

**Minutes of the meeting of the Pharmacy Practices Committee (PPC) held on  
Wednesday 16 May 2018 at 1245 hours in the Dumfries Arms Hotel, Cumnock**

The composition of the PPC at this hearing was:

Chair: Mr Alistair McKie

Present: Lay Members Appointed by NHS Ayrshire & Arran

Ms Joy Chamberlain  
Mr Donald Osborne  
Ms Margaret Clark

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

Ms Janice Gallagher (non-voting)  
Mr Wallace Stevenson (non-voting)

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

Ms Diane Lamprell (non-voting)

In Attendance: Mr Alan Thomas, Lead Pharmacist, Community and Public  
Health, NHS Ayrshire & Arran

Secretariat: Ms Jenna Stone, NHS National Services Scotland, Scottish  
Health Service Centre (SHSC)

**1. APPLICATION BY MR MOHAMMED HAMEED**

1.1. There was submitted an application and supporting documents from Mr Mohammed Hameed received on 7 March 2018, for inclusion in the pharmaceutical list of a new pharmacy at Hughfield Stores, Hughfield Road, Mauchline, KA5 6DJ

**1.2. Submission of Interested Parties**

1.3. The following documents were received:

- (i) Letter dated 13 April 2018 from William J Lennox of Mauchline Community Council
- (ii) Letter dated 24 April 2018 Roisin Kavanagh of Area Pharmaceutical

Professional Committee ("APPC")

- (iii) Letter dated 30 April 2018 from Matthew Cox of Lloyds Pharmacy
- (iv) Letter dated 1 May 2018 from Emma Griffiths-Mbarek of Well Pharmacy
- (v) Letter dated 1 May 2018 from John W Reekie of J&A Reekie Chemist
- (vi) Letter dated 3 May 2018 from Kismat Pall of Green Shutters Pharmacy

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

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

**2. Procedure**

2.1. The Applicant and Interested Parties were invited into the hearing.

2.2. At 1245 hours on Wednesday 16 May 2018, the Pharmacy Practices Committee ("the Committee") convened to hear the application by Mr Mohammed Hameed ("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.

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

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

2.6. Members of the Committee had undertaken a joint site visit to the proposed new pharmacy premises at Hughfield Stores, Well Pharmacy and Ballochmyle Medical Centre in Mauchline, and a tour of the other medical practices and pharmacies: Green Shutters Pharmacy and The Clinic in Ochiltree, Lloyds Pharmacy and Auchinleck Surgery in Auchinleck, Ballochmyle Medical Centre and J&A Reekie Pharmacy in Catrine, in order

to understand better the issues arising from this application. For the avoidance of doubt neither the Applicant nor any of the Interested Parties accompanied the Committee. During the site visit 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 any questions the Chairman confirmed that the Oral Hearing would be conducted in accordance with the guidance notes contained within the papers circulated and emphasised that only one person would be permitted to speak.
- 2.9. The Chair advised all parties that following the completion of the evidence and questions, the Applicant and Interested Parties would be asked to withdraw, and asked to remain in the building in case the Committee had any further questions for the Applicant or Interested Parties or required any additional information or points of clarity on any matter from Health Board Officers or CLO. Should any of the Interested Parties or Applicant choose not to remain in the building, this would be noted in the Report of the Hearing.

### **3. Attendance of Parties**

- 3.1. The Applicant, Mr Mohammed Hameed was unaccompanied. From the Interested Parties eligible to attend the hearing, the following accepted the invitation: Ms Emma Griffiths-Mbarek from Well Pharmacy, Mr William Lennox (Secretary) accompanied by Mr George Allan (Chair) of Mauchline Community Council and Mr John Reekie of J&A Reekie, who was unaccompanied.
- 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 was set out in the Role and Function of the Committee 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. The Applicant's Submission**

- 4.1. The Chairman invited the Applicant, to speak first in support of the application.
- 4.2. The Applicant read aloud a pre-prepared statement making alterations as necessary.
- 4.3. Applicant introduced himself and thanked everyone who attended to give him the opportunity to present his case, and gave special thanks to Mauchline Community Council for their pro-active engagement during the course of this application especially since this was his first application for the granting of a pharmacy contract and acknowledged that his attendance at the PPC was because he felt he owed it to the people of Mauchline.
- 4.4. The Applicant provided information on his professional background explaining that he had always been interested in pharmacy. He had undertaken a pharmacy degree at Robert Gordon's University in Aberdeen at the age of 16 and, after qualifying, had undertaken a pre registration position at an independent pharmacy in Glasgow and, on completion, had taken a locum position in Cumbria. After 18 months, he had been given an opportunity - through word of mouth - to take up the role of manager at Logan Pharmacy in Cumnock where he had worked for the past four years.
- 4.5. The Applicant said that Mauchline as an area was an area he was very familiar with since he passed through it on a daily basis for his commute to Cumnock due to the trunk A76 road which cut directly through the heart of the town and was the main route to Cumnock on that side of the county. The Applicant added that Mauchline was a small town, home to Robert Burns the famous Scottish poet, and was therefore also a tourist attraction with visitors both nationally and internationally visiting the Burns Memorial Tower and the Burns House Museum in the area.
- 4.6. The Applicant explained that he would present a case on behalf of the Mauchline Community and on behalf of Mauchline Pharmacy for the granting of an application to provide pharmaceutical services at the premises on Hughfield Road. The Applicant said that, the neighbourhood

in question was Mauchline as a town. Figures from February 2018 through NHS Scotland open data suggested that there were 8907 patients currently registered at the Ballochmyle Medical Practice, which had two practices: one at Mauchline and one at Catrine.

- 4.7. Population figures from census Scotland would indicate Mauchline as having a rough population of 4100, and Catrine of 2236 and in his opinion, the Applicant believed the practice at Mauchline had approximately 5700 patients; people who needed to access a pharmacy outwith Mauchline would need to travel to Catrine, the nearest pharmacy, which was 3 miles away from Mauchline (according to Google Maps via both A76 and B743/B705), followed by 4.7 miles (Lloyds in Auchinleck), followed by 5.2 miles (Tarbolton Pharmacy) and 5.7 miles (Green Shutters Pharmacy in Ochiltree)
- 4.8. The Applicant said that Deprivation was a highly significant factor which reflected the health needs of a population and wished to highlight a high incidence of deprivation in Mauchline, especially in the area in which the pharmacy would be located. Data from the Scottish Multiple Deprivation Index (SMDI) identified that zone having an overall rating of 2/10; data covered health, employment, education, housing and income. Also from the Scottish Census Data (SCD) 2011, Mauchline came under the worst category for health with at least 20% of the population being characterised as generally having "bad" or "fair" health. Mauchline also came under the worst category with the percentage of the population with long term activity which limited health (22% or more). From a Scottish Household Survey in 2015, Mauchline had a smoking prevalence of 23% (from a 2014 study), which was higher than the Scottish average of 20%.
- 4.9. The Applicant added that the SCD had also shown that 19.9% of the population of Mauchline were aged 65 or older, compared with the Scottish average of 16.8% which indicated a higher than average aging population, and reflected longer health term conditions of 31.1% compared to the national average of 29.9%.
- 4.10. The Applicant stated with these statistics in mind, there had been strain on the single pharmacy in Mauchline and also on GP services, especially as more patients required more care and attention and continuity of care.
- 4.11. The Applicant said that GP Services appeared to be hard pushed, and referred to a recently published newsletter from the Practice which indicated how difficult it was to obtain an appointment, and indicated that he had a copy of the newsletter he could show to the Panel and Interested Parties.
- 4.12. The Applicant added that he had unfortunately missed the deadline for submitting two documents due to postage issues. His intention had been

to provide a diagram of Mauchline which highlighted two potential development sites; one proposed scheme (by Stuart Milne), which was directly behind the proposed pharmacy, was for 75 houses and was currently in the pre-planning application stage. A second scheme at the bottom end of the town (from Cunninghame Housing Association) was in the planning application stage for 92 houses to accommodate more people. If both applications were granted, this would produce 167 additional properties in Mauchline. The Applicant estimated that if the average was 4 people to one property, this would provide an additional 700 residents and would put an additional strain on NHS services in the area.

- 4.13. The Applicant referred the Panel to the case of *Lloyds Pharmacy v the National Appeal Panel* (2004) where Lord Drummond Young had stated that *"in addressing the question of the adequacy of existing provision to serve a neighbourhood, the decision makers should have regard to future developments"* and acknowledged that although the two housing projects were in the pre-application stage, he believed there was a good chance they would be passed, and urged the panel to be mindful of the projection of population growth over the next 5-10 years.
- 4.14. The Applicant referred to the Community Pharmacy Scotland delivery of prescription for excellence documents which showed that since 2003 there had been a 61% increase in prescriptions in Scotland.
- 4.15. The Applicant proposed to demonstrate how services provided were not satisfactory and could be deemed inadequate.
- 4.16. The Applicant had looked at the national average number of prescriptions dispensed with the average number of items dispensed per pharmacy being approximately 84,500 per annum (2015-2016). However data collated from NHS Scotland contractor activity for Well Pharmacy in Mauchline showed that between February 2017 and February 2018, they had dispensed 95,726 items which was significantly more than the national average.
- 4.17. The Applicant quoted from the Regulations which stated that an application would be granted *"in order to secure adequate provision of pharmaceutical services in the neighbourhood."* In the Applicant's opinion, he believed that the pharmaceutical services in Mauchline were not adequate, since they were saturated and Well Pharmacy did not provide an adequate service. Data collated over the past 12 months indicated that Well Pharmacy had claimed 5966 methadone dispensing with the local average being 2110. The Applicant drew the PPC's attention to Catrine Pharmacy which did not dispense methadone in any form, which put enormous stress and strain on the service on the existing pharmacy since many service

users had to travel outwith Mauchline in order to receive their Methadone. The Applicant was mindful of the additional time and effort required in order to supply and supervise methadone patients; he had discussed methadone supply with local drug addiction workers who had pointed out that methadone patients from Cumnock travelled to Mauchline in order to obtain their methadone. They could not access this from another source (as they had been barred from Lloyd's in Cumnock) and the easiest bus route took them to Mauchline. The Applicant acknowledged there were several comments in the Consultation Analysis Report ("CAR") on the issue of Methadone.

4.18. The Applicant referred to the 304 responses received from the CAR and was mindful that the responses provided a good indication of an inadequate and unsatisfactory service that the town of Mauchline received, which had a detrimental effect on the population's health. The Applicant briefly referred to several comments from the CAR.

- *"My partner went to existing pharmacy for smoking cessation service and due to the long waiting time, he left empty handed."*
- *".... I could not wait for a second supply of the pill as the first had failed (sick)..... it caused an unwanted pregnancy".*
- *"Currently I care for patients in sheltered accommodation; we have constant problems with the existing Well Pharmacy. There are always mistakes and medications getting mixed up. They have bitten off more than they can chew".*
- *"Due to lengthy waiting times, I've been advised to make return journeys for services like minor ailments. I cannot drive and it's not feasible for me to take a bus to another village with three children to have a consultation. This for me is a big gap and deficiency. There are so many people in the pharmacy buying things as well as waiting for prescriptions".*
- *"I registered on the smoking cessation programme and upon returning weekly to collect my patches, I was unable to do so as I had to wait 45 minutes. On another occasion I was told that the monitor did not have any mouthpieces. I never returned to the programme and my attempt to quit smoking failed".*

4.19. The Applicant said that, from the comments in the CAR, the PPC panel could not ignore or dismiss the fact that there were serious issues and a poor standard and quality of service provision. The Applicant referred to the smoking cessation service which was a core service and should be heavily promoted and utilised by members of the public. The Applicant noted that from data collected on NHS Activity between March 2017-

December 2017, only 12 patients had registered for the smoking cessation service, of which only 3 patients out of 12 made it to the 4 week stage, and only one patient had successfully completed the full 12 week programme. The Applicant said that, for a pharmacy of that calibre, he had found the statistics appalling, and noted that smoking cessation figures nationally had dropped by 41.3% from the previous year.

4.20. The Applicant referred to responses in the CAR which indicated that lengthy waiting times were another issue, which he regarded as another issue which reflected inadequacy in the provision of pharmaceutical services provided by the existing pharmacy and jeopardised patient care. The Applicant noted that Well Pharmacy dispensed more items than the national average. The Applicant referred to the potential housing developments in Mauchline which would likely add to the population and would, in his opinion, worsen the service. The Applicant provided examples from the comments in the CAR which referred to waiting time issues:

- *"Due to lengthy waiting times, I've been advised to make return journeys for services like minor ailments. I cannot drive and it's not feasible for me to take a bus to another village with three children, to have a consultation. This for me is a big gap and deficiency"*
- *Well Pharmacy is far too busy, long waits. Most times I'm kept waiting 30 minutes with my kids which is not easy. They didn't even offer me the minor ailments service. I had to go into Cumnock to be told about it."*
- *"The Local pharmacy at the moment can't cope with high levels of prescriptions and sometimes I have to wait 1 hour for a prescription".*
- *"The existing pharmacy is far too busy; the existing pharmacy lacks stock. I can never speak to a pharmacist (despite there being two), no patient care, no parking and poor home delivery service with long waiting times."*
- *"The waiting times at the existing pharmacy are diabolical when you hand in a prescription. It should also be open at lunchtime."*
- *"No interaction with the pharmacist. Inadequate stock. One week to have prescription ready. Non-existent parking"*

4.21. The Applicant said that from these comments, he wished to draw the PPC's attention to the NHS Pharmaceutical Service Plan which stated that "the timely and accurate dispensing of prescriptions remains the principle function of the NHS Community Pharmacy Service". From the comments in the CAR, the Applicant intimated that timely and accurate dispensing was not the case, and was a massive problem. "Diabolical" "Evasive" and "Appalling" were terms that had been used to describe the waiting times.



- 4.22. The Applicant stated that there should be an additional pharmacy in the town of Mauchline in order to ease the pressure, in order to allow patients to obtain their prescriptions within appropriate timescales.
- 4.23. The Applicant believed that Well Pharmacy could be seen as being in breach of their NHS contract as they were not dispensing prescriptions in a timely and accurate manner, which he felt exposed the poor and inadequate service being provided by Well Pharmacy.
- 4.24. The Applicant referred to responses in the CAR in relation to errors, dispensing inaccuracies and issues with prescriptions:
- *"occasional missing items from my prescription"*
  - *"a huge problem is prescriptions going missing"*
  - *"the existing pharmacy is not capable of handling the volume of work and mistakes have been made"*
  - *"There are always mistakes, and medications getting mixed up".*
- 4.25. The Applicant said that this represented inadequacies as services were overstretched and mistakes were being made, which compromised patient safety.
- 4.26. The Applicant referred to data on the Minor Ailments Service (MAS) which he had gathered which showed that in March 2017, Well Pharmacy had 1094 patients registered for MAS. The most recent figures from February 2018 indicated only 596 patients which was a huge decline. From the responses in the CAR report, it appeared that this core pharmacy service was not being offered to patients who were entitled to it – and intimated that it was probably because services were overstretched.
- 4.27. The Applicant quoted some responses from the CAR report:
- *"I've seen myself buying medicines from the local shops rather than wait for hours in the Well Pharmacy, to then be told that they don't have any in stock or I can't get any because we got some a month ago".*
  - *"Current waiting times are ridiculous. I have been refused a minor ailment for my children".*
  - *"I have requested minor ailments and been told that there has been no paracetamol or ibuprofen.*
  - *"I was advised to make a return journey for minor ailments"*
  - *"Due to lengthy waiting times, I've been advised to make return*

*journeys for services like minor ailments."*

- *"They didn't even offer me the minor ailments service. I had to go into Cumnock to be told about it."*

4.28. The Applicant maintained that this indicated that Well Pharmacy were in breach of their pharmaceutical services contract by not fulfilling the core requirements and added that MAS was not a service that could or should be delivered. The Applicant asserted that it was evident that Well Pharmacy was not promoting health services.

4.29. The Applicant said that there were overwhelming concerns regarding stock availability, with some patients making repeated journeys in order to complete their prescriptions, which he regarded as unacceptable, especially for the elderly, mothers with children and the disabled.

4.30. The Applicant referred to responses in the CAR:

- *"Well pharmacy is a complete mess. There have been so many serious complaints and they are always losing prescriptions. The waiting times are unreasonable and stock always needs to be ordered in".*
- *"Unfortunately stock is occasionally unavailable and waiting times are largely unacceptable."*
- *"waiting times and no stock frustrating"*
- *"lack of stock to make sure prescriptions are ready and long waiting times comes to mind".*

4.31. The Applicant said it appeared that Well Pharmacy had reached saturation point in terms of compliance aids as patients commented that they had been refused this, which was a concerning issue especially as there was an increasing elderly population who required the aids.

4.32. The Applicant referred to responses made in the CAR report:

- *"Don't go to current pharmacy as they could not supply a blister pack. Go to Cumnock but not practical"*
- *"refused blister pack due to lack of space."*

4.33. The Applicant referred to the delivery service provided by Well Pharmacy which was only available to housebound patients in the afternoon, in a two hour window. The delivery service from other pharmacies (eg Catrine) was also only provided to housebound patients. Lloyds charged for deliveries at £60 for 6 months. The Applicant did not agree with this as not everyone could afford a delivery service.

- 4.34. The Applicant referred to parking issues at Well Pharmacy and referred to comments in the CAR report regarding parking :
- "There's no safe parking"
  - *"difficult to find near by safe parking"*
  - *"no parking available at the current pharmacy"*
  - *"parking is very awkward where current pharmacy is situated"*.
  - *"Queue physically out on the pavement. No parking, especially for disabled users"*.
- 4.35. The Applicant referred to a photograph he had wished to show but had not been able to submit prior to the deadline for submitting paperwork, which had shown people queuing outside the pharmacy. (Photo not shown)
- 4.36. The Applicant said that there had been two pharmacies in Mauchline at one point. One had been run by Mr Bee and Mr Bowie and in the mid 1980s another pharmacy had been bought by Nigel Kelly. Both pharmacies had run side by side and functioned well. The Applicant asked the PPC to be mindful of this point.
- 4.37. The Applicant said that the public health service was a core service that consisted of three elements: smoking cessation, emergency hormonal contraception and gluten free foods.
- 4.38. The Applicant noted that responses from the CAR report had shown there was confusion initially, as respondents believed that the new pharmacy would be a second branch of Well Pharmacy in Mauchline, which had been expressed on social media and on the council community page which led to a lot of confusion.
- 4.39. This concluded the presentation from the Applicant.
5. **The Chairman invited questions from the Interested Parties in turn to the Applicant**
- 5.1. Ms Emma Griffiths-Mbarek (Well Pharmacy) questions to the Applicant
- 5.1.1. Ms Griffiths-Mbarek referred to the Applicant's comment regarding issue with stock availability and asked if he accepted that there had been a significant national shortage of stock in the market over the past 12 months.
- The Applicant replied that he did. Ms Griffiths-Mbarek explained the

size of the scale she was referring to and added that they had a distribution arm and worked with part of the industry.

5.1.2. Ms Griffiths-Mbarek referred to the Applicant's comment of a two hour window for deliveries and asked the Applicant to confirm when he had obtained this information.

- The Applicant replied that he had called the pharmacy the previous day. Ms Griffiths-Mbarek refuted this and explained that the driver was employed between 2pm-6pm so there was a 4 hour window for deliveries.

5.1.3. Ms Griffiths-Mbarek asked if the Applicant was aware that they had MethaMeasure in store in order to handle methadone dispensing and asked the Applicant if he knew how many methadone patients Well Pharmacy had.

- The Applicant replied that he did not know. The Chair said that this information related to Well Pharmacy business and Ms Griffiths-Mbarek noted this point and said she would pick this up in her statement.

5.1.4. Ms Griffiths-Mbarek noted that there had been many points made in the Applicant's statement regarding dispensing errors, and asked, in his experience as a manager, what was the error rate generally as a percentage.

- The Applicant replied it was difficult to say as errors should be regulated internally. He had requested the error rates from NHS Ayrshire & Arran and the rates had been low, which he believed was because many pharmacies did not submit all errors in order to provide true and accurate representation. The Applicant added that he had requested the error rates for Well Pharmacy and had been informed that the number of errors could not be disclosed. The reason he had mentioned this was because he had many patients from Well Pharmacy coming into his pharmacy in Logan – 10 miles away – and the main theme of complaints had been errors, and the common theme in the CAR report had also been because of errors.

5.1.5. Ms Griffiths-Mbarek asked what time period this covered.

- The Applicant replied that he had been at Logan Pharmacy for four years and the problem had gotten worse over the past 2-3 years. Initially he had not been keen to deliver to Mauchline, but due to the issues, he was now delivering to Mauchline. Ms Griffiths-Mbarek said she would pick up the error rate issue in her statement.

5.1.6. Ms Griffiths-Mbarek asked if the Applicant had worked as a locum at Well Pharmacy.

The Applicant confirmed that he had worked as a locum at Well Pharmacy. For approximately one year and added that his sister also worked as a locum at the pharmacy. The Chair asked when the Applicant had worked as a locum at Well Pharmacy and whether it was before or after the submission of his application. The Applicant replied that he was not sure of the date but acknowledged he had a family member who had also worked as a locum, before and after the submission of his application.

5.1.7. Ms Griffiths-Mbarek referred to the Applicant's Statement where he had referred to provision of methadone to patients who lived outside Mauchline and asked whether this meant whether he would not provide methadone to patients who were not from Mauchline.

- The Applicant confirmed – and explained his promise to the local residents. Because there was already an existing methadone dispensing service in Mauchline, he had informed local residents that he would provide a methadone dispensing service to local Methadone patients, but did not intend to dispense methadone to patients from outwith Mauchline. Ms Griffiths-Mbarek asked whether he would provide the methadone dispensing service to any patient who requested the service. The Applicant explained that he would not specifically refuse to provide methadone. Ms Griffiths-Mbarek asked what would happen to a patient who asked him to provide the methadone dispensing service – and commented that methadone dispensing was a core service – as she believed that refusing to serve a patient who requested the service was a breach. The Applicant refuted Ms Griffiths-Mbarek's claim and replied that methadone was not a core service and explained that he was not saying that he would not provide the service, but would only provide the service to residents of Mauchline – he was representing the community and said that residents (who had experienced problems with users outwith who travelled into Mauchline) were unhappy, and said he had to be respectful of local opinions.

5.2. Mr Lennox (Mauchline Community Council) questions to the Applicant

5.2.1. Ms Lennox had no questions

5.3. Mr Reekie (J&A Reekie) questions to the Applicant

5.3.1. Mr Reekie had no questions.

6. **Having established that there were no further questions from the interested parties the Chairman invited questions from Committee**

**members.**

6.1. Ms Chamberlain (Lay Member) questions to the Applicant

6.1.1. Ms Chamberlain sought clarity on whether the Applicant would run the methadone dispensing service.

- The Applicant confirmed that he would provide a methadone dispensing service, but only for residents from Mauchline.

6.2. Ms Lamprell (Non Contractor Member) questions to the Applicant

6.2.1. Ms Lamprell referred to the Applicant's comments on MAS registrations and asked the Applicant to confirm whether his assumption on the drop in MAS registrations was because he believed it provided an indication of a poor pharmaceutical service.

- The Applicant confirmed this was his assertion. With regard to the items dispensed, there had been a drop of 60% from the previous year.

6.3. Mr Donald Osborne (Lay Member) questions to the Applicant

6.3.1. Mr Osborne referred to the Applicant's comments on cases where prescriptions issued had been incorrect and asked who had detected the errors and what the implications were.

- The Applicant said he was unable to comment as he had been referring to comments in the CAR, and referred to an example where one person had noticed the error when they got home, and realised the prescription had their name but had items for another person, so it was patients who had noticed and then returned to the pharmacy. The Applicant said he would not make any further comment as he did not wish to make any false accusations.

6.4. Ms Janice Gallagher (Pharmacy Member) questions to the Applicant

6.4.1. Ms Gallagher asked the applicant to explain his comments regarding MAS and the applicant had repeated where a patient had been refused MAS because they had already had it a month before.

- The Applicant said that there had been many comments – over 100 – and explained that if the PPC Members read through all the comments, they would see this issue repeatedly being raised. The Applicant confirmed he was aware that MAS was not for chronic conditions; however there was nothing to say that a person could go

for MAS for a different ailment, and acknowledged that it was unclear from the comment in the CAR which referred to being refused MAS because they had had it a month earlier) whether it related to the same ailment. He was simply referencing the comments in the CAR and bringing them to the attention of the PPC Panel.

6.5. Mr Wallace Stevenson (Pharmacy Member) questions to the Applicant

6.5.1. Mr Stevenson referred to the Applicant's comments and, asked if Applicant was aware that the delivery service was not a core service.

- The Applicant confirmed he was aware that the delivery service was not a core service.

6.5.2. Mr Stevenson asked if the Applicant intended to dispense methadone.

- The Applicant confirmed that he did intend to dispense methadone. He noted that he may have missed this service from his application and acknowledged that he did intend to dispense methadone, with the caveat that it would only be for the population of Mauchline.

6.5.3. Mr Stevenson asked whether the Applicant would accept that one possible reason for the reduction in numbers of MAS registrations could be due to the fact that patients who had not engaged in the service, may have dropped off the List.

- The Applicant acknowledged that patients automatically dropped off the list after 12 months but queried why patients were not re-engaging, when the figures showed a previous high level of registrations, and said that there was a huge drop in numbers, and a common theme in the CAR correlated to that.

6.5.4. Mr Stevenson asked whether there had been a change of Management at Well Pharmacy.

- The Applicant replied that there had been a change of management approximately 1.5 years ago. A locum had informally commented to him that the reason they had left was due to workload and stress.

6.5.5. Mr Stevenson asked whether, in the Applicant's opinion, additional pharmacists or staff in the branch would have had a remedial effect on the standard of pharmaceutical care provided.

- The Applicant replied that sometimes they used double cover and acknowledged that when he had worked at Well Pharmacy as a locum,

he had been one of the second pharmacists.

**7. Interested Parties' Submissions - Well Pharmacy**

**7.1. Ms Griffiths-Mbarek (Well Pharmacy)**

- 7.1.1. Of the interested parties present, Ms Griffiths-Mbarek was invited by the Chairman first to make representation on behalf of Well Pharmacy
- 7.1.2. Ms Griffiths-Mbarek thanked the PPC panel for inviting her to provide oral representations and stated that the application was neither necessary nor desirable. Adequate pharmaceutical services already existed in the neighbourhood, and emphasised that the key word was "adequate".
- 7.1.3. Ms Griffiths-Mbarek did not contest the neighbourhood defined by the Applicant and agreed with the map in the Application.
- 7.1.4. Ms Griffiths-Mbarek said that, within the neighbourhood, there was one pharmacy located in the centre of the neighbourhood along with a variety of services and amenities. Ms Griffiths-Mbarek noted that population was approximately 4000 people, which had dropped in the last 20 years, approximately by 100 people every 10 years. This had been taken from the census data.
- 7.1.5. Ms Griffiths-Mbarek said that the current pharmacy was within half a mile of the extremities of the neighbourhood due to where it was located in Mauchline. And it was half a mile from the extremity to the centre of Mauchline. If the Application were to be granted, it would not be a centralised location and would only serve one element of the whole of Mauchline, which did not improve access for the whole of Mauchline.
- 7.1.6. Ms Griffiths-Mbarek said that the whole neighbourhood was not deprived, and acknowledged that there were small pockets of deprivation but broadly there was not significant deprivation across the whole of the neighbourhood. Car ownership was in line with the rest of Scotland and the area immediately surrounding the proposed location had a higher level of car ownership greater than Mauchline itself.
- 7.1.7. Ms Griffiths-Mbarek pointed out that pharmacies in adjacent neighbourhoods also provided pharmaceutical services into the neighbourhood and observed that while there was only one pharmacy physically already within the neighbourhood, it was supported by pharmacies from the wider area.



- 7.1.8. Ms Griffiths-Mbarek commented that there was access to existing services in Mauchline, as people could walk between existing services, and also travel by car or bus. Ms Griffiths-Mbarek acknowledged there was an issue with car parking and that it was difficult to park by Well Pharmacy, but added that this situation had not changed as long as she had been there, and was not a new or recent issue.
- 7.1.9. Ms Griffiths-Mbarek noted that the journey between the existing pharmacy and the proposed pharmacy was safe to walk, with pavements throughout which were well illuminated, with drop kerbs and numerous traffic light controlled pedestrian crossing points. There were no barriers to access the existing pharmacy. Ms Griffiths-Mbarek referred the Committee to the bus routes contained in the pack of information.
- 7.1.10. Ms Griffiths-Mbarek said that Well Pharmacy had an automatic door with a push button access and were compliant with access requirements, and added that a hearing loop was also available in the pharmacy.
- 7.1.11. Ms Griffiths-Mbarek stated that the current opening hours were 9am-6pm on weekdays and 9am-1pm on Saturday and did not close at lunchtime. This change had happened at the beginning of June 2017 and had been displayed in the windows. Ms Griffiths-Mbarek added that the proposed pharmacy's opening hours were no different from what was currently provided to residents and there was no benefit in terms of opening hours if an additional contract were to be granted.
- 7.1.12. Ms Griffiths-Mbarek referred to the Applicant's comments on eMAS registrations and said that as of 15 May, there were 824 eMAS registrations and 912 CMS registrations, which differed from the figures provided by the Applicant.
- 7.1.13. Regarding complaints, Ms Griffiths-Mbarek said that she was not aware of any complaints to the Health Board. The Applicant interrupted and said that he had seen an increasing number of complaints. Ms Griffiths-Mbarek said that since October 2017, there had been no complaints registered with the branch or Health Board.
- 7.1.14. Ms Griffiths-Mbarek stated that smoking cessation was not a core service and added that although she herself was a smoker and had chosen not to give up, the smoking cessation service was not a service that pharmacies could force on people, although they could advocate and suggest it, and it was up to the patient to decide whether they wished to take up the service.

- 7.1.15. Of the other additional elective services the Applicant proposed to provide, Ms Griffiths-Mbarek said that the travel clinics and independent prescribing were already provided by the existing pharmacy. Ms Griffiths-Mbarek expressed disappointment that patients appeared not to be aware of this service being provided, from the comments in the CAR, and was dismayed that there appeared to be a lack of public awareness around health board provision of eyecare.
- 7.1.16. Ms Griffiths-Mbarek commented that Well Pharmacy offered a free collection and delivery service to Mauchline and the wider area.
- 7.1.17. Ms Griffiths-Mbarek confirmed that dosette boxes were provided in store, although Well Pharmacy did not provide dosette boxes to nursing homes and had not done so for a number of years. If a doctor or a patient requested a dosette box, a needs assessment would be carried out to ensure the dosette box was the most appropriate method to meet the patient's needs, and added that there could be other opportunities to explore before a dosette box was provided. This service had been in place for the past 12 months.
- 7.1.18. Ms Griffiths-Mbarek explained that, following a GPHC Inspection in November 2017, Well Pharmacy had been rated as satisfactory with good standing achieved on skill mix, staff levels and patient safety, and added that the GPHC were more than happy with Well Pharmacy's standards of pharmaceutical care.
- 7.1.19. Ms Griffiths-Mbarek noted that Well Pharmacy provided methamphetamine in store, with 23 clients who accessed the methadone dispensing service. This was split 70/30 between collections and supervised consumption whilst in store.
- 7.1.20. Ms Griffiths-Mbarek referred to the regulatory test on adequacy and emphasised that although all pharmacies strived for excellence, the legal test required adequacy; Ms Griffiths-Mbarek confirmed this was being achieved by Well Pharmacy.
- 7.1.21. Ms Griffiths-Mbarek acknowledged that Well Pharmacy had experienced a "perfect storm" between May and September 2017. The pharmacy branch manager had left, along with a number of other staff, which had resulted in the pharmacy in Mauchline being run by an inexperienced team for 2-3 months, which had led to a drop in pharmaceutical provision service levels. Ms Griffiths-Mbarek stated that Well Pharmacy had resolved the issues by increasing staffing levels (appointments of a new branch manager in June,

a pharmacist in October, an accuracy checking technician and the number of dispensing technicians being increased). While the perfect storm had been going on, the Consultation had also been running and therefore the frustrations experienced by general public were fresh in their minds. Ms Griffiths-Mbarek added that no customers had expressed any concerns, and the issues had been over a short period of time. All indications showed that they had come out of the other side, and the service level was back up to where it was before the perfect storm.

- 7.1.22. Ms Griffiths-Mbarek noted other factors at the time included a Health Board decision to stop managed repeat prescriptions which had hit Well Pharmacy hard as they were not able to manage the expectations of patients who had become dissatisfied because Well Pharmacy were unable to provide the service due to the directive from the Health Board. Ms Griffiths-Mbarek said that they were trying to change people's mindset.
- 7.1.23. Ms Griffiths-Mbarek said that GPs had also experienced difficulties in sourcing locums at this time.
- 7.1.24. Ms Griffiths-Mbarek explained the processes that had been put in place since October last year in order to improve patient care standards. Every two weeks there would be a meeting with community healthcare professionals (including GP, mental health nurse, community nurse and health pharmacist) to address patient safety concerns. Any issues with product supplies would get raised at the meeting. If there was a requirement from a GP for a patient to benefit from receiving a dosette box, they would put the needs of the patient first. There had been significant success with this approach.
- 7.1.25. Ms Griffiths-Mbarek referred to the national shortage of medicines which had been discussed earlier. This had been a significant issue across the whole of the country, including Metformin which had been in short supply as it was not a regular drug. Ms Griffiths-Mbarek said that although the position for Well Pharmacy had not been as bad as it could have been, she acknowledged that patients had experienced frustration as they had been unable to obtain their medicines.
- 7.1.26. Ms Griffiths-Mbarek said she had looked at the report from the last year – at the time they had inexperienced staff and were experiencing the national shortage of medicines, and noted that Well Pharmacy's "owings" (where a prescription is incomplete with a proportion of the prescription to follow) was down to less than 1% of total prescriptions dispensed, which was not as large a problem as it appeared in the CAR, although Ms Griffiths-

Mbarek acknowledged patients frustrations.

7.1.27. Ms Griffiths-Mbarek admitted that Well Pharmacy had got it wrong, and acknowledged that the pharmacy care standards had dropped over four months, but since then they taken steps and significantly improved standards, and were now providing a good service and standard of care to patients, supported by GPs as well as an independent body.

7.1.28. In summary, Ms Griffiths-Mbarek concluded that she believed the application was neither necessary nor desirable and requested that the PPC panel refuse the application.

7.1.29. This concluded the presentation from Ms Griffiths-Mbarek

#### 8. **Questions from the Applicant to Ms Griffiths-Mbarek**

8.1. The Applicant asked who owned Well Pharmacy as he was interested in the healthcare principles.

- Ms Griffiths-Mbarek explained that Well Pharmacy was owned by Bestway Holdings, the largest independently owned pharmacy chain in the UK. All Staff had been moved from the Co-operative when they had sold it in 2015.

8.2. The Applicant asked what business Bestway Holdings had been in prior to pharmaceutical services.

- Ms Griffiths-Mbarek replied Bestway Holdings had multiple businesses, including Banking.

8.3. The Applicant asked where the pharmacy stock was sourced from.

- Ms Griffiths-Mbarek explained that generic medicines were supplied through their own company (Bestway), and they also used a second supplier (AAH), a third supplier (Alliance), and a fourth supplier for specials.

8.4. The Applicant asked why and when the opening hours had changed.

- Ms Griffiths-Mbarek explained the opening hours had changed as a result of patient requirements. The Application had been submitted in March 2017 and they had gone live with the new opening hours in June 2017, which had been a month prior to the Applicant's application.

- 8.5. The Applicant asked how many dosette boxes Well Pharmacy provided.
- Ms Griffiths-Mbarek replied that it was in excess of 80 boxes on a four week cycle (ie 20 per week), which was not a significant amount.
- 8.6. The Applicant asked if Ms Griffiths-Mbarek accepted that patients had been refused dosette boxes, as indicated in responses within the CAR.
- Ms Griffiths-Mbarek explained that the responses were subjective. If someone came into the pharmacy and had a needs assessment carried out which had concluded that a dosette box would not meet their needs, they would be legitimately refused. Just because a patient wished to have one, did not mean it would be the best way for their needs to be met.
- 8.7. The Applicant asked if Ms Griffiths-Mbarek was aware of the frustrations of residents when patients returning for the minor ailments service were refused.
- Ms Griffiths-Mbarek explained that these issues were raised at the patient safety forum and steps were being taken to get eMAS back on track. Ms Griffiths-Mbarek acknowledged that it had gone wrong, but was now back on track and stated that Well Pharmacy were now meeting the needs of local patients. Ms Griffiths-Mbarek added that GPs had noted general concerns on service provision at their end, so Well Pharmacy were supporting GPs where they could.
- 8.8. The Applicant referred to the GPHC Inspection and the rating for Well Pharmacy of satisfactory, and asked if Ms Griffiths-Mbarek knew what the criteria for the ratings was.
- Ms Griffiths-Mbarek replied that the ratings were good, satisfactory and excellent and said that, in her experience, the majority of pharmacies did not achieve that rating, and added that the majority of the Well Pharmacy ratings were satisfactory. Upon being informed that the Applicant's pharmacy in Logan had received a "good" rating, Ms Griffiths-Mbarek replied that even though the skill mix and training were good, one reason they might have been rated lower was because there was not enough evidence - an incomplete history – of near misses not being recorded over a sufficient period.

- 8.9. The Applicant asked about the near misses and mistakes.
- Ms Griffiths-Mbarek replied that there had been no complaints to the health board over the past 18 months as far as she was aware.
- 8.10. The Applicant referred to Ms Griffiths-Mbarek's comments about an inexperienced team probably being the cause of the problems and asked her to elaborate as most of the team had been there for 10-15 years.
- Ms Griffiths-Mbarek explained this was the perfect storm and that most of the staff left at the same time as the branch manager, so therefore the team had changed significantly over the past 12 months.
- 8.11. The Applicant referred to Ms Griffiths-Mbarek's comments that service levels had gone up and asked if she had noticed any drop of items being dispensed due to people no longer using Well Pharmacy.
- Ms Griffiths-Mbarek replied that the prescription volume had dropped 1% over the past 12 months and ultimately it was up to patients to decide which pharmacy to visit and said they may have lost patients for a variety of reasons.
- 8.12. The Applicant referred to dispensing figures between March 2017 (13k) and February 2018 (9k) ... which the Chair interrupted and said these figures could not be discussed, as this had not been contained in Ms Griffiths-Mbarek's presentation.
- 8.13. The Applicant asked where people would park if they were disabled and needed access to Well Pharmacy.
- Ms Griffiths-Mbarek replied that if the person had a blue badge, they were permitted to park on double yellow lines.
- 8.14. The Applicant asked Ms Griffiths-Mbarek to comment on the reason for the drop in eMAS registrations.
- Ms Griffiths-Mbarek replied that this could be for a variety of reasons – eg whether they were ineligible for eMAS or if they had dropped off the list because they had not accessed the service over the past 12 months.
- 8.15. The Applicant asked if Ms Griffiths-Mbarek agreed that core services could be delivered in a better manner.
- Ms Griffiths-Mbarek replied that she was not permitted to advertise, but details were displayed on the services board in the pharmacy to outline

the services that were available; Ms Griffiths-Mbarek pointed out that she was unable to force people to use the service as they needed to provide their consent.

- 8.16. The Applicant asked when was the last time a patient had been assessed for the Chronic Medication Service.

- Ms Griffiths-Mbarek replied that this was in February, and had increased over the past four weeks.

- 8.17. The Applicant had no further questions

9. **Other Interested Parties Questions to Ms Griffiths-Mbarek**

- 9.1. Mr Lennox (Mauchline Community Council) questions to Ms Griffiths-Mbarek

- 9.1.1. Ms Lennox had no questions

- 9.2. Mr Reekie (J&A Reekie) questions to Ms Griffiths-Mbarek

- 9.2.1. Mr Reekie had no questions.

10. **Questions from the Committee to Ms Griffiths-Mbarek**

- 10.1. Ms Gallagher (Pharmacy Contract Member) questions to Ms Griffiths-Mbarek

- 10.1.1. Ms Gallagher asked whether Well Pharmacy had a list of any errors or incidents that had been reported.

- Ms Griffiths-Mbarek explained that any errors or incidents were reported via the Patient Safety Group on which she sat.

- 10.1.2. Ms Gallagher asked whether complaints were submitted quarterly through the NHS Ayrshire & Arran Healthboard.

- Ms Griffiths-Mbarek confirmed.

- 10.2. Chair questions to Ms Griffiths-Mbarek

- 10.2.1. The Chair asked if Ms Griffiths-Mbarek agreed with the definition of the neighbourhood as provided in the Applicant's application.

- Ms Griffiths-Mbarek confirmed she agreed.

- 10.3. There were no other questions from the Committee

11. **Interested Parties' Submissions - Mauchline Community Council**

- 11.1. **Mr Lennox (Mauchline Community Council)**

- 11.1.1. Of the interested parties present, Mr Lennox was invited by the Chairman to make representation on behalf of Mauchline Community Council. Mr Lennox read from a pre-prepared statement.
- 11.1.2. We would like to thank PPC for the opportunity for speaking on behalf of our community at today's hearing. We have been involved in the above application from a very early stage and would also like to thank Mr Hameed for attending our meetings and keeping us informed.
- 11.1.3. Having reviewed the survey responses, discussed the application at our regular meetings and received feedback from members of the public, our letter of representation was submitted and at this stage would just like to restate the points that were mentioned in the letter.
- 11.1.4. There's no doubt that a growing number of Mauchline residents are using the remote services of pharmacies located in Catrine and Ochiltree, and this is endorsed by their own representations to this application. In our opinion, this confirms that the current Mauchline service is insufficient and indicates that there is a requirement for supplementary pharmacy services in the town.
- 11.1.5. However, the prescription delivery service being provided by the other providers only alleviates that particular aspect of pharmacy services. Another Mauchline Pharmacy would also be able to provide over-the-counter services as well.
- 11.1.6. Looking to the future, there are proposed housing developments at Hillhead by Stuart Milne Homes and at Station Road by Cunninghame Housing Association which will create additional infrastructure requirements of every kind.
- 11.1.7. The proposed location of the new Pharmacy at Hughfield Road is nearby an area where a number of elderly residents reside in the sheltered housing at Ellisland Court, the National Burns Memorial Homes and at Gilbert Burns Place. A new pharmacy at this location would be convenient and accessible.
- 11.1.8. The location is also an existing commercial site and would utilise and enhance an existing unused commercial property which, in turn, would help regenerate the area.
- 11.1.9. We also acknowledge, however, that some local residents have concerns which relate to the likelihood that the new pharmacy will participate in the



Methadone Programme. Residents are worried that this might attract individuals who don't reside in the Mauchline to the area.

11.1.10. When the Community Council raised this concern with Mr Hameed, he advised that if his application was approved and the Methadone Programme was adopted in the proposed Hughfield Stores Pharmacy, the individuals participating in the programme would be limited to Mauchline residents only, which combined with a zero-tolerance behaviour policy approach, would somewhat mitigate these particular concerns.

11.1.11. Everything considered, the Community Council would fully support the application as we believe it would benefit the entire community.

11.1.12. This concluded the presentation from Mr Lennox.

12. **Questions from the Applicant to Mr Lennox**

12.1. The Applicant had no questions.

13. **Questions from the Other Interested Party to Mr Lennox**

13.1. Questions from Ms Griffiths-Mbarek to Mr Lennox

13.1.1. Ms Griffiths-Mbarek referred to Mr Lennox's comments regarding the likely 167 new houses, and asked Mr Lennox what the likely timeframe would be regarding delivery of the new housing, if planning permission were granted.

- Mr Lennox said he was unable to comment other than having seen other application notices that had come to the Community Council, he said it could take 4-5 years before the development came to fruition.

13.1.2. Ms Griffiths-Mbarek had no further questions.

13.2. Questions from Mr Reekie to Mr Lennox

13.2.1. Mr Reekie had no questions.

14. **Questions from the Committee to Mr Lennox**

14.1. Questions from Ms Lamprell to Mr Lennox

14.1.1. Ms Lamprell (Non Contractor Pharmacy Member) asked Mr Lennox to elaborate on his comments about over-the-counter services.

- Mr Lennox replied that the Community Council heard regular complaints regarding the current pharmacy waiting times and believed an additional pharmacy would help alleviate waiting times for items of

that nature

14.2. Questions from the Chair to Mr Lennox

14.2.1. The Chair asked if Mr Lennox had any issues with the proposed Neighbourhood boundaries as outlined by the Applicant.

- Mr Lennox replied that he had no issues.

15. **Interested Parties' Submissions – J & A Reekie Chemist**

15.1. **Mr Reekie (J&A Reekie Chemist)**

15.1.1. Of the interested parties present, Mr Reekie was invited by the Chairman to make representation on behalf of J&A Reekie Chemist.

15.1.2. Mr Reekie said that Mauchline had a small population and because of the small size, he would be surprised if it could support two pharmacies to do the job they would be expected to do.

15.1.3. Mr Reekie referred to dispensing numbers of dosette boxes (13 in the past year) and that for one month a year, there was double the input of prescriptions which would allow for 13.5k of prescriptions dispensed.

15.1.4. Mr Reekie queried how many complaints there had been about the existing pharmacy. Some members of the public did not get on with every pharmacy and he felt that a lot of this dissatisfaction was covered by the survey responses. Mr Reekie felt the public would have taken their complaints to the health board and asked the PPC panel for clarification as to why an automatic complaint was not raised. The Chair explained that this was his presentation, not an opportunity to ask questions to the PPC panel.

15.1.5. This concluded the presentation by Mr Lennox.

16. **Questions from the Applicant to Mr Reekie**

16.1. The Applicant said that he had been led to believe that J & A Reekie Chemist was closed at lunchtimes and on Wednesday afternoons and asked if anything had changed.

- Mr Reekie replied that they remained open at lunchtime, but were still closed on Wednesday afternoons.

16.2. The Applicant asked when this change had been implemented.

- Mr Reekie replied that it had been months ago but could not be sure if this took place before the Applicant's application was made.

16.3. The Applicant queried Mr Reekie's comment in his letter of 1 May 2018 that the responses to the CAR equated to only 7% of the population and asked him to clarify.

- Mr Reekie replied that only 304 people had responded to the survey, from a population of 4100 which equated to approximately 7%.

**17. Questions from the Other Interested Party to Mr Reekie**

**17.1. Questions from Ms Griffiths-Mbarek to Mr Reekie**

17.1.1. Ms Griffiths-Mbarek had no questions.

**17.2. Questions from Mr Lennox to Mr Reekie**

17.2.1. Mr Lennox asked how many Mauchline residents Mr Reekie's pharmacy provided services to.

- Mr Reekie could not confirm but they did a delivery a few months ago to approximately half a dozen homes, one of which was to one person three times.

**18. Questions from the Committee to Mr Reekie**

**18.1. Questions from the Chair to Mr Reekie**

18.1.1. The Chair asked if Mr Reekie agreed with the neighbourhood as defined in the Application.

- Mr Reekie confirmed he agreed.

18.1.2. The Committee had no questions

**19. Summing Up**

19.1. All parties were asked to sum up their arguments without adding any new information.

**19.2. Ms Griffiths-Mbarek (Well Pharmacy)**

19.2.1. Ms Griffiths-Mbarek said she had made her case and acknowledged that Well Pharmacy had not been perfect last year and admitted some errors of judgement had been made – the perfect storm. Ms Griffiths-Mbarek said that Well Pharmacy had come out of the other side, and she had explained what had been done differently, noted the lessons learned and had provided adequate assurance to the PPC panel that Well Pharmacy would not be placed in that position again.

19.2.2. Ms Griffiths-Mbarek said it was neither necessary nor desirable to approve a new contract as there were adequate pharmaceutical services already

existing in the neighbourhood.

**19.3. Mr Lennox (Mauchline Community Council)**

19.3.1. Mr Lennox said that Well Pharmacy had provided a good service but the village had been let down at the point of the perfect storm. Well Pharmacy had lost a lot of confidence of members of the public. However, it would be fair to say that in recent months, the service had improved, although Mr Lennox felt that the lost confidence would remain for some time to come – the performance levels had been in crisis - and added that people in Mauchline had long memories, and would not easily forgive Well Pharmacy for the lapse.

**19.4. Mr Reekie (J&A Reekie Chemist)**

19.4.1. Mr Reekie said that a small town with a population of 4100 would not sustain a second pharmacy and, in his opinion, a second pharmacy was neither necessary nor desirable.

**19.5. The Applicant**

19.5.1. The Applicant said that although the response rate was deemed to be poor at only 304 from a population of 4100 (7%), if the panel considered that the average number of people in a property was 2.9, then this would not seem so low and equate to over 900 responses.

19.5.2. The Applicant noted comments made that his opening hours would not be any different and said that should this be the reason his application failed, he would be happy to amend the hours. The Chair explained that this statement by the Applicant could not be accepted by the panel, as it was new information being offered by the Applicant.

19.5.3. The Applicant said that from the information that had been presented, it would be reasonable and fair to say that the community of Mauchline were worthy of the opening of Mauchline Pharmacy in order to provide adequate healthcare in line with the regulations and Scottish Government's 2020 vision where the pharmacy network should be used as healthcare hubs, and the first port of call when accessing the NHS, and with the focus shifting towards provision of additional services.

19.5.4. The Applicant said that the community in Mauchline had, for many years, suffered from a deficient and inadequate pharmaceutical service, which had been admitted at the hearing. Well Pharmacy dispensed more than the average number of items and were at saturation point, even after losing patients, and had led to lack of provision of core pharmacy services, which had been reflected in the data in the public domain.

19.5.5. The Applicant said that the existing pharmacy had barriers to the elderly, disabled infirm patients, with dosette boxes not being offered. The

pharmacy did not offer a comprehensive delivery service or dispense prescriptions in a timely or accurate manner.

- 19.5.6. The Applicant said that he firmly believed that it was both necessary and desirable to provide a second pharmacy in Mauchline in order to secure the adequate provision of pharmaceutical services. All patients, regardless of their age, income, education or disability had the right to receive high quality pharmaceutical care and he had demonstrated how the neighbourhood was being denied this and that by submitting his facts and responses, he believed he had provided the PPC with substantial evidence to exceed the burden of the legal test and had the confidence that a new pharmacy contract would be granted.

## **20. Retiral of Parties**

- 20.1. 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.
- 20.2. 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, and that if they chose to leave, it would be recorded in the Report of the Hearing. 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.
- 20.3. The hearing adjourned to allow the Committee to deliberate on the written and verbal submissions. The Applicant, and Interested Parties left the room at 14:35

## **21. Supplementary Information**

- 21.1. Following consideration of the oral evidence, the Committee noted:
- 21.2. i. That they had jointly undertaken a site visit Mauchline and the surrounding area noting the location of the proposed premises, the pharmacies, general medical practices and the facilities and amenities within. For avoidance of doubt neither the Applicant nor

- any of the interested parties took part in the site visit.
- ii. Nicholson Maps Street Guide showing Mauchline, Auchinleck, Catrine, Dalrymple, Sorn and Tarbolton.
- iii. Extracts from Information Services Division Community Pharmacy Activity and direct pharmaceutical care services provided (August-December 2017) relating to J&A Reekie (#5167), Lloyds Pharmacy (#5184), Well Pharmacy (#5273), Green Shutters Pharmacy (#5287).
- iv. Extract from East Ayrshire Local Development Plan Settlement Maps February 2017
- v. Mauchline Community Action Plan 2014-2019
- vi. Datazone information – Census 2011 (Health & Population Statistics)
- vii. Local Bus Timetables
- viii. The application and supporting documentation including the Consultation Analysis Report
- ix. NHS Ayrshire & Arran Pharmaceutical Care Services Plan 2012

## 22. **Summary of Consultation Analysis Report (CAR)**

### 22.1. Introduction

22.1.1. NHS Ayrshire & Arran had undertaken a joint consultation exercise with the Applicant regarding the application for a new pharmacy at Hughfield Stores, Hughfield Road, Mauchline, KA5 6DJ.

22.1.2. 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 of residents in the neighbourhood to which the application related for the new pharmacy.

### 22.2. Method of Engagement to Undertake Consultation

22.2.1. The consultation was conducted

- (i) By placing an advertisement in the Cumnock Chronicle;
- (ii) notifications being placed on the Health Board Twitter and Facebook pages with subsequent notices at regular intervals;
- (iii) a link to the consultation document was placed on the front page of NHS Ayrshire & Arran's website ([www.nhsaaa.net](http://www.nhsaaa.net));
- (iv) hard copies of the questionnaire were available at various locations including (i) Ballochmyle Medical Practice at Mauchline and Catrine, (ii) Auchinleck Surgery in Auchinleck, (iii) Mauchline Games Hall in Mauchline, (iv) Post Office in Mauchline, (v) Dentist at The Cross in

- Mauchline, (vi) Optomestrist James R Shaw & Sons in Mauchline;
- (v) joint consultation leaflet drops were carried out by the Applicant to local shops and outlets in Mauchline. Respondents were invited to respond electronically or by completing the hardcopy questionnaire.

22.2.2. The Consultation Period lasted for 90 working days from 28 July 2017 to 1 December 2017 and the total number of responses received was 304.

### 22.3. Summary of Questions and Analysis of Responses

22.3.1. Questions covered: the neighbourhood; location of the proposed pharmacy; opening times; services to be provided; gaps in existing services; wider impact; impact on other NHS services and optional questions on respondents' addresses and circumstances.

Question	Response Percent			Response Count			
	Yes	No	Don't know	Yes	No	Don't know	Skipped
1. Do you agree this describes the neighbourhood to be served?	85.28%	9.7%	5.02%	255	29	15	5
2. Do you think the proposed location is appropriate?	74.1%	21.5%	4.3%	224	65	13	2
3. Do you live within the above neighbourhood?	80.2%	19.8%	0%	243	60	0	1
5. Mauchline Pharmacy aims for the community pharmacy are to provide the following services from their pharmacy in addition to Dispensing Prescriptions and providing the required core services such as Minor Ailments Service, Chronic Medication Service, Acute Medication Service and the Public Health Service: Free prescription collect and delivery service, prescribing clinics, health checks and advice, travel vaccination clinic, emergency first aid service, Eyecare Ayrshire service, waste medical disposal, support for self care, smoking cessation service, Medication Administration Record (MAR) Services, compliance aid support packs (eg blister packs), general public health services, supply of Emergency Hormonal Contraception, Palliative Care Service (if required), Advice to Care Homes, Blood Pressure Testing, Blood Glucose Testing, Cholesterol Testing, Stoma Service, Supply of emergency prescription medicines, gluten free foods service.  Do you think that the services listed are appropriate for the proposed new location?	83.67%	12.67%	3.67%	251	38	11	4
6. Do you believe there are any gaps/deficiencies in the existing provision of pharmaceutical services to the neighbourhood?	73.9%	17.8%	8.22%	216	52	24	12
7. Wider Impact – Mauchline Pharmacy believes the new pharmacy in Mauchline will significantly complement and improve the	57.48%	37.76%	4.76%	169	111	14	10

provision of services and healthcare to the residents of the area. It will work with NHS Services and the public to ensure their necessary health requirements are met. Do you wish to comment on this statement?							
8. Do you believe that this proposal would have any impact on other NHS services?	48.96%	33.33%	17.69%	144	98	52	10
9. Do you support the opening of a new proposed pharmacy at Hughfield Stores, Hughfield Road, Mauchline, KA5 6DJ?	77.56%	19.8%	2.64%	235	60	8	1

Question	Response Percent				Response Count				
	Just Right	Too Short	Too Long	Don't Know	Just Right	Too Short	Too Long	Don't Know	Skipped
4. Mauchline Pharmacy plans to provide pharmaceutical services at the following times: Monday to Friday 9am-6pm, Saturday 9am-1pm, Sunday Closed.  Do you think that the proposed hours are appropriate?	83.45%	6.08 %	4.05 %	6.42 %	247	18	12	19	8

22.3.2. In total 304 responses were received. All submissions were made and received within the required timescale, thus all were included in the Consultation Analysis Report.

22.3.3. From the responses 294 were identified as individual responses and 6 responded on behalf of a group/organisation. 4 respondents did not provide an indication as to whether the response was individual or on behalf of an organisation.

## 22.4. Consultation Outcome and Conclusion

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

## 23. **Decision**

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

## 23.2. **Neighbourhood**

23.2.1. The Committee noted that all Interested Parties had agreed with the neighbourhood as defined by the Applicant as a neighbourhood for all purposes. A number of factors were taken into account when defining the neighbourhood, including those resident in it, natural and physical boundaries, general amenities such as schools/shopping areas, the mixture of public and private housing, the provision of parks and other recreational



facilities, the distances residents had to travel to obtain pharmaceutical and other services and also the availability of public transport.

23.2.2. The Committee broadly agreed with the Applicant that the neighbourhood should be defined as shown by the photograph provided in his application, but amended this in order to reflect the boundaries being on a formal map.

23.2.3. Using Nicholson Maps Street Guide for Auchinleck, Catrine, Dalrymple, Mauchline, Sorn and Tarbolton, and specifically considering the map for Mauchline, the Committee agreed the boundaries should encompass the totality of the Mauchline map –from Grids A1 – F1 (horizontal axis), up to Grids A6-F6 (vertical axis).

23.2.4. This definition had been reached because there were no major roads, rivers, railways or other physical boundaries. The neighbourhood was surrounded by rural farmland and open ground.

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

23.3.1. 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.

23.3.2. The Committee considered the poor service that had been provided by Well Pharmacy due to the loss of the branch manager – which had been acknowledged by Ms Griffith-Mbarek and also noted the measures that had been taken to improve the service level. The Committee also noted Mauchline Community Council's acknowledgement that service levels had improved at Well Pharmacy, but that the community of Mauchline had lost confidence in Well Pharmacy which would take time to return.

23.3.3. The Committee considered access, and that the new pharmacy would be uphill in one direction, and approximately 15 minutes walk, which would be difficult for elderly patients. The new pharmacy would be on the other side of the town and would only be accessible to half the population of Mauchline and may not suit the population on the other side of the town.

23.3.4. The Committee noted that Mauchline Community Council had said it would be convenient if an additional pharmacy contract were granted. The Committee noted that the Community Council had mentioned that a pharmacy with more over-the-counter services would be desirable, which was not a core service to provide non core items such as cough medicines,

and the Community Council had not mentioned a current inadequacy.

- 23.3.5. The Committee reviewed the responses in the CAR, in particular noting:
  - 23.3.5.1. Question 5. The Committee noted comments regarding issues with parking, and methadone dispensing.
  - 23.3.5.2. Question 6. 70% of residents had believed there were gaps in the service, but it was not clear from the CAR where the residents resided within the neighbourhood. The Committee noted comments regarding waiting times, incomplete prescriptions and acknowledged that Well Pharmacy had experienced issues due to staff changes, which had been changed and the service levels had improved, which had been backed up by comments from the Community Council. The Committee noted that issues with stock was a national issue. The Committee noted comment #193 (page 33 of CAR) which said that although there were issues with waiting times, the person was happy to give them time to rectify this.
  - 23.3.5.3. Question 7. The Committee noted that 57.48% agreed that a new pharmacy would complement and improve the provision of services. The Committee noted comments in the CAR on the opening times at Well Pharmacy, which had since been revised.
  - 23.3.5.4. Question 8. It was not clear whether the impact would be positive or negative, and noted the figure of 49%.
  - 23.3.5.5. Question 9. The Committee noted 77% supported the opening of a new pharmacy, but it was not clear whether this was based on convenience or need.
  - 23.3.5.6. The Committee noted that, overall, although 77% supported the opening of a new pharmacy (Question 9) a smaller percentage (57.48%) believed it would improve services.
- 23.3.6. The Committee acknowledged the failings of Well Pharmacy, which had since improved, and deemed that the current level of pharmaceutical service provided by Well Pharmacy was adequate. The Committee noted that there had been no complaints to the Health Board regarding Well Pharmacy.
- 23.3.7. The Committee deemed that all the services were being provided by Well Pharmacy with no gaps in service.
- 23.3.8. The Committee noted the potential new housing developments, and the comment from the Community Council that planning could take five years,

which was too far away to be considered relevant to this Application.

**23.4. Reconvening of the Hearing**

- 23.4.1. At 1515 hrs the Hearing was reconvened in order to clarify a particular point. The Applicant, Ms Griffiths-Mbarek and Mr Lennox returned to the Hearing. It was noted that Mr Reekie had left the premises and did not return to the Hearing to hear the question and answers that would be provided.
- 23.4.2. Mr Allan Thomas, Lead Pharmacist - Community and Public Health, was invited into the Hearing and asked a question in relation to the Methadone Dispensing programme, whether the Applicant's assertion that he would only provide methadone to patients from Mauchline (and not outwith) was acceptable.
- 23.4.3. Mr Thomas explained that the programme was a centralised programme and, as an additional service (rather than a core service), it was up to a pharmacy to decide whether they would like to dispense methadone, and the decision was up to each pharmacy whether they would accept new patients. In normal circumstances, the methadone dispensing programme was a local enhanced service.
- 23.4.4. Mr Thomas explained that the Addiction Services team would be informed if a patient wished to attend a particular pharmacy, the pharmacy would be approached, but the pharmacy had no obligation to take on that patient as they may not have the capacity.
- 23.4.5. The Chair asked whether a community pharmacy could decide by locality which patients they chose to accept. Mr Thomas confirmed that the individual pharmacy could make their own decision in the same way as if the patient lived in the same locality, in which case the patient would need to find another pharmacy to attend. It would be up to the pharmacist, and the contact for the service was made via the Addiction Services.
- 23.4.6. Mr Lennox asked if this meant that local pharmacists could decide whether or not to take on new methadone patients. Mr Thomas confirmed that it did, and elaborated further – explaining that because the service was centralised, most healthboards and GPs were contracted through the Addiction Services teams, so the patient could not just turn up and hope that the pharmacy would take them on. The ultimate decision lay with the pharmacist.
- 23.4.7. All parties acknowledged that they were content with this information provided. Mr Thomas, the Applicant and Interested Parties left the meeting

at 1525hrs.

23.5. **The Committee concluded that there was no evidence provided to demonstrate any inadequacy of the existing pharmaceutical services to the defined neighbourhood.**

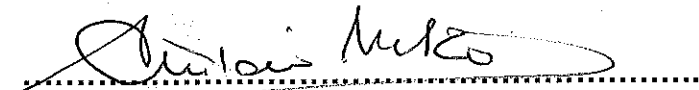
23.5.1. At 1545 hrs, following the withdrawal of Ms Lamprell, Ms Gallagher and Mr Stevenson in accordance with the procedure on applications contained within Paragraph 7, Schedule 4 of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 1909, as amended, the Committee, for the reasons set out above, considered that the pharmaceutical service into the neighbourhood was adequate.

23.5.2. Accordingly, the decision of the Committee was that the provision of pharmaceutical services at the premises was neither necessary nor desirable in order to secure adequate provision of pharmaceutical services within the neighbourhood in which the premises were located by persons whose names were included in the pharmaceutical list, and accordingly the application was rejected. This decision was made subject to the right of appeal as specified in Paragraph 4.1, Regulations 1909, as amended

23.5.3. Ms Lamprell, Ms Gallagher and Mr Stevenson returned to the meeting at 1550 hours, and were advised of the decision of the Committee.

**The meeting closed at 1550 hours**

Signed:



**Alistair McKie**  
**Chair – Pharmacy Practices Committee**

Date:

..... 30 May 2018 .....