

**Minutes of the meeting of the Pharmacy Practices Committee (PPC) held on
Friday 15 December 2017 at 1315 hours in the Park Hotel, Kilmarnock**

The composition of the PPC at this hearing was:

Chair: Mr Stephen McKenzie

Present: Lay Members Appointed by NHS Ayrshire & Arran

Ms Joy Chamberlain
Canon Matt McManus

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

Mr Richard Devenish (non-voting)

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

Ms Joyce Mitchell (non-voting)

Observer: Mr John Hunter, NHS Ayrshire & Arran, Lay Member

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

1. APPLICATION BY MR ASHFAQ AHMED

1.1 There was submitted an application and supporting documents from Mr Ashfaq Ahmed received on 3 November 2017, for inclusion in the pharmaceutical list of a new pharmacy at 77 Main Road, Fenwick, KA3 6DU

1.2 Submission of Interested Parties

1.3 The following documents were received:

- i. Letter dated 28 November 2017 from Matthew Cox of Lloyds Pharmacy
- ii. Letter dated 29 November 2017 from Ms Roisin Kavanagh, Area Pharmaceutical Professional Committee (APPC)
- iii. Letter dated 30 November 2017 from Gavin McLaren, Faiza

Yousef and Parvez Aslam of Central Pharmacies UK Ltd

- iv. Letter dated 30 November 2017 from Irene Wilson, Fenwick Community Council
- v. Information dated 11 December 2017 from Irene Wilson, Fenwick Community Council including letters of support from MSPs, Councillors and Glencairn Medical Practice.

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

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

2. Procedure

- 2.1 The Applicant and interested parties were invited into the hearing.
- 2.2 At 1315 hours on Friday, 15 December 2017, the Pharmacy Practices Committee ("the Committee") convened to hear the application by Ashfaq Ahmed ("the Applicant"). The hearing was convened under Paragraph 2 of Schedule 3 of The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, as amended, (S.S.I. 2009 No.183) ("the Regulations"). In terms of paragraph 2(2) of Schedule 4 of the Regulations, the Committee, exercising the function on behalf of the Board, shall "determine any application in such manner as it thinks fit". In terms of Regulation 5(10) of the Regulations, the question for the Committee was whether "the provision of pharmaceutical services at the premises named in the application is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located by persons whose names are included in the Pharmaceutical List".
- 2.3 The Chairman welcomed all to the meeting and introductions were made. The Applicant and interested parties were asked if there was any objection to Mr Hunter observing the hearing for training purposes. Assurance was given that Mr Hunter would not take part in discussion of the application or in the decision making. As no objections were raised Mr Hunter entered the room at this point in the proceedings.
- 2.4 When asked by the Chairman, all parties confirmed that the hearing papers had been received and considered.
- 2.5 When committee members were asked by the Chairman in turn to declare any interest in the application, none were declared.
- 2.6 Members of the Committee had undertaken a joint site visit to Fenwick and the surrounding area in order to understand better the issues arising from this application. 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.

3. Attendance of Parties

3.1 The Applicant, Mr Ashfaq Ahmed was unaccompanied. From the Interested Parties eligible to attend the hearing, the following accepted the invitation: Ms Fazia Yousaf accompanied by Mr Gavin McLaren from Central Pharmacies UK Ltd and Mrs Jean Brown representing Fenwick and Moscow & Waterside Community Councils. It was noted that Mrs Irene Wilson from Fenwick Community Council was unable to attend because of a family funeral.

3.2 The Chairman confirmed to all parties present that the decision of the Committee would be based entirely on the evidence submitted in writing as part of the application and consultation process, and the verbal evidence presented at the hearing itself, and according to the statutory test as set out in Regulations 5(10) of the 2009 regulations, as amended, which the Chairman read out in part:

3.3 "5(10) an application shall be ... granted by the Board, ... only if it is satisfied that the provision of pharmaceutical services at the premises named in the application is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located..."

3.4 The three components of the statutory test were emphasised. It was explained that the Committee, in making its decision, would consider these in reverse order, i.e. determine the neighbourhood first and then decide if the existing pharmaceutical services within and into that neighbourhood were adequate. Only if the Committee decided that existing services were inadequate would the Committee go on to consider whether the services to be provided by the applicant were necessary or desirable in order to secure adequate services. That approach was accepted by all present.

4. Submissions

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

4.2 Mr Ahmed read aloud from the following pre-prepared statement:

4.3 Firstly I would like to thank the Committee for providing me with the opportunity to present my case.

4.4 *Background*

4.5 I qualified at an early age from the University of Strathclyde over 10 years ago. I have worked for all major high street chains as well as independent pharmacies all over the country. This has given me immense exposure to the different working environments and priceless experience in regards to what aspects of healthcare are most important for a neighbourhood and its residents.

4.6 Today I shall do my best today to provide facts and figures to highlight the challenges faced by the locals and why there is an urgent need for a pharmacy within the village.

4.7 *Neighbourhood*

4.8 The neighbourhood is defined as the whole village of Fenwick and the surrounding areas (Moscow, Waterside and local farms). Boundaries are as follows;

4.9 To the North – M77

4.10 To the East – M77/A719 intersection following road all the way down to Moscow.

4.11 To the South – From Moscow travelling North on A719, turning left and taking unnamed road towards Sunny Side Cottages, then travelling West and taking a series of roads until B7038/Main road roundabout is reached.

4.12 To the West – M77

4.13 I would like to add that for a previous hearing in Fenwick, the PPC, APPC and NAP all agreed with this defined neighbourhood. [The Chairman interrupted at this point to explain that previously agreed neighbourhoods had no bearing on that which would be agreed at this hearing. This application was being treated as a new application and as such being heard afresh by a new Panel.]

4.14 The proposed pharmacy will be located in the heart of the village at 77 Main Road, Fenwick, East Ayrshire, KA3 6DU. This unit will allow for very easy local access.

4.15 In general Fenwick is a self-containing neighbourhood comprising of the following amenities;

4.16 A primary school, pre-5s nursery, pub, church, car garage, decorators, hairdressers, bowling club, deli and coffee shop and at least half a dozen B&Bs and most recently, the closed surgery premises are now going to be

used to provide a range of facilities, including holistic services, beauty treatments and embroidery work and alterations.

- 4.17 The village is also home to :-
- 4.18 Fenwick Hotel and restaurant
- 4.19 Craufurdland – which is a large, family run estate and castle and features accommodation, fisheries, outdoor activities and a café.
- 4.20 A community hall (The John Fulton Memorial)
- 4.21 A small children's play park.
- 4.22 A sheltered housing complex and a
- 4.23 Care home
- 4.24 The future developments for a better transport network and improvements in the roads will only strengthen the self serving ability of this neighbourhood.
- 4.25 Existing Pharmacies and Inadequacies
- 4.26 Presently there is no pharmacy providing a full pharmaceutical service within the village of Fenwick, Waterside and Moscow.
- 4.27 The distance to all the pharmacies makes it virtually impossible to get there by foot.
- 4.28 I'll begin with Fenwick.
- 4.29 The nearest pharmacy is located on Glasgow Road and for many residents is well over 3 miles (3.2 miles) away.
- 4.30 The bus service is every 30 minutes. The total time for a patient using public transport to get to the nearest pharmacy and back is over an hour and a half.
- 4.31 For example, a bus departing from Fenwick at 9am will arrive at Glasgow Road at 9:12am. It is unlikely that a pharmacy visit could be achieved in the 18 minutes available to get the next bus. The likelihood is that the patient would catch the following bus home at 10am.
- 4.32 Add to this, the average walking distance to a bus stop from a patient's house and back, and also the bus waiting times, then the total duration of the journey will exceed 90 minutes.
- 4.33 This could easily be longer for the elderly or patients travelling with babies in a pram.

- 4.34 Patients will have to repeat this lengthy journey when they are required to return to the pharmacy e.g. for a balance or a weekly smoking cessation consultation.
- 4.35 I have taken this journey several times during quiet periods. I am a fairly healthy individual but still found it demanding, for the following reasons:
- 4.36 From the bus stop the extremely busy Glasgow Road has to be negotiated with cars travelling in both directions at high speeds.
- 4.37 There are absolutely no traffic lights to assist with crossing and only a small platform in the middle of this road separates the pedestrians from passing traffic.
- 4.38 From personal visits it was observed that the traffic didn't always stop to give way and many were forced to look for gaps to cross – this is a busy road.
- 4.39 In addition, once the road has been crossed, the walk to the pharmacy itself provides its own obstacles.
- 4.40 For reference, I have submitted photos and explanations as evidence of this
- 4.41 The pharmacy in Kilmaurs is close to 4.5 miles away and with no direct bus service, a total of four buses are required for a return journey.
- 4.42 An adult return of £4.60 from Fenwick to Lloyds Pharmacy on Glasgow Road is an extremely high cost. An adult travelling with a child under 16 would pay £6.90. These costs will no doubt act as a massive deterrent for those seeking medical advice, especially so on a regular basis.
- 4.43 Even car owners will have to travel a round trip in excess of 6 miles to access the nearest pharmacy.
- 4.44 The situation is actually worse when considering other parts of the neighbourhood. For example, the distance to the nearest pharmacy from Waterside is actually 4.3 miles (Lloyds) and 6 miles (Kilmaurs). That is close to 9 miles to get a script dispensed or speak to a pharmacist in person. The public transport provided by a bus that only stops there at around 10:15am, 12:45pm and at 3pm leaving many with no realistic access to a pharmacy for long periods of the day.
- 4.45 Again even those with personal transport in Waterside have to travel a minimum distance touching 9 miles. The petrol expenses, the journey through narrow unlit country roads and parking difficulties at some of these pharmacies all add to the obstacles faced by those using their own vehicles.
- 4.46 Young mums with prams, and the elderly population will struggle with public transport even more in harsh winter weather conditions especially as

they manoeuvre around the much complained about narrow pavements in poor visibility. Parents with children who need access to eMAS (Minor Ailments Scheme) or in situations where a face to face consultation is necessary e.g. supply of EHC or antibiotic cream for impetigo should not have to travel miles outside their neighbourhood.

4.47 This difficulty in access is also the reason why a delivery service from pharmacies close to 6 miles away cannot be expected to replace full pharmaceutical services.

4.48 In addition if a pharmacy e.g. Kilmaurs delivers a patient's regular medication to Fenwick but due to no direct bus service that patient actually visits Lloyds pharmacy for common illnesses and counter products then this seriously jeopardises patient safety as interactions can easily be missed.

4.49 Furthermore, (I would like to read the following paragraph taken from)

Applications to provide NHS Pharmaceutical Services

4.50 It is for the NHS Board to determine whether any patients will have serious difficulty in obtaining their medicines and to take steps to ensure they can receive that medication. Where a patient would have serious difficulty in having their prescribed medicines dispensed, NHS Boards can instruct GP practices to dispense medication to patients.

4.51 Therefore, given that until 19th January of this year, Fenwick Surgery, which was located at the heart of the village and for more than four decades was a dispensing medical practice, clearly confirms that the Health Board are aware of the difficulties with access to a pharmacy within this neighbourhood.

4.52 While I appreciate the surgery is now closed, I would request the Committee to bear in mind that new pharmacy contracts next to dispensing GP practices have been granted for similar cases. These include a pharmacy in Kilmaurs and Crosshouse. When Kilmaurs Pharmacy opened over a decade ago I believe the Doctors' practice in that village was required to cease dispensing. However Fenwick surgery did not lose its status and was required to continue dispensing by the Health Board due to inadequate provision of pharmaceutical services locally.

4.53 There has been no significant change to suggest otherwise. In fact, with a major increase in population (and growing) the demand for a healthcare facility has never been greater.

4.54 Moreover, for the application in Kilmaurs, the Committee had clearly stated that it was not reasonable to expect the residents to travel two miles or further to access a pharmacy. The distance just for a single journey is much more than double for many residents in the case today.

4.55 Similarly, for one of the latest applications granted in Springside,

pharmacies were about one mile away with a bus service every 7-8 minutes, much lower bus fare costs, and a delivery service to the area, but the Committee decided the neighbourhood was not adequately served.

4.56 It is imperative that difficulties in access to healthcare do not force people to delay treatment or ignore their health. This is emphasised by the Scottish Government who want pharmacists to be placed at the heart of the community.

4.57 I would like to refer to the Scottish Government's new strategy called "Achieving Excellence in Pharmaceutical Care: A Strategy for Scotland", in which Commitment 1 states:

4.58 "Increasing access to a community pharmacy as the first port of call for managing self limiting illnesses and supporting self-management of stable long term conditions, in-hours and out-of-hours".

4.59 This statement clearly underlines a shift in priorities for primary care. A great example of this is in the recently introduced national service called Pharmacy First, whereby patients can access treatments (including antibiotics) for Urinary Tract Infections and Impetigo at the pharmacy rather than visiting the GP.

4.60 This will be developed further and in the coming years pharmacy services will be very different to what they are today, offering even more treatments.

4.61 Ultimately in order for this strategy to work, the community pharmacy has to be truly accessible and local.

4.62 Population and Statistics

4.63 The neighbourhood includes Fenwick as well as surrounding hamlets of Waterside and Moscow. Due to a lack of amenities, the residents in these local villages depend heavily on the facilities within Fenwick.

4.64 The catchment area of Fenwick Primary School actually includes Waterside and extends towards Moscow.

4.65 The Council has also grouped Fenwick, Waterside and Moscow together in the electoral register. In addition, both community councils work very closely together.

4.66 Therefore the population of can be broken down as follows:

4.67 Fenwick in 2013 had a population of 1038

4.68 Waterside had a population estimate of 82

4.69 Moscow had a population estimate of 141

4.70 The total population of the neighbourhood is towards 1300

- 4.71 Recently around a hundred, 3-5 bedroom homes have been built and occupied in Fenwick raising the number of residents by around a conservative 300. There are plans for more development, including a further 40 houses in Fenwick and 16 in Waterside, increasing the resident levels further by approximately 200. So, the overall population to be served is more accurately expected to be around 1800. This is not including a significant population of people living in nearby farms right along the M77 who were heavily dependent on the surgery and will look to be served by the community pharmacy. I would like to add that although I have calculated the population to be served at around 1800 this could actually be very conservative.
- 4.72 The electoral registers which include the villages, hamlets and surrounding rural areas within the Parish of Fenwick have estimated the number of adults (aged 18 or over) as 2028. Add to this the number of children and the increase due to the new developments and this could easily push the population towards 3000.
- 4.73 Furthermore, according to the NHS circular on securing Pharmaceutical provision, among the factors which PPCs should consider in making a determination on an application are: -
- 4.74 "The likely demand for pharmaceutical services in the neighbourhood from both the resident and any transient population..."
- 4.75 Which is actually very significant in the case today and to confirm this I would like to give a few examples:
- 4.76 Fenwick hotel is a busy and popular venue which regularly holds conferences and functions. The Armas Suite has a capacity of 510. The hotel has 29 bedrooms with a high level of occupancy.
- 4.77 D and D Decorators employs 40 people who operate daily from the company base within the village of Fenwick.
- 4.78 Fenwick Primary School has many children who are registered on a placement request and the parents along with the teachers and support workers all travel to Fenwick on a daily basis during term time.
- 4.79 McFadzean's garage operates 16 appointments a day and more than half are usually taken up by drivers living outside the neighbourhood.
- 4.80 It is also well-documented that commuters to Glasgow and further afield use Fenwick as a "park & ride" facility. With the proposed pharmacy opening hours it is likely that many of these commuters would use the pharmacy on their way home.
- 4.81 These are just some examples which highlight the potential demand for services from the significant transient population.

- 4.82 A few important statistics:
- 4.83 Fenwick was placed in the top 25% and Waterside and Moscow were placed within the top 4% with regards to the most deprived areas for access to services.
- 4.84 The percentage of children and working age adults in Fenwick has decreased but has increased for those of a retired age. There is now a significantly higher percentage of over 60 year olds than East Ayrshire and Scotland.
- 4.85 Hence, the ageing population who many not be as mobile, the pockets of deprivation along with a significant level of social housing and extreme difficulty with access to services indicate a strong need for a pharmacy within the neighbourhood.
- 4.86 Viability
- 4.87 Pharmacy contracts for a much smaller population have been granted in Logan and Ochiltree and years later both are still operating.
- 4.88 I have also closely analysed NHS payments to Fenwick surgery before its closure including the average number of items dispensed and the average item value. The monthly contractor payments as well as the expected additional income (from opening longer, collecting from other surgeries and delivering more services) have been viewed. All the costs and expenses have been extensively analysed in a business plan. The results show that viability would not be an issue.
- 4.89 In fact recent figures provided by the Health Board indicated that from July to September of 2016, for residents of this neighbourhood, 7052 items were dispensed giving an average of 2350 per month and this too during the quieter summer period when schools are off and people are away. My provisional business plan was loosely based on an average less than half this number. These were obtained for the year 2015 and it is evident that demand has increased considerably since then and again should add to the viability.
- 4.90 I appreciate that realistically the average of 2350 items dispensed for all the residents in the neighbourhood will not automatically be filled by Fenwick pharmacy. However, with 90% support in the consultation and a significant increase in the population, the pharmacy should secure a healthy proportion of this average.
- 4.91 Representations
- 4.92 The Area Pharmaceutical Professional Committee (APPC) felt that adequate services were provided to the area from existing pharmacies. I would like to comment on the reasons which formed the basis of their decision:

- 4.93 Existing Pharmacies
- 4.94 In their representation the APPC have claimed and I quote "the closest being 2.8 miles away" with reference to a pharmacy. This is unfortunately not true. They confirmed that they were in agreement with the defined neighbourhood and so the nearest pharmacy for a resident in Waterside is at least 4.3 miles which is actually 1.5 miles more than what the APPC have stated. Suggesting that it was reasonable for a pharmacy to be so distant from the locals is very difficult to understand, especially with the presence of such a high elderly population.
- 4.95 Transport links
- 4.96 I struggle to appreciate how a dangerous, unreliable and costly bus service running every half an hour is seen as good public transport links. For many areas like Waterside public transport is so poor that its almost non-existent.
- 4.97 Amenities
- 4.98 Firstly I don't believe that amenities are too limited – I have already provided a long list earlier. It is also worth mentioning that over the past decade or two there has been a great shift in the way people shop. Most transactions from paying bills to ordering food are now completed online. I do believe that at certain times residents will have to leave the neighbourhood but for daily needs which I feel should really include food and clothes there isn't such a requirement. This opinion was actually confirmed when as part of my initial research I spoke to the locals and many suggested exactly that i.e. most just ordered online especially with a huge supermarket only a couple of miles away.
- 4.99 Consultation
- 4.100 The APPC didn't really make any reference to the consultation results which was slightly disappointing. With such a high response rate and almost 90% of people in support, it would have been interesting to hear their opinion on this.
- 4.101 Consultation Analysis Report (CAR)
- 4.102 Before I begin my analysis, I would kindly ask the Committee to take into consideration the fact that this was the third time the public had been consulted. Once for the joint consultation for last year's application, then for an independent survey conducted by the Community Councils shortly before the appeal (Feb 2017) and now again for his application. This could potentially have affected participation levels.
- 4.103 One recurrent concern throughout the consultation was the size of the premises.

- 4.104 Some felt it would be too small to provide all the services and include a consultation room.
- 4.105 I have been fortunate to have worked in pharmacies of all shapes and sizes in over 10 years as a locum pharmacist. A few even operate from a small area at the back of a retail shop that sells alcohol and tobacco products. The interesting fact is that they are still operating even after years of their business expanding.
- 4.106 I regularly work at an independent's which is very similar in size. It easily includes a spacious consultation area with an excellent range of over the counter (OTC) medicines as well as basic need items. This pharmacy has a very healthy number of weekly blister packs but with clever designing and fitting there has never been a problem with dispensing or indeed storage space.
- 4.107 The population profile and the location for this neighbourhood indicate that the majority of business will be generated through the dispensing of repeat prescriptions and with a delivery service on offer, I feel the requirement for a huge premise isn't essential.
- 4.108 Experienced and professional pharmacy shop fitters have confirmed that plans incorporating a consultation room and a dispensary should not be a problem.
- 4.109 Analysis
- 4.110 The total number of responses received was 205.
- 4.111 This can be viewed as an excellent response rate – especially when considering the population size of the village and surrounding areas.
- 4.112 Question 1 - Neighbourhood
- 4.113 The map used for the purposes of the consultation didn't absolutely cover every single estate or village farm. Residents in these nearby areas rely on the amenities, schools and services within the village and many either come to work or have set up their own business. This was evident as 86% agreed with the description of the neighbourhood but 14% either didn't know or felt that they had been excluded.
- 4.114 On the positive side, the fact that many people outside the boundaries responded consolidates the need for a pharmacy, not just for the locals but also for residents nearby. It also adds to the catchment area and the pharmacy will only welcome this additional population to be served.
- 4.115 Question 2 – Location
- 4.116 Over 87% agreed that the proposed location was appropriate citing that it is very central and easily accessible by all.

- 4.117 Question 4 – Opening Times
- 4.118 Over 85% felt the opening times were just right. Some 5% wanted longer hours. If there is a need to extend the hours further on a certain day or indeed operate earlier then this will strongly be considered.
- 4.119 Question 5 – Appropriateness of services listed for the proposed new location
- 4.120 Many felt that they would be happy to consult with the pharmacist as the first point of contact and that by using the pharmacy services on offer it will ultimately help deflect stress and pressure off the surgeries and doctors.
- 4.121 Question 6 – Gaps / deficiencies in existing services
- 4.122 Over 79% agreed. This is a very significant statistic, as it asks the locals about gaps and the extremely high response rate gives strong evidence of the current deficiencies which exist.
- 4.123 Many reiterated that there was no pharmacy or surgery within the village and that the nearest medical provision was several miles away with no direct route by public transport. High cost, extremely lengthy and challenging journeys out-with the neighbourhood to access services, were other points listed in the comments section.
- 4.124 With the growing population and demand for healthcare increasing, the current situation is likely to get more desperate.
- 4.125 Question 7 – was asking if residents wanted to comment on the wider impact, more specifically – will pharmacy improve access to services for residents of the village
- 4.126 60% wanted to comment and 40% did not.
- 4.127 For this question I had to individually analyse each comment to ascertain the overall opinion. There was a total of 121 comments and with the exception of about 5, meaning 96% were all strongly of the view that a pharmacy would definitely improve access to services for the locals.
- 4.128 Question 8 – if the proposal would have an impact on other NHS services
- 4.129 Around 32% felt there would be an impact while almost 54% answered no impact.
- 4.130 Once again, all of 94 comments were analysed, with the exception of one, meaning 99%, were all in favour that a pharmacy would have a very positive impact on other NHS services -
- 4.131 Freeing up doctors' time and taking pressure off the surgeries were the main points made.

- 4.132 Personally, I feel with the pharmacy offering services like eMAS, EHC, Gluten Free Foods, Smoking Cessation and antibiotic prescribing as well as many others, is likely to result in a much more efficient use of the consultation hours for all surgeries.
- 4.133 Question 9 – do you support a new pharmacy
- 4.134 I believe this to be one of the most important questions and this time there was no need to analyse every single comment as 88% of respondents showed their support. This is a very substantial proportion considering 205 responses had been received.
- 4.135 In Summary
- 4.136 With an average occupancy calculated as 2.4 people, it equates to 433 individuals and considering it is effectively a third consultation, does indicate a lot of support. This is further underlined by the fact that there was obvious unity and most questions were answered almost unanimously with a percentage close to 85 – 95%.
- 4.137 With regards to the views of the neighbourhood, I personally don't believe a consultation analysis can get any clearer than the one I am presenting today."
- 4.138 This concluded the presentation from Mr Ahmed.
- 5. The Chairman invited questions from the Interested Parties in turn to the Applicant**
- 5.1 Mrs Brown (Fenwick and Moscow & Waterside Community Council) questions to Mr Ahmed - none
- 5.2 Ms Yousaf (Central Pharmacies UK Ltd) questions to Mr Ahmed - none
- 5.3 **Having established that there were no questions from the interested parties the Chairman invited questions from Committee members.**
- 6.0 Questions from the Committee to Mr Ahmed**
- 6.1 Ms Chamberlain (Lay Member) questions to Mr Ahmed
- 6.1.1 Given the condition of the road between Moscow/Waterside and Fenwick, Ms Chamberlain asked why people would negotiate these bad roads to access the proposed pharmacy rather than visiting an existing pharmacy using the A719/M77. Mr Ahmed said that although the road conditions might be better, the existing pharmacy was further away.
- 6.1.2 The inclusion of Moscow in the neighbourhood was questioned. Mr Ahmed said Moscow was at the boundary of the neighbourhood. It also had to be included as the Fenwick and Moscow & Waterside Community Councils

worked so closely together and within the same catchment areas. For these reasons Mr Ahmed wanted to include Moscow in the neighbourhood.

6.1.3 When asked about the proposed pharmacies delivery service, Mr Ahmed confirmed that it would be available to all not just the housebound. As the geography of the area was not vast Mr Ahmed anticipated that it could be easily covered by one delivery driver.

6.2 Canon McManus (Lay Member) questions to Mr Ahmed

6.2.1 Canon McManus referred to a comment made by the Applicant that even though the GP surgery was closing it was asked by the Health Board to continue dispensing. Canon McManus asked for further clarification on this point as the argument seemed to be that this demonstrated that pharmaceutical services in the area were inadequate. Mr Ahmed explained that most GP practices did not dispense prescription medication. However Fenwick surgery took on a dispensing contract after being asked by the Health Board. Canon McManus said the Fenwick Surgery had closed because of administration difficulties not because the Health Board had asked it to stop dispensing. Furthermore Canon McManus understood that it continued dispensing because it was carrying a large amount of stock.

6.3 Mr McKenzie (Chairman) questions for Mr Ahmed

6.3.1 Mr McKenzie sought clarification as to whether Moscow was in or out of the neighbourhood being proposed by the Applicant. Mr Ahmed confirmed that Moscow was in the neighbourhood.

6.4 Ms Mitchell (Non-Contractor Pharmacy Member) questions to Mr Ahmed

6.4.1 Reference was made to the comment by the Applicant that another pharmacy out-with the locality wouldn't be able to provide patients with face to face consultations. Ms Mitchell asked how face to face consultations would be provided by the proposed surgery if a delivery driver was being employed to make deliveries. Mr Ahmed explained that a pharmacy in the village was a way of providing more accessible services to patients in a manner in which they should be provided. Mr Ahmed added that a pharmacy on the doorstep made access a lot easier. The delivery service was not an NHS service but was to be available to help patients. Mr Ahmed was also willing to make house visits if required.

6.4.2 Mr Ahmed had stated that Glencairn Medical Practice had issued on average 2500 prescriptions per month. Ms Mitchell pointed out that the current GP surgeries were some distance from Fenwick and asked how those prescriptions would come back to the proposed surgery to be dispensed. Mr Ahmed planned to collect prescriptions from local surgeries

once or twice a day. Following the positive support shown in the CAR for the proposed surgery, Mr Ahmed was hopeful that residents would give the new pharmacy permission to collect repeat prescriptions.

6.4.3 Ms Mitchell asked whether the Applicant was expecting acute prescriptions to be brought back to Fenwick. Mr Ahmed said if a patient was desperate for medication the prescription would probably be dispensed close to the GP surgery and understood that. This had been factored into the business case. Mr Ahmed hoped not much business would be lost in this way. The business model was based on the majority of prescriptions being repeats.

6.4.4 When asked whether there was any substantial evidence for plans of population growth in the neighbourhood, Mr Ahmed said the population estimates quoted had been taken from government websites. Part of the development had already been completed i.e. 100 3-5 bedroom homes. These had all been built and occupied. The second phase of the new development was now underway (60-70 homes).

6.4.5 Online shopping enabled residents to fulfil their daily needs. However Ms Mitchell wanted to know whether there were any other medical services in the area or a cash machine. Mr Ahmed stated that there was no other medical provision in the neighbourhood and was not aware of a cash point.

6.5 Mr Devenish (Contractor Pharmacy Member) questions to Mr Ahmed

6.5.1 Mr Devenish asked for information on the percentage of the population within the neighbourhood that was elderly. Mr Ahmed did not have this information but noted that it was increasing. Mr Devenish had looked online prior to the hearing and the percentage was very small. The majority of people were in the 18-50 age group, were working and had access to a car so were driving elsewhere. Mr Ahmed stated that there was evidence in the community action plan to show that there was a higher percentage of people of retirement age in Fenwick than the rest of East Ayrshire and Scotland.

6.5.2 Mr Devenish asked whether the Applicant was expecting elderly people living in the village to walk to the pharmacy as Fenwick was quite spread out and the location of the proposed pharmacy was at the top of a hill. Mr Ahmed considered the proposed location to be fairly central within Fenwick. Mr Devenish noted that it could be argued that the proposed pharmacy was more inaccessible than Kilmaurs Pharmacy for those living in Waterside or Moscow as residents would have to drive along unlit country roads. Mr Ahmed said the proposed pharmacy would offer a delivery service and this would be more easily accessed. Although Mr Ahmed did not know the proportion of residents with access to more than one car, it was surmised that people would be relying on public transport during the day if the family car was being used for commuting.

6.5.3 When asked if the provision of methadone was planned, Mr Ahmed said only those additional services for which there was a demand were to be offered. Mr Ahmed did not anticipate there to be much demand for methadone in the neighbourhood but would not refuse a request.

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

7.0 Interested Parties' Submissions

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

7.1 Mrs Jean Brown (Fenwick and Moscow & Waterside Community Councils)

7.2 Mrs Brown read aloud the following statement:

7.3 "Chair, members of the Pharmacy Practices Committee – thank you for inviting me to address you today on behalf of the residents of Fenwick, Moscow and Waterside. The pharmacy application procedures were amended in 2014 to provide for a Community Representative to represent the local community and, today, the weight of that responsibility is very much on my shoulders. I am only too aware how much the facility of a pharmacy is needed and desired by our local residents.

7.4 Before I progress, may I register the apologies of Irene Wilson, Secretary of Fenwick Community Council who is attending a family funeral and who would otherwise be addressing you in person today.

7.5 The Consultation Analysis Report is a key factor in the consideration of a pharmacy application and is the main method of recording the views of the local community. The CAR, which has been produced by Ayrshire & Arran Health Board in conjunction with Mr Ahmed, clearly shows that current provision of pharmaceutical services in the defined neighbourhood is inadequate, and, that a pharmacy offering the range of services detailed in the application is both necessary and desirable. The response was high with 205 responses and 88% of those responding supporting the opening of a pharmacy at 77 Main Road, Fenwick. We trust that the importance of local opinions recorded will be recognised in your decision today.

7.6 There was considerable comment recorded in the CAR that the pharmacy would serve a wider area than the defined neighbourhood as recorded in the application. For your information, we have submitted the maps of the areas that our Community Councils represent. We wish to record that, although the area covered by our Community Councils is extensive, there is no pharmacy provision within either of these Community Council areas.

7.7 The Village of Fenwick is a hub of our joint rural communities. Local

residents attend the village for school, nursery, toddler group, church, to use the local garage, hairdressers, hotel, coffee shop/delicatessen, bowling club and pub. The vacant premise at 93 Main Road recently advertised has been snapped up and, early in January, will become a holistic treatment centre and a dressmaking/alterations service. The local shop which was very recently closed, due to personal extenuating circumstances, is currently on the market and has received a high level of interest. It is anticipated that, when reopened, the shop will provide a modernised facility with a more extensive range of products and a post office. Our local halls are very well used for a wide range of social and leisure activities. Local tennis, badminton, running, netball and walking groups reflect a positive attitude to fitness and health. In the last 5 years, some 100 new 3-5 bedroom houses have been built and occupied, increasing our population and attracting more young families to our village. We are an active, cohesive and vibrant community with an above average percentage of retired residents living in our midst.

- 7.8 The initial temporary loss of the local dispensing doctors' surgery in November 2016 was a major blow to our community. The dispensing doctors' surgery had operated in Fenwick for over 50 years and local access to primary medical care was a major consideration and attraction for those living in and moving to the village. Over 1000 patients were registered with Fenwick Surgery and sadly due to the national crisis facing General Practice, the practice closed permanently on 19 January 2017. We have submitted for your consideration, a letter from Glencairn Medical Practice to local patients dated 31 October 2016 which confirms that the doctors at Glencairn Medical Practice were supportive of a pharmacy opening in Fenwick.
- 7.9 The inadequacy of provision of pharmaceutical services in the neighbourhood has been established and recognised for many years in that the doctors' surgery, in order to meet the pharmaceutical needs of the local population, was required by the Health Board to dispense. Local residents registered with Glencairn Medical Practice had access to the dispensing service 5 days a week with the local hairdresser offering further support by holding prescriptions for collection out of surgery hours. After some 40+ years of Fenwick Surgery being required by the NHS Board to dispense, it is difficult to understand how the Area Pharmaceutical Practices Committee can now consider the provision of pharmaceutical services to be adequate. The reality is that circumstances have not changed, and, the inadequacy of provision, as recognised by the Health Board over a substantial period of time, stands as before.
- 7.10 Our residents who were served by the local dispensing doctors have, of course, made alternative arrangements to access their prescriptions – they had no choice! Our residents now face lengthy and costly journeys to collect prescriptions, often facing a return journey to collect the balance, or they are tied to their homes awaiting delivery. Our residents deserve better.

- 7.11 The Government argue that all patients should have equitable access to pharmaceutical care, and, locally, the NHS Ayrshire & Arran Pharmacy Directorate is responsible for delivering integrated, equitable and accessible pharmaceutical care for the needs of patients” Our residents want parity with other communities in Ayrshire with a similar population. Symington, Springside, Muirkirk, Logan and the much smaller community of Ochiltree to name a few. Equality of access to care is a fundamental human right and we deserve to be treated fairly in line with other communities.
- 7.12 According to National Records for Scotland projections, the population over 75 years in East Ayrshire is projected to rise by 36% from 2015-2025. We already have a higher than average retired population living in our communities. People who may drive at the moment know that this may not always be the case. Dementia, cancer, strokes, heart conditions, physical ageing are just some of the reasons whereby people may no longer be able to drive. We are already aware of a number of local residents where this is already the case. They want to be able to access services themselves rather than being increasingly dependant on others. They want these services to be accessible so that they can retain self-esteem by coping for themselves. They want to build a rapport with a local pharmacist, particularly where prescriptions are complex. With increasing strain on GPs, they want access to a first point of primary care within the community.
- 7.13 In proving the inadequacy of provision, it is necessary to address the current provision of pharmaceutical services in the area, and, community access to these services. We note that representation has been made from the following pharmacies, Kilmaurs Pharmacy and Lloyds Pharmacy at Glasgow Road, Kilmarnock. As these are the only pharmacies to object to the opening of a pharmacy in Fenwick, we can assume the remaining pharmacies in Stewarton and Kilmarnock have no objection and agree that the current provision is inadequate.
- 7.14 In terms of Kilmaurs Pharmacy we would make the following points:
- 7.15
- A journey by car to Kilmaurs Pharmacy is a round trip of 9 miles from the centre of Fenwick and 14 miles from Waterside using the B751 which is an unpleasant road to drive in good weather and particularly in winter.
- 7.16
- Parking near the pharmacy in Kilmaurs is congested and inadequate.
- 7.17
- There is no direct public access from Fenwick to Kilmaurs by public transport. Two buses at a cost of £10.20 return per adult and £5.20 per child and a minimum journey time of at least 45 minutes each way would be required. Access from Moscow and Waterside is virtually impossible by public transport.

- 7.18 • It would neither be safe nor reasonable to access Kilmaurs Pharmacy on foot.
- 7.19 • We recognise that Kilmaurs Pharmacy offers a prescription collection and delivery service for local residents registered with their pharmacy who have transport or mobility issues. Whilst, this service has been valued as a short term solution to the loss of a dispensing service in Fenwick, it must be recognised that this does not facilitate direct contact with a pharmacist, access to the Minor Ailments Service or the wider range of services being offered by the applicant.
- 7.20 • On a Facebook post on 4 December 2017, Kilmaurs Pharmacy posted for the attention of Fenwick patients: *"After some discussions, it appears there are still some Fenwick customers who may not realise that we offer a collection and delivery service for your prescriptions. We appreciate, for those without transport, it can take two buses to get to our pharmacy. That's why we have a free delivery and pickup service in place. Could you please share by word of mouth or using this post with those who may benefit. We hate to think people are struggling out there."* When the doctors' surgery closed, Kilmaurs Pharmacy actively, some would say aggressively, pursued the additional business available from the loss of the dispensing service in Fenwick at a time when there was a live pharmacy application in the village. In objecting to this application, we would suggest that this is solely a business concern to protect this additional business rather than recognising that local residents should have the right to reasonable access to the full range of pharmaceutical services offered by pharmacists in Scotland. In recognising that people may be "struggling", they clearly acknowledge and confirm that the current provision of pharmaceutical services is inadequate. Patients registering with Kilmaurs Pharmacy so as to benefit from the delivery service, are being denied access to MAS and Pharmacy First unless they can drive. This is not an acceptable long term solution.
- 7.21 In relation to Lloyds Pharmacy we would make the following comments:
- 7.22 • A journey to Lloyds Pharmacy by car is a round trip of 7 miles from Fenwick and 12 miles from Waterside.
- 7.23 • Public access to Lloyds Pharmacy is available by bus at intervals of 30 minutes and at a high cost of £4.60 return per adult and £2.30 per child aged 5-15. There is no safe crossing place when arriving by bus at the increasingly busy Glasgow Road which is a major concern for the elderly and for those with children.
- 7.24 • High waiting times have been reported by local residents using Lloyds Pharmacy with 30 minutes not unusual. Using the local bus

service taking into account walking/waiting time this can result in a round trip of more than 1 hour 30 minutes.

- 7.25
 - A round trip of 7 miles on foot is unreasonable.
- 7.26
 - Recent housing development at Southcraigs and Craighall Farm have put significant extra pressure on Lloyds Pharmacy.
- 7.27
 - Crucially, Lloyds Pharmacy do not offer a delivery service to Fenwick.

7.28 As Community Councillors living in the heart of our communities we are well placed to understand the fears and concerns of our local residents in terms of their ability to access pharmaceutical services and primary care. Throughout the recent changes, we facilitated consultation events with the Health Board, Glencairn Medical Practice, local MSPs, Councillors and residents and our efforts have been widely recognised by East Ayrshire Vibrant Communities as a role model for other local communities. These consultation events have been supplemented by regular updates on Social Media keeping our communities informed and listening to community feedback. Indeed, only this week, Pamela Milliken, Head of Primary Care and Neil Mellon, Primary Care Manager attended a meeting of Fenwick Community Council to address the ongoing concerns of local residents.

7.29 When the local GP's surgery closed, Fenwick Community Council worked closely with East Ayrshire Council to offer further support and information on Technology Enabled Care and Smart Supports to help local residents facing the loss of easy access to their GP and help give confidence in their future ability to live independently in their own home as they face increasing complications with their health. We completely understand that our Community would love to see a GP's surgery back in the village as is reflected by some comments recorded in the CAR, but we are only too well aware that this is unrealistic in current times. On the other hand, a pharmacy at the heart of our community in a central and accessible location fully supports Pharmacy First and the Government's vision for the future of pharmacy provision. A pharmacy is very realistic, necessary, desirable and achievable.

7.30 Finally, but indeed very significantly, we would bring to your attention letters of support received from Willie Coffey MSP, member for Kilmarnock and Irvine Valley; Brian Whittle MSP, member for South Scotland; Ward Cllr. Freel, Ward Cllr. Jenkins and Ward Cllr. McGhee, all extremely supportive of Mr Ahmed's application. They understand our local communities. They, like us, are in touch with local opinion. They recognise how much our communities need and would value this facility.

7.31 Like our MSPs and Local Councillors, both Fenwick and Moscow and Waterside Community Councils fully support the application and, today, we ask that you recognise the needs of our developing communities and approve Mr Ahmed's application for a pharmacy at 77 Main Road,

Fenwick.

7.32 Thank you.”

7.33 This concluded the presentation from Mrs Brown.

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

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

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

10.0 **Questions from the Committee to Mrs Brown**

10.1 Ms Chamberlain (Lay Member) to Mrs Brown - none

10.2 Canon McManus (Lay Member) to Mrs Brown

10.2.1 Canon McManus wanted to know when the Fenwick action plan 2014-2019 was compiled. As a member of Moscow & Waterside Community Council, Mrs Brown was uncertain but thought it was possibly in 2015.

10.2.2 It was noted that the Fenwick Action Plan made much of Fenwick GP practice and its dispensing service which had now gone. However Canon McManus was interested in theme 5 which stated that the community did not want more housing development in the area because the nature of the village would change. Mrs Brown was asked to comment on this given that population growth from housing development was part of the application. Mrs Brown stated that it was personal opinion but was now out of the hands of the Community Council as additional houses had been built and occupied. Not all people within the community objected to the development or wanted the village to stay the same. When asked for an opinion, Mrs Brown expected the population to grow in future.

10.3 Mr McKenzie (Chairman) to Mrs Brown

10.3.1 Mr McKenzie noted that the Fenwick Village community action plan survey received 450 responses whilst the CAR received 205 responses, so asked for an explanation for this difference and what it said about engagement of interest in the proposed pharmacy. Mrs Brown explained that 205 responses was a good response rate and that all those interested had responded. Mrs Brown expected there to be great loyalty with the local pharmacy and prescriptions to be brought back to Fenwick to be dispensed.

10.4 Ms Mitchell (Non-contractor Pharmacist) to Mrs Brown

10.4.1 Ms Mitchell had no questions as such but wanted to make Mrs Brown aware of the following points in response to the presentation.

- The most recent figures showed that Fenwick had a lower

unemployment rate than Scotland as a whole. Most people in the neighbourhood would therefore not be able to access the Minor Ailments Service as the criteria were children, those on benefits or the over 65s

- The PPC needed to secure adequate provision of pharmaceutical services for the neighbourhood. If an Applicant's business was not likely to be viable then adequate provision would not be secured. This was why there had been much discussion about prescription figures. The GP practice in Fenwick was now closed so prescriptions were not being generated in Fenwick itself. A dispensing practice also had a different prescribing pattern from a non-dispensing GP practice.

10.5 Mr Devenish (Contractor Pharmacy Member) questions to Mrs Brown - none

10.6 At this point Ms Yousaf attempted to ask a question of Mrs Brown but was stopped by the Chairman deeming it inappropriate. An opportunity to ask questions had already been provided to Ms Yousaf.

11.0 The Chairman therefore invited a submission from the second interested party, Ms Yousaf.

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

11.2 Ms Yousaf thanked the Committee for an opportunity to present the case from Central Pharmacies.

11.3 It was explained that the main concern of Central Pharmacies from the outset was the viability of the proposed pharmacy and impact on the patients if the business was not sustainable.

11.4 The Applicant had estimated the number of prescriptions per month at 1300 but Ms Yousaf did not believe the arrangements for the Care Home had been taken into account.

11.5 The pharmacy in Kilmaurs initially struggled as the dispensing doctor continued to dispense prescriptions for a year. The only reason the pharmacy was able to continue was because there were other pharmacies within the group.

11.6 The situation in Fenwick differed from Kilmaurs in that there was no longer a GP practice issuing prescriptions and 99% of pharmacy income came from prescriptions. Should the proposed pharmacy be unsustainable then this was another blow to residents who had already faced disruption to pharmacy services. Kilmaurs Pharmacy had experienced the impact from

Fenwick having to support and reregister stressed patients. The elderly had to cope with new ways of obtaining prescription medications and it had taken the best part of a year for patients to have an understandable routine.

11.7 Comments from residents received in the CAR described Fenwick as a "ghost town". Only two weeks ago the only store closed so residents had to go out with the village for day to day needs. It was the view of Ms Yousaf that this evidence negated the Applicant's statement that residents stayed in the neighbourhood for daily needs.

11.8 When Glencairn Medical Practice closed, Ms Yousaf did not want residents to think that they had been abandoned by everyone so the Kilmaurs Pharmacy had taken on most prescriptions for the village. Even so this had not had a big impact on Kilmaurs Pharmacy. The staffing hours of the delivery driver and dispensers did not need to be increased to cope with the additional work. This indicated that there may not be enough business to sustain the proposed pharmacy.

11.9 In addition to the effect on patients if the pharmacy was unsustainable, Central Pharmacies also had concerns about the size of the premise as well as the experience and expertise of the Applicant in running the pharmacy.

11.10 **This concluded the presentation from Ms Yousaf as many of the other points had already been covered by the Panel.**

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

12.1 Mr Ahmed referred to the comment made that 99% of income came from prescriptions and asked whether Ms Yousaf agreed there was a shift to payment for services rather than prescriptions. Ms Yousaf maintained that the bulk of pharmacy income still came from prescriptions and that fees for additional services were not sufficient to cover prescription income.

12.2 When asked if Ms Yousaf knew the percentage of care home residents in Fenwick, this information was not known. Mr Ahmed continued by asking whether it was possible that prescriptions for the care home were not included in the dispensing figures quoted. Indeed Mr Ahmed had received confirmation that care home prescriptions had not been included. Ms Yousaf was surprised at that but could not comment as was not in possession of the necessary information.

12.3 Ms Yousaf was asked whether the delivery driver from Kilmaurs Pharmacy delivered prescriptions to Fenwick, Waterside and Moscow. Central Pharmacy had received no requests to deliver to Moscow but did deliver to

Fenwick and Waterside. One patient from Moscow travelled to the pharmacy in Kilmaurs. There had been no impact on driver's hours. Although Kilmaurs Pharmacy had taken on a fair number of deliveries to this neighbourhood it was not an unmanageable amount and not as many as Ms Yousaf had imagined.

- 12.4 Mr Ahmed wanted to know whether the Central Pharmacy in Kilmaurs collected prescriptions for all registered residents from all doctors' surgeries in the area. Ms Yousaf confirmed that it did. Collections were made from eight different doctors' practices including Kilmarnock, Crosshouse and Stewarton.

13.0 Questions from the Other Interested Party to Ms Yousaf

- 13.1 Mrs Brown (Fenwick and Moscow & Waterside Community Councils) questions to Ms Yousaf

- 13.2 Mrs Brown asked about the situation for Care Home prescriptions. Ms Yousaf explained that care homes usually had a contract with a particular pharmacy.

- 13.3 When asked, Ms Yousaf confirmed that the Kilmaurs Pharmacy did not have a contract with the care home in Fenwick.

14.0 Questions from the Committee to Ms Yousaf

- 14.1 Ms Chamberlain (Lay Member) questions to Ms Yousaf - none

- 14.2 Canon McManus (Lay Member) questions to Ms Yousaf

- 14.2.1 Canon McManus raised a point of order in that concerns about the size of the premises and experience of the applicant were a matter for the Committee.

- 14.2.2 Canon McManus wondered how badly business at Kilmaurs Pharmacy would be impacted if there was a pharmacy in Fenwick. Ms Yousaf explained that Central Pharmacy had now been running in Kilmaurs for more than 10 years. There would be no major impact if a successful pharmacy opened in Fenwick.

- 14.2.3 Canon McManus pointed out that the viability of Kilmaurs Pharmacy was accepted by the Committee even although it was not considered viable. Ms Yousaf acknowledged that when the pharmacy licence was originally granted for a pharmacy in Kilmaurs the business struggled until dispensing ceased from the surgery. The Pharmacy was able to continue because it had the support of a chain of pharmacies. There was also the understanding that the Kilmaurs practice was to cease dispensing but this was delayed because of legal issues. It finally closed one year after the pharmacy opened. The pharmacy contract in Kilmaurs was granted on the

back of the closure of the dispensing service at the GP surgery.

- 14.2.4 Ms Yousaf was asked to comment on the circumstances in Fenwick as like Kilmaurs, it no longer had a dispensing practice. Ms Yousaf stated that the situation was not the same as Fenwick did not have a doctors' surgery issuing prescriptions.
- 14.2.5 Canon McManus then asked if a GP practice in the area was required to have a successful pharmacy. Ms Yousaf said it was not a requirement but helped.
- 14.2.6 As there was no GP practice resident in the community Ms Yousaf was asked whether another primary care practitioner would be an asset. Ms Yousaf said it could be considered that way.
- 14.3 Ms Mitchell (Non-contractor Pharmacist) to Ms Yousaf
- 14.3.1 Ms Mitchell referred to the 1300 items per month mentioned by Ms Yousaf and enquired where that figure had come from. Ms Yousaf said this estimate was derived from Central Pharmacies own calculations based on the size of Fenwick and removing residents of the care home.
- 14.4 Mr Devenish (Contractor Pharmacy Member) questions to Ms Yousaf - none
- 14.5 Mr McKenzie (Chairman) questions to Ms Yousaf
- 14.5.1 Mr McKenzie accepted in the initial stages Kilmaurs pharmacy was supported by other parts of the business and asked whether this situation had changed. Ms Yousaf confirmed that the Kilmaurs Pharmacy had been sustainable when the dispensary in the Kilmaurs doctors' practice closed.
- 14.5.2 Ms Yousaf was asked to what extent had the addition of prescriptions from Fenwick made Kilmaurs pharmacy sustainable. When Kilmaurs Pharmacy opened the population of Fenwick was around 2600. Kilmaurs Pharmacy was fully sustainable as of nine years ago before Fenwick surgery closed. When Fenwick surgery closed, Kilmaurs pharmacy was invited to attend a Community Council meeting and asked to assist by a number of residents. Were a pharmacy to open in Fenwick it would not have a prejudicial impact on business at Kilmaurs Pharmacy.
- 15.0 **Summing Up**
- 15.0 The various parties were asked to sum up their arguments without adding any new information.
- 15.1 **Mrs Brown (Fenwick and Moscow & Waterside Community Councils)**

- 15.1.1 Central Pharmacies had stated that residents had settled into a comfortable regime for obtaining prescription medication but there had been little choice.
- 15.1.2 Starting a new business was challenging for anyone but such ventures were not entered into without being fairly sure of at least breaking even and building on that.
- 15.1.3 A pharmaceutical service mattered to the local community more than the premises. Rapport was expected to be built up with the pharmacist and loyalty came with that. Prescriptions would find their way back to the local pharmacy. Mrs Brown stated that a pharmacy was absolutely necessary for the neighbourhood.
- 15.2 **Ms Yousaf (Central Pharmacies UK Ltd)**
- 15.2.1 Ms Yousaf reiterated the main concern about viability and the impact on patients should the business close. Residents had already been through a very difficult time in accessing medication and appeared settled in a comfortable routine. The Panel was asked to consider the viability of the proposed pharmacy in Fenwick and the stress this would cause patients should it not be sustainable.
- 15.3 **Mr Ahmed (the Applicant)**
- 15.3.1 It had already been discussed that there was no medical provision in the neighbourhood. The nearest pharmacy was 4.5 miles away and public transport difficult. Mr Ahmed did not think this could be considered an adequate pharmaceutical service. Irrespective of the views of the community on developments within the neighbourhood the population had grown.
- 15.3.2 A delivery service delivered medication and did not provide the range of services available in the pharmacy. Ninety percent of respondents to the public consultation exercise supported the application. Support was also obtained from the Community Councils where there was no commercial interest, several MSPs and Councillors. Loyalty had also been assured when talking to residents.
- 15.3.3 The Applicant was not concerned about the size of the premises having worked in many small pharmacies. As long as prescriptions could be dispensed within the rules and regulations premise size was not an issue. Fitters' plans had been obtained, were compliant and had included wheelchair access.
- 15.3.4 The proposed pharmacy would remove the need for patients to sit at home and wait for the delivery service.
- 15.3.5 Mr Ahmed concluded by stating that in the absence of any full time medical

services in the neighbourhood and limited access to other pharmacies many miles away the need for a pharmacy was underlined.

- 15.4 Mr McKenzie advised Ms Yousaf that the Committee was to be directed not to take into account the professional experience of the Applicant and it would not form part of the deliberations.

16 Retiral of Parties

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

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

- 16.3 The hearing adjourned to allow the Committee to deliberate on the written and verbal submissions. The Applicant, Interested Parties and Mr Hunter left the room.

17 Supplementary Information

Following consideration of the oral evidence, the Committee noted:

- i. That they had jointly undertaken a site visit of Fenwick and the surrounding area noting the location of the proposed premises, the pharmacies, general medical practices and the facilities and amenities within. For avoidance of doubt the neither the Applicant nor any of the interested parties took part in the site visit.
- ii. A map showing Fenwick and the surrounding area.
- iii. A map of Fenwick Community Council area
- iv. A map of Moscow and Waterside Community Council area
- v. Extracts from East Ayrshire Local Development Plan February 2017
- vi. Community Action Plan 2014-2019
- vii. Local Bus Timetables
- viii. The application and supporting documentation including the Consultation Analysis Report provided by the Applicant, photographs of pavements and roads to be crossed to access bus

stops

- ix. NHS Ayrshire & Arran Pharmaceutical Care Services Plan 2012
- x. Report on Pharmaceutical Services provided by existing pharmaceutical contractors to the neighbourhood
- xi. Extract from Information Services Division (ISD) detailing community pharmacy activity and direct pharmaceutical care services for Lloyds Pharmacy (contractor code 5188) and Kilmaurs Village Pharmacy (contractor code 5252) January to June 2017

18 Summary of Consultation Analysis Report (CAR)

18.1 Introduction

18.2 NHS Ayrshire & Arran undertook a joint consultation exercise with Mr Ahmed regarding the application for a new pharmacy at 77 Main Road, Fenwick, KA3 7DU.

18.3 The purpose of the consultation was to seek the views of local people on this proposed new pharmacy. The consultation aimed to gauge local opinion as to whether access to pharmacy services in the area was currently adequate as well as measuring the level of support of residents in the neighbourhood to which the application related for the new pharmacy.

18.4 Method of Engagement to Undertake Consultation

18.5 The consultation was conducted by placing an advertisement in the Kilmarnock Standard; notifications being placed on the Health Board Twitter and Facebook pages with subsequent notices at regular intervals; a link to the consultation document was placed on the front page of NHS Ayrshire & Arran's website (www.nhsaaa.net); hard copies of the questionnaire were available at eleven locations in Fenwick/surrounding area and could be requested by telephone, joint consultation leaflet drops were carried out by the Community Council. Respondents were invited to respond electronically via SurveyMonkey or by returning the hardcopy questionnaire.

18.7 The Consultation Period lasted for 90 working days and closed at 12 noon on 27 October 2017.

18.7 Summary of Questions and Analysis of Responses

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

Question	Response Percent			Response Count		
	Yes	No	Don't know	Yes	No	Don't know
1. Do you agree this describes the neighbourhood to be served?	85.85	9.76	4.39	176	20	9
2. Do you think the proposed location is appropriate?	87.25	10.29	2.45	178	21	5
3. Do you live within the above neighbourhood?	92.20	6.34	1.46	189	13	3
5. Do you think that the services listed are appropriate for the proposed new location?	87.13	8.42	4.46	176	17	9
6. Do you believe there are any gaps/deficiencies in the existing provision of pharmaceutical services to the neighbourhood?	79.1	16.42	4.48	159	33	9
8. Do you believe this proposal would have any impact on other NHS services?	31.84	53.73	14.43	64	108	29
9. Do you support the opening of the proposed pharmacy?	87.80	9.27	2.93	180	19	6

Question	Response Percent				Response Count			
	Just Right	Too Short	Too Long	Don't Know	Just Right	Too Short	Too Long	Don't Know
4. Do you think that the proposed hours are appropriate?	85.2 2	4.93	4.43	5.42	173	10	9	11

18.9 In total 205 responses were received. All submissions were made and received within the required timescale, thus all were included in the Consultation Analysis Report.

18.10 From the responses 199 were identified as individual responses and 4 responded on behalf of a group/organisation. 2 respondents did not provide an indication as to whether the response was individual or on behalf of an organisation.

18.11 Consultation Outcome and Conclusion

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

19 **Decision**

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

19.2 **Neighbourhood**

19.3 The Committee noted the neighbourhood as defined by the Applicant, the agreement of the Interested Parties and that it should be a neighbourhood for all purposes. A number of factors were taken into account when defining the neighbourhood, including those resident in it, natural and physical boundaries, general amenities such as schools/shopping areas, the mixture of public and private housing, the provision of parks and other recreational facilities, the distances residents had to travel to obtain pharmaceutical and other services and also the availability of public transport.

19.4 The Committee agreed with the Applicant that the neighbourhood should be defined by the following boundaries and include the villages of Waterside and Moscow –

Northern boundary – M77

Eastern boundary – M77/A719 intersection following the road south to Moscow

Southern boundary – From Moscow travelling North on A719 turning left and taking the unnamed road towards Sunny Side Cottage Gardens then travelling West and taking a series of unnamed roads until B7038/Main Road Roundabout is reached

Western boundary – M77

19.5 This definition had been reached because the major roads provided physical boundaries. As it was a rural area the villages of Waterside and Moscow were included in the neighbourhood because the Community Councils worked closely together. This definition was also consistent with the areas defined for primary school catchment and the electoral register.

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

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

19.8 The Committee noted there were no pharmacies within the neighbourhood and the location of the two existing pharmacies serving the neighbourhood in Kilmaurs and Kilmarnock. In accordance with the Regulations it was not necessary for a pharmacy to be located in a neighbourhood provided access to existing pharmaceutical services was adequate.

19.9 It was the professional opinion of the pharmacists advising the Committee that the majority of acute prescriptions would be dispensed in the locality where the prescription was issued i.e. Crosshouse, Kilmaurs and

Kilmarnock. Although the Community Council had assured loyalty to the proposed pharmacy and there was a high level of local support for the new pharmacy in the CAR at 88%, it had also been demonstrated that the majority of residents 70% males and 54% females were in employment. As such the majority of these residents would not be in the neighbourhood during normal working hours and it was unlikely acute prescriptions would be kept until the Saturday morning to be dispensed at the proposed pharmacy.

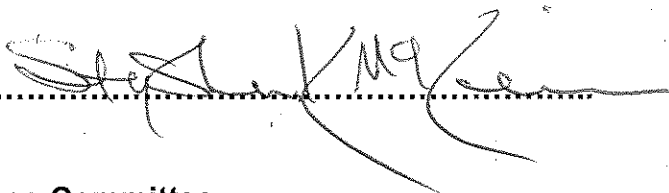
- 19.10 The Applicant had estimated the number of items dispensed from the proposed pharmacy at less than 1175 per month. It was the professional opinion of the pharmacy members that this volume could be adequately dispensed by the existing pharmacies. Indeed Central Pharmacies had indicated that should this application be granted it would have little impact on current business.
- 19.11 The Applicant had said that for over 40 years the Health Board had instructed Fenwick Surgery to dispense prescription items because of serious difficulty of obtaining prescription medicines in the area. The Committee were of the opinion that this did not demonstrate that current pharmacy services were inadequate. Circumstances had changed because the GP surgery had closed permanently on 19 January 2017. Prescriptions were no longer being generated in Fenwick. Had this been the case, as in Kilmaurs, there would have been a different argument. There was no likelihood of Glencairn Medical Practice reopening as the building had since been sold and used for another purpose. Additionally, the GP practice had provided a dispensing service not a pharmacy service. Had residents required a pharmacy service during the 40 years when Glencairn Medical Practice was open then this would still need to have been accessed out-with the neighbourhood.
- 19.12 Following the closure of Glencairn Surgery residents had made alternative arrangements for accessing pharmaceutical services.
- 19.13 The difficulty of residents in Moscow and Waterside accessing pharmacy services on public transport from the proposed pharmacy (4 and 2 miles away respectively) was discussed. The bus service was infrequent with only 3 buses per day in each direction. The Committee thought it more likely these residents would visit their GP surgery where receipt of appropriate assistance was more certain.
- 19.14 For those with travel difficulties there was a delivery service for repeat prescriptions from a number of pharmacies in nearby towns including Kilmaurs. The Committee concluded that there was no difficulty for people living in Fenwick, Waterside and Moscow in obtaining prescription items.
- 19.15 The impact of recent and future developments on adequacy of existing pharmacy services was assessed. The Community Council confirmed that 100 new homes had been built and occupied in the neighbourhood in the last five years, all of which were 3-5 bedroom family homes. Given the size

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

- 19.16 There were no medical services, banking services or even a convenience store within the neighbourhood. Residents had therefore to travel out-with Fenwick, Waterside and Moscow to visit the doctor/dentist/podiatrist/optician, obtain money and day to day provisions. Pharmacy services could be accessed during these trips.
- 19.17 The Committee considered the evidence of support for the application to be based on convenience rather than inadequacy.
- 19.18 Finally the Committee considered the viability of the proposed pharmacy in securing pharmaceutical services for the neighbourhood. Professional advice was given that the majority of pharmacy business was still derived from the dispensing of prescriptions rather than the provision of pharmaceutical services. Unlike non-dispensing GP practices, dispensing surgeries were not required to issue 56 days supply of prescription medications. Often monthly or weekly prescriptions were issued by dispensing surgeries. The number of prescriptions dispensed to the resident population was therefore expected to be much lower than that from Glencairn Surgery and could be significantly lower than just under the half estimated by the Applicant making the likely long term sustainability of the pharmaceutical services to be provided by the Applicant questionable.
- 19.19 **The Committee concluded that there was no evidence provided to demonstrate any inadequacy of the existing pharmaceutical services to the defined neighbourhood.**
- 19.20 Following the withdrawal of Ms Mitchell and Mr Devenish in accordance with the procedure on applications contained within Paragraph 7, Schedule 4 of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 1909, as amended, the Committee, for the reasons set out above, considered that the pharmaceutical service into the neighbourhood was adequate.
- 19.21 Accordingly, the decision of the Committee was that the provision of pharmaceutical services at the premises was neither necessary nor desirable in order to secure adequate provision of pharmaceutical services within the neighbourhood in which the premises were located by persons whose names were included in the pharmaceutical list, and accordingly the application was rejected. This decision was made subject to the right of appeal as specified in Paragraph 4.1, Regulations 1909, as amended.
- 19.22 Ms Mitchell and Mr Devenish returned to the meeting, and were advised of the decision of the Committee.

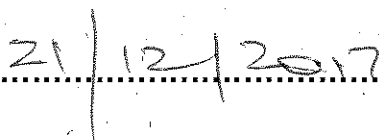
The meeting closed at 1530 hours

Signed:

A handwritten signature in black ink, appearing to read 'Stephen McKenzie', written over a dotted line.

Stephen McKenzie
Chair – Pharmacy Practices Committee

Date:

A handwritten date '21/12/2017' in black ink, written over a dotted line.