.

**8.19** One other important observation is that there are almost no other 'services'

one might require as part of day-to-day living in the village. That's important because it gives an indication of how people in the village live their day-to-day lives: they will do their shopping, etc ... in Prestwick, Troon or Ayr. And that will include any visit they may make to a pharmacy.

**8.20** So, how does this population currently get to a pharmacy? Well, the vast majority will make the 5-10 minute car journey to Prestwick or Troon.

**8.21** For those who don't have a car, there is a regular short bus journey. There are two buses that go through Monkton; the number 14 and the number 4, One every hour (Troon -Ayr )and Two every hour (Ayr – Prestwick) respectively. If you live in Monkton and are one of the small number of residents who don't have a car, this will be a bus journey you will make regularly since you will need to get somewhere to shop.

**8.23** I notice the applicant claims that the bus service is under 'existential threat'. This is nonsense.

**8.24** There will, of course, be a small number of residents who have mobility problems and who may be housebound. These patients will currently be benefiting from a delivery service from existing pharmacies - I know I provide a delivery service to many of them.

**8.25** So, given the above, existing services are adequate and this application falls at the first hurdle.

#### *The Applicant's CAR*

**8.26** I would agree that the response rate is excellent and whilst the consultation is a useful tool in this process, decisions about a new pharmacy are not decided by a public vote. They're decided by this PPC.

**8.27** Here are some quotes I have taken from the positive responses:

- "not convenient for those that don't drive"
- "Easier than going into Prestwick"
- "A lot of people have to get public transport"
- "Will save people a trip to Prestwick"
- "We go to Prestwick or Troon for nearest pharmacies. A pharmacy in Monkton would be very convenient"

**8.28** Having read every single response to the consultation, the key message from those who support a pharmacy is that it would be 'convenient. Where respondents talk about any difficulty in accessing the pharmacies in Prestwick or Troon it's always a difficulty other people might have!

**8.29** There is not one single response which gives an example of how that person has any difficulty in accessing a pharmacy in the adjacent towns.

As you would expect, given that as part of their daily lives almost all the residents of the village will be going to Troon or Prestwick to shop, work, etc.

- 8.30** Of course people in Monkton want a pharmacy. Why wouldn't they? But that's not the point and this support is meaningless in the context of the Legal Test. This CAR shows absolutely no evidence of an inadequacy in the current provision. Not one single response gives any reason for support other than convenience.
- 8.31** As the PPC will know, new contracts are not granted for the sake of convenience. The applicant must show that the existing service is INADEQUATE, and this application completely fails to do so.
- 8.32** So to summarise, this is a small neighbourhood with a generally affluent, healthy, young, mobile population. The neighbourhood contains very few 'facilities' that would support the normal day-to-day lives of the residents and therefore as part of their normal daily activity residents will travel to Prestwick, or Troon, or wherever else is most convenient for them.
- 8.34** But there is one other aspect of this application which I would ask the PPC consider.
- 8.35** The regulations only allow for a contract to be granted where it is necessary or desirable to secure an adequate pharmaceutical service in the neighbourhood in which the proposed premises are located.
- 8.36** The first part of the test - which I have discussed - is the question of the adequacy. I believe that the application fails that first part of the test.
- 8.37** But there is another important word in the regulation, and it is there for a very good reason. That word is secure.
- 8.38** There seems to be a misconception amongst PPCs that viability of a proposed pharmacy is not a matter for the PPC. This is not correct.
- 8.39** What is true is that it is not for a PPC to examine a business plan for a proposed new pharmacy, or consider whether the applicant has sufficient 'business acumen' to run a pharmacy.
- 8.40** However, the PPC must be satisfied that the neighbourhood in which the proposed premises are located has - at the very least - a sufficient population to support an NHS pharmaceutical service.
- 8.41** Such a consideration can be made relatively easily, since it is based on a very simple calculation:
- What is the population of the neighbourhood in which the pharmacy is to be located?
  - what are the demographics of the population?
  - from that what is the likely number of prescription items that this neighbourhood will generate each month.

- 8.42** There's a very good reason for this additional aspect of the Legal Test. There are literally hundreds of small hamlets across Scotland with populations similar, or less than, the population of Monkton. Very few of these will have an existing pharmacy (for an obvious reason) but in many of these small communities - especially those that are much more isolated than a dormitory suburb such as Monkton - it would be very easy to argue that the existing pharmaceutical service is inadequate.
- 8.43** Does that mean that the PPC should grant every application made in every small isolated hamlet regardless of the size of the population? Of course not. An NHS pharmacy costs the NHS money, and not an inconsiderable amount.
- 8.44** In the past we had the Essential Small Pharmacy Scheme. The Essential Small Pharmacy scheme is now closed to new applications. Only existing members of the scheme continue to receive this subsidy from the NHS.
- 8.45** The important fact is this: In order to be considered an 'Essential Small Pharmacy', a pharmacy must dispense less than 1,400 prescription items per month. That is the figure which the NHS has determined to be the point below which a pharmacy is not economically viable.
- 8.46** Incidentally, the huge increases in prescription numbers since that number was calculated way back in the 1990s - and the corresponding reduction in the value to a contractor of each dispensed item - has made this 1,400 number completely out of date. At a conservative estimate, a pharmacy in 2018 would need to dispense at least 2000 items per month to be economically viable.
- 8.47** Even if we were to assume that every single resident of the village will use the new pharmacy (which is extremely unlikely) the population will not generate this number of prescriptions each month.
- 8.48** A pharmacy in Monkton is, in isolation, not viable. What I mean by that is that the population resident in the neighbourhood is not sufficient to make the pharmacy viable. And that is the basis by which a PPC should refuse an application in any circumstances.
- 8.49** Does the applicant have a business plan that might make a pharmacy in Monkton viable? I'm sure he does -whether it's by doing internet pharmacy, or by offering a delivery service to Prestwick and Troon, or by doing MDS trays, or whatever. But that's not the point. A PPC should not grant an application in a non-viable neighbourhood as a springboard to an entirely different type of business.
- 8.50** In conclusion, the existing services are adequate. Toll Pharmacy has three vans on the road and can adapt very quickly to circumstances as they arise.
- 8.51** We have three independent prescribers. We run clinics. If a housebound patient wanted to see a pharmacist they would be visited. If someone wanted a plaster we could deliver this at short notice as the vans are

driving round the area during the day anyway.

**8.52** Monkton is an affluent area with a young and healthy population and I believe that a pharmacy would not be viable and the PPC should therefore refuse the application."

**8.53** This concluded the presentation from Ms Burns.

## **9 Questions to Ms Burns**

### **9.1 Questions from the Applicant to Ms Burns**

**9.1.1** Mr Manson said that it appeared that Ms Burns had said that people outside the area had more say than people in Monkton on whether or not a pharmacy service was adequate. She had made reference to the fact that a pharmacy was desirable and that the CAR should not be taken into account. Ms Burns replied that that was not what she had said.

**9.1.2** Mr Manson said that it appeared to him that she had denounced the relevance of the CAR. Ms Burns said that the results and comments were based on convenience rather than specific need. The overall feeling from reading the comments was that a pharmacy would be very convenient but if all that was stripped away and the facts looked at then you could see if there was an actual need.

**9.1.3** Mr Manson asked if she would then discount the 95% who said a pharmacy was necessary. Ms Burns indicated that she had said that it was up to the PPC to decide that rather than respondents to the questionnaire.

**9.1.4** Mr Manson asked if a delivery service was an adequate substitute for a face to face consultation. Ms Burns replied that it was not which was why they offered a pharmacist visit. There was no doubt that people valued delivery and welcomed the quick turnaround that this facilitated. They were always responsive to patient needs.

**9.1.5** Mr Manson asked about the size of the population that Toll Pharmacy served. Ms Burns indicated that she would say that it would be those people within a 3-5 mile radius of the shop but could not estimate the numbers. Mr Manson said that he had guessed it to be about 20,000

**9.1.6** Mr Manson asked how Toll Pharmacy was able to offer home visits. Ms Burns said that they had three pharmacists and there were always two in the store. It was, therefore, easy to allow one to leave. In fact, if they were running clinics at the pharmacy, they had been known to have five pharmacists on site. She pointed out that they had three consultation rooms.

**9.1.6** Mr Manson asked what her definition of a hamlet was as she had insinuated that Monkton was one. Ms Burns said it was a small rural settlement without a church and stressed that she had insinuated nothing

she had just said it was a hamlet.

**9.1.7** When asked what the percentage of the population in Monkton was elderly, Ms Burns said that it was 6.6% according to the last census. Mr Manson asked whether this was more or less than the Ayrshire average. She replied that she would imagine it was less. Mr Manson said that from the area report this was more and also more than the Scottish average.

**9.1.8** Mr Manson had no further questions

**9.2** Questions from Ms Cowle (Boots UK Ltd) to Ms Burns - none

**9.3** Questions from Ms Shelton (50/50 Club) to Ms Burns - none

**9.4** Questions from Committee to Ms Burns

**9.4.1** Ms Gallagher asked how palliative care was provided. Ms Burns replied that it was an allocated service and they would do it if asked. Both Boots and Toll Pharmacy were on the list. Boots were first call followed by Toll. They did quite a few calls as they had quick response times.

**9.4.2** The Chair asked how often did pharmacists do home visits. Ms Burns said that if there had been a request for a compliance aid and the patient could not visit the premises, the pharmacist would visit to explain it and ensure that the patient understood what they were getting and what their preferences were. Any old medicines would also be taken away. This allowed the pharmacist to ascertain whether there was a need for delivery or to see if the person was able to come in. They also handed out business cards so that the patient could call at any time.

**9.4.3** Canon McManus asked how many deliveries they made to Monkton. Ms Burns said that she could not give an exact number but as they looked after Hansel Village they went through Monkton every day. She did not have exact figures. Certainly the volumes were not huge but they did go through the village every day and Boots had three deliveries a day so it was usually possible to accommodate people with urgent needs who could not come to the premises.

**9.4.4** Ms Mitchell pointed out that delivery was not a core NHS service and that it was a commercial decision that the pharmacy took on whether to offer this or not.

**9.4.5** This concluded the Committee questions.

**10** Ms Shelton on behalf of the 50/50 Club (Senior Citizens' Group)

**10.1** Ms Shelton indicated that she did not have a prepared statement but referred to the Group's letter dated 20 November 2017 which stated their support.

**10.2** She said that when the proposal first came out there was a real excitement

and buzz in the village at the prospect of not having to travel to Troon or Prestwick for a pharmacy. The opportunity to have a face to face consultation that was within easy walking distance would be great for the older generation. So a pharmacy was definitely needed.

**10.3** Ms Shelton pointed out that as well as representing the older generation she also volunteered with Tiny Tots which was a local playgroup. The young mothers there had all said that it would be so nice to be able to walk to a pharmacy if they had a minor problem rather than have to bundle the children up, put them in the car or take them on the bus or wait for their partner to return with the car.

**10.4** She said that it would be such an advantage for the village. It was all very well for everyone to say that they could pop into Troon or Prestwick. But it was not as easy as that. She pointed out that it could be a three hour round to visit the doctor in Troon and if you then had to go to pick up a prescription there was a danger of missing the bus which would turn it into a four hour trip.

**10.5** She failed to see why the people of Monkton should be subjected to the necessity of travelling to Troon, Prestwick or Ayr.

**10.6** Ms Shelton concluded by saying that she was passionate about this issue and that a pharmacy was needed in Monkton and she emphasised that she was speaking both for the elderly and the young.

**10.7** This concluded Ms Shelton's submission.

## **11 Questions to Ms Shelton**

**11.1 Questions from the Applicant to Ms Shelton- none**

**11.2 Questions from Boots UK Ltd to Ms Shelton - none**

**11.3 Questions from Toll Pharmacy to Ms Shelton - none**

**11.4 Questions from the Committee to Ms Shelton**

**11.4.1** Ms Chamberlain asked if there had ever been a GP practice in Monkton and Ms Shelton said that as far as she knew there had not.

**11.4.2** Ms McConnell asked if Monkton had a Community Council. Ms Shelton replied that it was disbanded recently, having been in operation for over 50 years. She was aware that there had been discussions with the local councillor who had made it clear that she would like to see it re-established to that Monkton could have a voice and be part of a system which would allow them to receive funding for local projects.

**11.4.3** This concluded the questions.

## **12 Summing Up**



- 12.0** 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.
- 12.1** Ms Cowle (Boots UK Ltd)
- 12.1.1** Mrs Cowle stated that the arguments had all been made but would reiterate that there were a number of pharmacies who provided adequate services, including pharmacy care, to the neighbourhood and that were accessible from the proposed site.
- 12.1.2** They provided a delivery service which were not as described by the Applicant but went above and beyond what was required
- 12.1.3** There were no gaps and the Applicant had not identified a need for a particular service that could not be met by the existing contractors.
- 12.1.4** She stressed that patient and customer care were important and that there had never been any complaints against them, despite actively seeking feedback.
- 12.1.5** In summary, she submitted that the existing pharmacy provision was adequate in terms of the legal test and that the proposed pharmacy was neither necessary nor desirable to secure the provision of pharmaceutical services in the neighbourhood in question.
- 12.1.6** She respectfully asked that the application be refused.
- 12.2** **Ms Burns (Toll Pharmacy)**
- 12.2.1** Ms Burns said that a pharmacy in Monkton would not be viable. She fully understood the local people's passion and enthusiasm for it and it would be lovely if the NHS had an unending pot of money and could open more pharmacies but this was not the case.
- 12.2.2** All of the pharmacies in the area tried had to serve the population by increasing deliveries.
- 12.2.3** Toll Pharmacy had increased the number of pharmacists available and offered outreach sessions and clinics. A lesson from today was that they should promote this service more to raise awareness.
- 12.2.4** She pointed out that this was a small neighbourhood with a young and predominately health population which could not support a pharmacy
- 12.2.5** In response to a question from the Chair, Ms Burns confirmed that her definition of the neighbourhood did not include the Adamton estate but was otherwise as described by the Applicant.
- 12.2.6** She asked that the application be refused.

### **12.3 Ms Shelton (50/50 Club)**

- 12.3.1** Ms Shelton indicated that she had said all she wanted to say previously and stressed the communities support for the opening of a new pharmacy.
- 12.3.2** She commented that as far as she could see the day had all been about money and the other pharmacies would lose out if Mr Manson were successful.

### **13 Applicant Summary**

- 13.1** Mr Manson thanked all for their time and read from his prepared statement, amending as necessary as follows:
- 13.2** "I am a committed community pharmacist who has the people in communities at heart. I was brought up in this village and still have close ties to there. I thrive within small communities and I have extensive experience and I want to do my best to serve this community.
- 13.3** Monkton is a distinct neighbourhood, with all the amenities to support day-to-day life. Residents do not have to venture outside of the village for daily needs. Monkton is not in any way a domiciliary area of Prestwick.
- 13.4** Monkton currently have 1400-1700 permanent residents; 277 new houses will soon be added and then further developments which will follow on from this. These will double if not triple Monkton's population within the next decade. The future demand will be much greater and we must accommodate the rapid growing population with health care service.
- 13.5** The APPC have decided that Monkton is accessible rural. The parameters they have used for this is that it is a settlement under 3,000 people which is within 30 minutes' drive of a settlement of 10,000 or more. I challenge them to name any place in Ayrshire which is more than 30 minutes' drive from such a settlement. I would also challenge the Interested Party's definition of Monkton as a hamlet.
- 13.6** Symington, Tarbolton, Springside, Dalrymple, Catrine, Mossblown are all villages of about the same size as Monkton. We should be allowed our own pharmacy as well.
- 13.7** As has been well evidenced in the CAR report, it is clear that the current pharmaceutical service level in Monkton is inadequate and patients have problems with access to nearby towns' pharmacies and the services they provide.
- 13.8** Parking in Prestwick and Troon are challenging, making access to the pharmacies very difficult.
- 13.9** The bus service is poor. A 30-minute unreliable bus service to Prestwick and a 1-hour service to Troon cannot be seen as adequate.

- 13.10** And walking is not feasible due to the distance and unsafe nature of the pedestrian walkways.
- 13.11** These difficulties force people in Monkton, especially vulnerable residents to heavily rely on delivery services.
- 13.12** As I repeatedly mentioned in my presentation, delivery services to the village do not constitute adequate provision and cannot replace face-to-face Pharmaceutical services. There are constantly pharmacy delivery vans in the village.
- 13.13** Pharmacies are not just about dispensing medicines. And many of the services we provide for patients require patients to actually there in person. When patients have difficulty in accessing pharmacies in Prestwick and Troon- it means they don't get to take advantage of the services.
- 13.14** These services which we provide are becoming increasingly important to address the pressure in GP Practices in this day and age. It is paramount to improve the health and wellbeing in local communities such as Monkton.
- 13.15** Assessing ADEQUACY or INADEQUACY must now be based on pharmaceutical services as a full package of what we offer in pharmacies. It cannot be one element of what we do.
- 13.16** The CAR report quite clearly backs up the points I have made. The public very strongly support this application and see that a pharmacy is now a necessary addition to the neighbourhood. I believe the members of the committee can hear what the people are saying within this report.
- 13.17** In the letter Boots wrote on 25/10/17, they asked the committee to reject this proposal stating that I haven't supplied any evidence that the existing pharmacies in the neighbourhood cannot meet present or future demand. I believe people's response to the CAR report and the evidence I have provided during my presentation has proved this to be wrong.
- 13.18** There is a monopoly of Boots Pharmacies in Prestwick alongside one of the biggest independent pharmacies in the whole country. They both couldn't adequately address how they currently meet the face-to-face pharmaceutical services demand in Monkton and I question whether their motives are completely financial rather than truly caring about what is best for the citizens of Monkton.
- 
- 13.19** In the letter from the APPC dated 16/11/2017, they state that residents in Monkton have to attend elsewhere for their daily needs. This is inaccurate, as mentioned in the presentation; Monkton contains all the necessary amenities for daily life.
- 13.20** They also say that the village has good transport links from the neighbourhood via well-lit roads. I have categorically proved this to be not factual. They have also discounted the fact that future development, which

is evidentially imminent in Monkton, impacts on the application, as it has not been approved. The change of use on the land has in fact been approved, and once planning is finalised, building will start.

**13.21** Finally The APPC states in the same letter that a reason that Monkton should not be granted a pharmacy is that "nearby pharmacies deliver". I believe this to be out of touch with what the benefits of having a local and accessible community pharmacy are.

**13.22** This concluded the Applicant's summary.

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## **14 Retiral of Parties**

**14.1** 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.

**14.2** 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.

**14.3** The hearing adjourned at 1510 hours to allow the Committee to deliberate on the written and verbal submissions. The Applicant, Interested Parties and Observers left the room.

## **15 Supplementary Information**

**15.1** The Committee noted:

- i. That they had jointly undertaken a site visit of Monkton and the surrounding area noting the location of the proposed premises, the pharmacies, general medical practices, and the facilities and amenities within.
- ii. Maps showing Monkton and the surrounding area, covering location of the pharmacy in relation to Troon Pharmacies and Troon and Dundonald GPs plus Prestwick Pharmacies and Prestwick and Ayr GPs.
- iii. Extract from Information Services Division Community Pharmacy Activity January to June 2017 including details about the existing Provision of Pharmaceutical and Medical Services in/to Monkton

- Report on Pharmaceutical Services provided by existing pharmaceutical contractors to the neighbourhood
- iv. Extract from South Ayrshire Housing Land Supply report 2016-2021
- v. Extract from South Ayrshire Main Issues Report 2017
- vi. Datazone Information on population
- vii. Bus Timetables
- viii. Further information
- ix. NHS Ayrshire & Arran Pharmaceutical Care Services Plan 2012
- x. The application and supporting documentation including the Consultation Analysis Report provided by the Applicant.

## **16 Summary of Consultation Analysis Report (CAR)**

### **16.1 Introduction**

**16.2** NHS Ayrshire & Arran undertook a joint consultation exercise with Mr Manson regarding the application for a new pharmacy at 77 Main Road, Monkton, KA3 7DU.

**16.3** 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.

### **16.4 Method of Engagement to Undertake Consultation**

**16.5** The consultation was conducted by placing an advertisement in the Ayrshire Post; 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](http://www.nhsaaa.net)) as well as provision of the address directly to the Consultation on SurveyMonkey; hard copies of the questionnaire were available at 15 locations in Monkton, Ayr, Troon, Prestwick and Dundonald and could be requested by telephone. Respondents were invited to respond electronically via SurveyMonkey or by returning the hardcopy questionnaire.

**16.6** The Consultation Period lasted for 90 working days and closed at 12 noon on 25 August 2017.

### **16.7 Summary of Questions and Analysis of Responses**

**16.8** 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.

### **16.9**

Question	Response Percent			Response Count		
	Yes	No	Don't know	Yes	No	Don't know
1. Do you agree this describes the neighbourhood	95.47	2.06	2.47	232	5	6

to be served?						
2. Do you think the proposed location is appropriate?	92.28	5.28	2.44	227	13	6
3. Do you live within the above neighbourhood?	74.80	24.89	0.41	184	61	1
4. Do you think the proposed hours are appropriate?	95.12	4.07	0.81	234	10	2
5. Do you think that the services listed are appropriate for the proposed new location?	94.72	4.07	1.22	233	10	3
6. Do you believe there are any gaps/deficiencies in the existing provision of pharmaceutical services to the neighbourhood?	68.22	22.88	8.90	161	45	21
7. Do you agree with this Statement? Wider Impact – Monkton Pharmacy believes that a proposed new pharmacy is now necessary for the village to ensure that an adequate provision of pharmaceutical services are delivered to the residents of the village.	93.03	4.92	2.05	227	12	5
8. Do you believe this proposal would have any impact on other NHS services?	19.17	66.67	14.17	46	160	34
9. Do you support the opening of the proposed pharmacy?	93.47	5.71	0.82	229	14	2

**16.10** In total 246 responses were received. All submissions were made and received within the required timescale, thus all were included in the Consultation Analysis Report.

**16.11** From the responses 242 were identified as individual responses and 2 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.

#### **16.12** Consultation Outcome and Conclusion

**16.13** 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.

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

#### **17** Decision

**17.1** 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.

**17.2** Neighbourhood

**17.3** The Committee noted the neighbourhood as defined by the Applicant and the comments of the Interested Parties and APPC. 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/shops, 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.

**17.4** During discussions, the Committee noted that there was little disagreement with the Applicant's definition, other than Toll Pharmacy would not include the Adamton estate.

**17.5** Regarding this, they observed that the housing was similar to the rest of Monkton. It was likely that the children would go to Monkton Primary School. The estate was connected to Monkton and could not really be classified as belonging elsewhere as those living there would have to go through Monkton to get in and out.

**17.6** The Committee referred to the discussions of whether Monkton was a hamlet or not and agreed that Monkton was a village in its own right, with all the amenities to make it a distinct community. Its boundaries were defined by main roads and the airport.

**17.7** The Committee, therefore, agreed that the neighbourhood should be as defined by the Applicant, namely:

**17.8** To the South— Station Road/B739 Baird Road (including Adamton Estate)

To the West— A79

To the North — A78

To the East— A77 (including Adamton Estate)

**17.9 Adequacy of existing provision of pharmaceutical services and necessity or desirability**

**17.10** 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.

- 17.11** The Committee noted there were no pharmacies within the neighbourhood as defined. However, 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.
- 17.12** There were pharmacies in Prestwick (3 branches of Boots and Toll Pharmacy and Troon (Boots and Willis Pharmacy) who currently provided a service to the neighbourhood, including deliveries.
- 17.12** The Applicant had based most of his arguments about adequacy on the question of how accessible pharmaceutical services were to the residents of Monkton and the Committee discussed this at length. They noted that:
- existing pharmacies were not within walking distance, the nearest being 3.5 miles distant. In any event the roads were not suitable for pedestrians
  - both Prestwick and Troon were easily accessible by car and from their own knowledge of the area did not think that parking was a problem
  - from the written and oral evidence presented and its own observations Monkton appeared to be a reasonably affluent area with a substantial proportion of the population having access to a car
  - those without a car would have to rely on public transport and there were two bus services - 4 and 14 – linking Monkton to Prestwick and Troon. While there were buses every half hour and the journey times were only about ten minutes, the round trip with a visit to a pharmacy could take a considerable time.
- 17.13** The Committee concluded that, while pharmaceutical services were accessible to the population of Monkton who had a car, for those without a car, particularly the elderly and young people with children, it was not accessible.
- 17.14** The Committee then considered the other pharmacy services available to the neighbourhood. They noted that:
- both Boots and Toll Pharmacy offered all the contract services and pharmacy care services, including smoking cessation, diabetic etc clinics.
  - there was an effective and responsive delivery service into Monkton with Boots delivering three times a day and Toll at least going through the village once a day
  - while Toll Pharmacy also offered visits by pharmacists to those who received deliveries, they acknowledged that this outreach service could be better advertised.
- 17.15** There had been no formal complaints about pharmaceutical services to this neighbourhood made to the Health Board and none reported in the quarterly returns from pharmacies. It was noted that the Applicant had not questioned the quality of the service but concentrated on accessibility. The



only criticisms had come from the responses in the CAR. The representatives from the 50/50 Club had also only commented on accessibility of the service to the people of Monkton both in their written and oral submissions.

- 17.16** The Committee considered the contents of the CAR and noted that
- the response rate was high in comparison to the size of the population and showed a good level of support for the pharmacy.
  - many of the comments related to convenience but there were also a lot about the difficulty of travelling to visit Troon and Prestwick
  - the responses all looked individual rather than formulaic so was a true reflection of what the public thought
  - 24% of the responses came from people who did not live in Monkton and were perhaps from those who worked there
- 17.17** The Committee concluded that, on the basis of the evidence gathered, the service was adequate for some, but not for others because of the difficulties in accessing the total range of pharmacy care services apart from the fulfilling of prescriptions. The existing pharmaceutical services were therefore inadequate to the defined neighbourhood.
- 17.18** Having agreed that the service was inadequate, the Committee moved on to consider necessity or desirability to secure future provision.
- 17.19** People did want the service which was being delivered elsewhere to be delivered in Monkton.
- 17.20** The applicant himself had said that it was desirable rather than necessary.
- 17.21** There was no GP in Monkton and with the pharmacies being some distance away, residents had limited access to full pharmaceutical services unless they travelled.
- 17.22** The Committee then looked at future housing developments in Monkton and considered how a new pharmacy would help to secure pharmaceutical services for the future. They acknowledged that while planning permission had not been granted for some of the developments, the land had now been zoned for housing and there was little doubt that these developments would happen.
- 17.23** Given the size of the population and the number of other pharmacies in the area, the granting of a new contract would have limited impact on existing contractors.
- The Committee concluded that a new pharmacy was desirable rather than necessary.
- 17.24** Following the withdrawal of Ms Gallagher, Ms McConnell and Ms Mitchell, in accordance with the procedure on applications contained within Paragraph 7, Schedule 4 of the National Health Service (Pharmaceutical

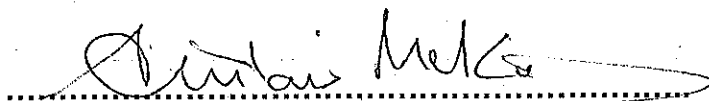
Services) (Scotland) Regulations 1909, as amended, the Committee, for the reasons set out above, considered that the pharmaceutical service into the neighbourhood was **inadequate**.

**17.25** Accordingly, the decision of the Committee was that the provision of pharmaceutical services at the premises was **desirable** in order to secure adequate provision of pharmaceutical services within the neighbourhood in which the premises were located by persons whose names were included in the pharmaceutical list, and accordingly the application was **accepted**. This decision was made subject to the right of appeal as specified in Paragraph 4.1, Regulations 1909, as amended.

**17.26** Ms Gallagher, Ms McConnell and Ms Mitchell 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:**

**14 DECEMBER 2017**