

MINUTE: PPC/2015/MOTHERWELL PHARMACY

Minutes of the meeting of the Pharmacy Practices Committee (PPC) held on Thursday, 15 October 2015 at 1100 hours in Meeting Room 2, Summerfield House, 2 Eday Road, Aberdeen, AB15 6RE

The composition of the PPC at this hearing was:

Chair: Mr Terry Mackie

Present: Lay Members Appointed by NHS Grampian

Ms Leonora Montgomery
Mr Miles Paterson
Ms Barbara Lamb

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

Ms Alison Davie

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

Mr Douglas Forsyth

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

Observer: Dr Lynda Lynch, Co-Chair PPC

In attendance: Ms Lesley Anderson, Clerk to the PPC

1. APPLICATION BY MOTHERWELL PHARMACY

There was submitted an application and supporting documents from Mr Kenneth Brown of Motherwell Pharmacy, received on 28 August 2015, for inclusion in the pharmaceutical list of a new pharmacy at Mount Everest Tandoori, Main Road, Blackburn, Aberdeenshire, AB21 0SS

Submission of Interested Parties

The following documents were received:

- i) Letter dated 9 September 2015 from the Area Pharmaceutical Committee
- ii) Letter dated 10 September 2015 from John Ross, John Ross Chemists Ltd
- iii) Letter dated 18 September 2015 from Matthew Cox, Lloyds Pharmacy
- iv) E-mail dated 21 September 2015 from Brian Arris, Dickies Pharmacy, Kingswells

- v) Letter dated 25 September 2015 from the Hatton of Fintray and Kinellar Community Council
- vi) Letter dated 28 September 2015 from Jonathan Graham, Robert Whitelaw (Abdn) Ltd
- vii) Letter Undated from Andrew Wilson, B A Christie Chemist

Correspondence from the wider consultation process undertaken jointly by NHS Grampian and Motherwell Pharmacy

- i) Consultation Analysis Report (CAR)

2. Procedure

- 2.1 At 1100 hours on Thursday 15 October 2015, the Pharmacy Practices Committee (“the Committee”) convened to hear the application by Mr Kenneth Brown (“the Applicant”). The hearing was convened under Paragraph 2 of Schedule 3 of The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 (amendment Regulations 2011). In terms of paragraph 2(2) of Schedule 4 of the Regulations, the Committee, exercising the function on behalf of the Board, shall “determine any application in such manner as it thinks fit”. In terms of Regulation 5(10) of the Regulations, the question for the Committee was whether “the provision of pharmaceutical services at the premises named in the application is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located by persons whose names are included in the Pharmaceutical List”.
- 2.2 **The Chairman** welcomed all to the meeting and introductions were made. When asked by the Chairman, members confirmed that the hearing papers had been received and considered and that none had any personal interest in the application. The Chairman informed members that the applicant, Motherwell Pharmacy would be represented by Mr K Brown and that there would be representations from the following interested parties: John Ross Chemists, B A Christie Chemists, Hatton of Fintray and Kinellar Community Council. He also had a written statement from Robert Whitelaw (Abdn) Ltd which he would read at the appropriate time.
- 2.3 It was noted that Members of the Committee had undertaken a joint site visit to the Blackburn area. They had noted the location of the premises, pharmacies, general medical practices and other amenities in the area such as, but not limited to, banks, post office, supermarkets, churches, schools and sports facilities.
- 2.4 **The Chairman** advised that Mrs Gordon was independent from the Health Board and was solely responsible for taking the minute of the meeting.
- 2.5 There was a brief discussion on the application and **the Chairman** then invited Members to confirm an understanding of the procedures. Having ascertained that all Members understood the procedures the Chairman confirmed that the Oral Hearing would be conducted in accordance with the guidance notes. The Applicant and Interested Parties were then invited to enter the hearing.

The open session convened at 1120 hours

3. Attendance of Parties

- 3.1 **The Chairman** welcomed all and introductions were made. The Applicant, Mr Kenneth Brown was accompanied by Mr Umar Razzaq. From the Interested Parties eligible to attend the hearing the following accepted the invitation: Mr John Ross, John Ross Chemists Ltd, accompanied by Mrs Carmen Harrold; Mr Andrew Wilson, B A Christie Pharmacy, accompanied by Mrs Jennifer Wilson, and Mr Peter Robinson and Mrs Sandra Coutts from Hatton of Fintray and Kinellar Community Council. Mr Jonathan Graham from Robert Whitelaw (Abdn) Ltd was unable to attend but had submitted a statement which would be read at the appropriate time.
- 3.2 **The Chairman** advised all present that the meeting was convened to determine the application submitted by Mr Brown in respect of a proposed new pharmacy at Mount Everest Tandoori, Main Road, Blackburn, Aberdeenshire, AB21 0SS. The Chairman confirmed to all parties present that the decision of the Committee would be based entirely on the evidence submitted in writing as part of the application and consultation process, and the verbal evidence presented at the hearing itself, and according to the statutory test as set out in Regulations 5(10) of the 2009 regulations, as amended, which the Chairman read out in part:
- 3.3 “5(10) an application shall be ... granted by the Board, ... only if it is satisfied that the provision of pharmaceutical services at the premises named in the application is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located...”
- 3.4 **The Chairman** emphasised the three components of the statutory test and confirmed 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 in and into that neighbourhood were adequate. Only if the Committee decided that existing services were inadequate would the Committee go on to consider whether the services to be provided by the applicant were necessary or desirable in order to secure adequate services. That approach was accepted by all present.
- 3.5 **The Chairman** advised that Mrs Gillian Gordon, NHS National Services Scotland SHSC, would be present throughout the duration of the hearing for the purposes of providing secretariat support to the Committee. The Chairman confirmed that Mrs Gordon was independent of NHS Grampian and would play no part in either the public or private sessions of the Committee.
- 3.6 **The Chairman** also advised that Dr Lynda Lynch, Non Executive Director of Grampian NHS Board and Co-Chair of the PPC, was an observer at the public session of the hearing for training purposes only and would not participate at all in the hearing. All parties were consulted on the attendance of Dr Lynch and no objections were received. He also advised that Mrs

Lesley Anderson was in attendance to answer questions of fact and seek advice where required.

- 3.7 **The Chairman** confirmed that all members of the Committee had conducted a site visit in order to understand better the issues arising out of this application. No member of the Committee had any interest in the application.
- 3.8 The Chairman explained the procedure to be followed in that the Applicant would speak first and then be questioned in turn by the Interested Parties, and the Committee; the Interested Parties would each put their case in turn and be questioned by the Applicant and the Committee. Finally each party would be invited to sum up, ending with the Applicant. The Committee would then adjourn to discuss the evidence. Following the discussion the Pharmacy Representatives would withdraw and the lay members would make a decision before calling the Pharmacy Representatives back in to inform them of the decision.
- 3.9 **The Chairman** asked for confirmation that all parties fully understood the procedures to be operated during the hearing as explained, had no questions or queries about those procedures and were content to proceed. All confirmed agreement. The Chairman concluded the procedural part of the hearing by reminding each party that there could only be one spokesperson for each submission.

4. Submissions

- 4.1 **The Chairman invited Mr Umar Razzaq, to speak first in support of the application**
- 4.2 Mr Razzaq thanked the Committee for the opportunity to present and read from a prepared statement saying that:
- 4.3 The neighbourhood and location of the proposed pharmacy was that of the village of Blackburn. It was bounded to the south by the arterial route of the A96, a busy commuter corridor and transport link to the Highlands. On all other sides it was surrounded by open fields and countryside. These could, therefore, be considered a natural boundary with the dual carriageway to the south presenting a definitive physical boundary. While there were outlying villages such as Hatton of Fintray which would be within the catchment area and whose residents may use services in Blackburn, the neighbourhood was simply that of the village of Blackburn in its own right.
- 4.4 It had all the hallmarks and appearance of a village, ie clear boundaries and facilities provided for the local population. The community itself was served by a small supermarket with a cash machine, a post office, a school, a sheltered housing complex, a state of the art community centre, a car garage, a pub, hotel, several bed and breakfast establishments and holiday apartments for rental. Blackburn also had a local football club. Blackburn residents were well served on a day to day basis.
- 4.5 While they had an agreement to take over the retail unit where the food takeaway was located, the current owner had plans to re-open next door to the pharmacy should this application be granted. There was also a reasonably sized industrial estate in Blackburn, which brought a transient population of several hundred people to the neighbourhood on a daily basis

and gave the village a busier appearance during working hours than would normally be expected for a settlement of this size.

- 4.6 There were currently no healthcare services in Blackburn. While the absence of a community pharmacy did not automatically necessitate the need for one, they were then required to look at whether the current provision of pharmaceutical services was adequate.
- 4.7 According to latest figures from the council and recent census, the population could be placed at somewhere around 2960 - taken from the Scottish Government's 2011 census website. This could be considered to be a significantly large population when measuring access to pharmaceutical services. In actual fact Blackburn was currently the largest village in Scotland, in terms of population size, that did not have a pharmacy or any sort of local healthcare service provision. There were examples of villages in Scotland very similar in profile but smaller in terms of population that had a pharmacy or had a new pharmacy contract granted in recent times. Scottish Health boards had recently granted new pharmacy contracts to villages similar in profile to Blackburn such as Crossford, Kirknewton, East Wemyss, Kinglassie and Aberdour. What was interesting to note was that all of these villages had a much smaller population size than Blackburn, being around 2000 or less in some cases. All of these places mentioned currently had viable community pharmacies.
- 4.8 A village with a population of around 3000 was more than enough to sustain a new pharmacy, and they had a business plan in place to accommodate that so viability was not an issue. Blackburn might be different in that its population had rapidly increased since the 2001 census, but it was well established and should be treated no differently.
- 4.9 Blackburn was not a deprived area in terms of poor health, it had average health needs for a village in Scotland. The statistics told a different story when looking at healthcare deprivation. According to Scottish Index for Multiple Deprivation data, Blackburn scored poorly. In actual fact Blackburn was placed in the top 20% of worst areas in Scotland for geographical access to health services. While it may not be a deprived area, it had an average level of need in terms of healthcare provision, yet this statistic was applicable because of the difficulties people of Blackburn face in actually accessing services. In those terms this actually placed it in a similar position to many rural and remote areas found in the Highlands.
- 4.10 An important statistic was that Blackburn had a high number of children 25.1% compared to the Scottish average of 17.3- this meant there were some 750 granted. If you included the elderly to this then this figure rose to 37.4% of Blackburn which was a staggering -1100 people who were most in need of pharmaceutical services; 18% of residents, which equates to 500 people, had one or more long-term health condition. These were people who required regular healthcare for monitoring and treatment of the condition and would most definitely benefit from having a local Pharmacy. The need for these patients to make repeated trips to Pharmacies outwith their neighbourhood added to the inadequacy of existing services.
- 4.11 Returning to the issue of access, it was apparent that residents had to make significant travel efforts to access a Pharmacy given there were no health services of any description available in Blackburn. The nearest pharmacy was

currently in Kintore at 4.1 miles (distances were taken from AA routefinder and were actual travel distance required). While some may use this pharmacy it is far more likely that people travel east to Bucksburn, Dyce or into Aberdeen city itself to access a pharmacy. This was because their place of employment was more likely in that direction; it was where they did their weekly shopping at a supermarket. To visit a GP required travelling in that direction. While there was a small GP surgery in Kintore, it was a satellite branch of the Inverurie surgery, and residents of Blackburn could not register there. With this in mind it seemed less likely people would travel to Kintore, and instead travel east towards Aberdeen to use a pharmacy. This point was backed up by comments from local people at the community council meeting when the proposed pharmacy plans were discussed. The nearest surgeries Blackburn residents could register at were in Bucksburn or Dyce.

- 4.12 Other pharmacies could be travelled to. These were BA Christie (4.6 miles) and Lloyds in Bucksburn (5 miles), Dickies in Kingswells (5.4 miles), Robert Whitelaw in Dyce (5.7 miles), and Lloyds in Westhill (6.3 miles). These pharmacies, all involved a significant amount of travelling. It was not reasonable to expect anyone to walk any of these distances mentioned. Therefore they had to be accessed by car or public transport.
- 4.13 While there was a fairly regular stagecoach service that travelled along the A96 roughly about every 20 minutes, there was no service direct from Blackburn to Dyce - that involved having to change near Bucksburn to a second service. The bus journey to Kintore and Bucksburn cost £4.90 return and the 2 bus journeys to Dyce cost a staggering £8.25 return. Having to make regular journeys was expensive and very time consuming. All the bus routes in Blackburn were on the main street, so a resident who lived in the north area of Blackburn would have a long walk just to get to the bus stop. There could then be a waiting time of twenty minutes just to catch the bus. When you added in the journey time and the wait in the pharmacy the entire return journey could easily take an hour or more. A lengthy bus journey did nothing to reduce inadequacy of existing services.
- 4.14 A further 34% of households had access to only one vehicle, but given the nature of Blackburn as a commuter town it would be reasonable to suggest that the car would be used to commute to a place of work and so would not be available to other members of the household during normal working hours. For a mother with young children to then have to go to considerable effort to get a bus to Kintore or into Aberdeen for the minor ailments service was inadequate and time consuming.
- 4.15 For residents of Blackburn, it was clear that a round-trip of over 8 miles to access their nearest Pharmacy could not be considered in any way adequate. Why in 2015, should residents of Blackburn be forced to travel these large distances to access a Pharmacy especially when there were numerous villages in Scotland with less of a population and were less isolated in terms of healthcare provision, yet had a pharmacy?
- 4.16 Some contractors did provide delivery of prescriptions to Blackburn which was currently the only pharmacy service available to residents of Blackburn. This in no way constituted an adequate pharmaceutical service. Services such as CMS and EMAS required access to a pharmacist. A delivery service was not a core service and could be withdrawn at any time.
- 4.17 There had been a previous application for a community pharmacy in Blackburn in November 2006, which was refused by the PPC. That being the

case, he wished to look at what had changed since that time, and the reasons for making this fresh application. In actual fact a **LOT** had changed.

4.18 First of all there was a much greater emphasis on the public consultation process than there ever was before. While not aware of exactly what support there was for the previous application it was clear that at this time the residents of Blackburn felt there was a genuine need for a pharmacy. All responses were positive apart from three, two of which were from interested parties. The third raised concerns over addiction services. Given the lack of demand for addiction services and no plans for a needle exchange service in Blackburn this concern could be alleviated. Therefore, only one member of the public with no vested interests objected to the pharmacy.

4.19 Some quotes from the public included -

"I am on regular medication, and will be for the rest of my life, as is my husband who is asthmatic. My son has several allergies and health conditions which require regular prescriptions. If a pharmacy were in the village, it would make our lives much easier"

"This would be beneficial given the population in the village and would be useful for elderly people and parents with young children. I would hope that such a move would eventually result in the provision of more health facilities in Blackburn cutting down on people having to travel by car or bus for health care".

"the pharmacy would be great for the community and might stop us going to GP's for minor ailments also"

"it is essential for a new pharmacy at Blackburn"

4.20 The Area Pharmaceutical Committee was not supportive of the previous application. They were, however, supportive of this application. Astonishingly, an interested party had even admitted there was a need for a pharmacy in Blackburn even though they might stand to lose a few patients. He had never known this to happen in a new pharmacy application and further highlighted the need for a new Pharmacy in Blackburn and the inadequacy of existing services. He quoted from the email "Although we would lose business here, we can see the need for a new pharmacy for the population here as there are over 2000 people living there children who would benefit from a minor ailment service if this application was now."

4.21 The local community council and Councillor Hood were also supportive and felt there was a genuine need for a pharmacy in Blackburn.

4.22 Another change since that application related to the population. Blackburn had actually doubled in size since the 2001 census. The population quoted at the last hearing was 2080 with an estimated future increase of only 250 people. He thought it was safe to say that the current figure of 2960 had somewhat surpassed that. It was a huge population to have no direct access to any healthcare facilities, and as mentioned earlier, it was currently the largest village in Scotland in terms of population size that had no local healthcare facilities.

4.23 There were plans drawn up for a new, larger primary school to cope with the increase in demand and 50 new houses in Blackburn. While the population of Blackburn itself might not increase at the rate it has been, there were also plans to build 100 houses and a whole new settlement just south of the A96 at Clinterty and 600 homes south and east of Kintore. If these developments

went ahead, it would bring rise to the population in the area and would cause an increase in the demand for pharmacy services. In actual fact the population of Kintore had also significantly increased in recent years, with houses currently being constructed at the south end. There were also large building developments on going at the south end of Dyce.

- 4.24 Another crucial change since the last application was the pharmacy contract itself and how it had evolved. It was very much in the planning stages in 2006, when pharmacies were still seen as having to be next to GP surgeries and served little other purpose than the dispensing of prescriptions from the nearest surgeries. That was now an out-dated model and pharmacies provided a broad range of services and were no longer reliant on being closest to the nearest surgery to be visited by patients. The Scottish Government expect more from pharmacies than ever before to provide vital access to advice and treatment and help reinforce key health messages. All these new services were designed to be carried out face to face in the local community where a pharmacy was easily accessible. Smoking cessation was an example of a service with enormous health benefits that required patient consultations on a weekly basis. Being placed in the heart of a community was necessary for this service to be taken forward and have a real impact on positive health.
- 4.25 In a recent government paper published last year regarding a massive investment across Scotland in primary care, the village of Blackburn was specifically mentioned as a place requiring investment in future GP services. Whether or not that happens anytime soon remained to be seen but the Scottish government at least recognised that there was a significant population here with no healthcare services. That was something that the granting of a pharmacy would help to address with the services available under the new pharmacy contract.
- 4.26 The lack of a current GP surgery should not be an indicator that a pharmacy was not required or viable. In actual fact, the opposite was true, it indicated inadequacy and highlighted the need for a pharmacy even more. The provision of a pharmacy would provide, in addition to pharmacy services, an entry point into primary health care services in a neighbourhood where there were absolutely no health services at present. A recent contract was granted in the village of Crossford in Fife. The PPC in their decision stated and "it was agreed that as there was no GP surgery based in Crossford there was an even greater need for a Pharmacy". It was the same situation in Blackburn.
- 4.27 There had been a lot of concerns raised lately amongst local people regarding the closure of Brimmond surgery and pressures the nearby surgeries were under trying to recruit new GPs. Many people were understandably incredibly worried that there may have been a period of time after the closure when they were not even registered with a GP while massive changes were being made to the GP network. This situation had thankfully not arisen, however had there already been a pharmacy in Blackburn they would have had some healthcare provision and it might have relaxed the situation slightly. While all residents still currently had a GP service they could visit in Dyce or Bucksburn, the surgeries were now actively encouraging patients to only make appointments if they were really needed and a pharmacy in Blackburn with a range of services would help free up some unnecessary GP appointments, and potentially reduce some of the strain the surgeries were currently under.

- 4.28 In terms of the premises itself, they had a layout proposal for the shop unit, having consulted with an architect and an experienced pharmacy shop-fitter, and did not envisage any issues with converting it into a modern premises with a consultation room. The pharmacy would be designed to ensure full compliance with the Equality Act requirements for access, sign-age, hearing impairment and other accommodation of disabilities.
- 4.29 There were a few free car parking spaces outside the premises, a side street with room for parking, several spaces outside the hotel and a free public car park in very close proximity.
- 4.30 In terms of opening hours for the proposed pharmacy these were: 9am- 6pm Monday to Friday; 9am- 5pm on a Saturday and closed on a Sunday.
- 4.31 They would participate in all core aspects of the pharmacy contract including any local health board initiatives. Core NHS services they would be providing included Acute Medication Service, Chronic Medication Service, Minor Ailments Service and Public Health Service.
- 4.32 Additional services would include compliance support, pharmaceutical advice, a full collection and delivery service, unscheduled care, stoma service, substance misuse service and advice to care homes. If there was a demand or opportunity they would also be able to offer palliative care, keep well service and supplementary prescribing clinics.
- 4.33 Other services they would provide included free blood pressure monitoring, a weight management service, free condoms, travel medicines and advice.
- 4.34 In conclusion the neighbourhood was that of Blackburn. It had a large population and one that had increased rapidly since the last application, and there were no healthcare services of any kind located in the village. There was a significant level of support from the public, APC, community council and even a nearby contractor. Pharmacies were now much more service based than they were at the time of the last application and would possibly ease the current workload of the local GP services, which were buckling under the strain due to shortages. Local access was essential. Blackburn had been specifically mentioned in a recent government paper regarding areas which were being prioritised for healthcare investment. There were plans in place for massive new developments nearby in the coming years which would increase the local population and demand for services even further. The only services available to residents of Blackburn were that of delivery services which could not be considered adequate.
- 4.35 The existing services were inadequate even just on the basis of distance to the current services, therefore the application met the legal test on that reason alone in determining whether it was necessary and desirable. There came a point where distance to access the existing services was enough of a reason by itself to render the current level of service inadequate for a population. This point had clearly been reached with regard to this application.
- 4.36 The population was more than large enough to support the viability of a new contract. Given the spread of use over the entire pharmacy network in the area, the effects on other pharmacy contractors would be minimal.

- 4.37 Given all of these reasons, he believed this contract was necessary and desirable to secure adequate pharmaceutical services to the neighbourhood and respectfully asked that it should be granted.

This concluded the presentation from Mr Razzaq

5. Questions

Having ascertained that the Committee had no questions, the Chairman then invited questions to the Applicant from the interested parties. Mr John Ross of John Ross Chemists Ltd was invited to question Mr Razzaq first.

- 5.1 **Mr Ross** referred to the possible closure of the Post Office as asked what effect this would have on a pharmacy. **Mr Razzaq** replied that he did not think that it would have any effect. He noted that he had been in touch with the Post Office to explore the possibility of the pharmacy also taking over the Post Office duties but no firm agreement was in place.

- 5.2 **Mr Ross** asked about the population and how it had doubled. **Mr Razzaq** replied that it had doubled since 2001 according to the figures he had.

- 5.3 **Mr Ross** turned to the question of bus fares and pointed out the people over 60 did not have to pay. Mr Razzaq replied that everyone else would.

Having ascertained that Mr Ross had no further questions, the Chairman invited questions from Mr Andrew Wilson of B A Christie Pharmacy

- 5.4 **Mr Wilson** returned to the question of population and asked were Mr Razzaq had obtained his figures. **Mr Razzaq** replied that they were from the Government website and from the 2001 census.

- 5.5 **Mr Wilson** referred to the “possible nightmare scenario” following the Brimmen GP practice closure and said that this had not happened because pharmacists had written prescriptions at doctor’s request. Mr Razzaq replied that his statement was about the presence of a pharmacy alleviating patient concerns over the closure of the surgery but not about the closure situation.

Mr Wilson had no further questions and the Chairman invited questions from the Community Council. Mr Robinson confirmed that they had no questions.

6 Interested Party Submission

The Chairman then invited Mr John Ross to make representation on behalf of John Ross Chemists Ltd

- 6.1 Mr Ross read from a prepared statement as follows:

- 6.1 Kintore pharmacy was the nearest pharmacy to the Blackburn application closely followed by 7 others.

- 6.2 He found it interesting that Kingswells pharmacy had stated in this recent application that it would be a good idea for a pharmacy to be granted in Blackburn although just a few years ago had a strong objection to the same application stating the same concerns each and every other nearby pharmacy had. He was not sure what would have changed in the last few years for another application to be seen as such a good idea for the community as nothing has changed to any great degree. Although this was an interesting response it still did not appear to the other experienced six nearby pharmacies that the service provision had been reduced by them or patient supply compromised.
- 6.3 His pharmacy offered a delivery service to Blackburn as did other providers and it had to be said there was not a huge take up of this service which would suggest there was not a great need in Blackburn for this or the 6 pharmacies were already proving an adequate service.
- 6.4 He also noticed on the public consultation response that out of the 24 responses, 12 did not declare they were in the Blackburn vicinity and one was based in Aberdeen so would be questionable to take into account. In reality out of the whole population of Blackburn and surrounding area only 11 people confirmed to live in Blackburn thought it worthwhile responding. He also noticed that 2 of the responses were signed of by E. Russell possibly the same person. This looked on the surface to suggest again that the service provision provided already was more than adequate.
- 6.5 When you looked at the map of the proposed site and surrounding area there actually was more pharmacy provision than many other places and small hamlets had the option of.
- 6.6 As has been said in the last application it would be desirable and very nice for everyone to have a pharmacy on their doorstep but realistically would it work and would it be necessary? The Post Office had the very same idea a few years ago and tried to have their service available to all in every little hamlet or town. This as was widely documented had not worked due to lack of public demand and had led to Post Office withdrawing or reducing services.
- 6.7 Although pharmacy was a different avenue it was the same process as every business had to make money to continue and the less money available did reduce service level if it was to continue to be a viable option. The void for the vulnerable in our society should a service be given for it to either be taken away or reduced at a later date would be immense.
- 6.8 In short he saw no relevant or rational reason for a new pharmacy contract to be awarded.

This concluded the presentation from Mr Ross

The Chairman then invited questions from the Committee to Mr Ross. Having determined that the Committee had no questions, the Chairman then invited Mr Robinson to put questions on behalf of the Community Council

- 6.9 **Mr Robinson** asked Mr Ross to expand on the issue of viability. **Mr Ross** explained that like, any other business, starting a pharmacy from scratch would take a long time to build up the income stream. This was affected by the changes to the contract which would make it more difficult to survive in the long term.

Mr Robinson had no more questions.

The Chairman invited Mr Razzaq to put his questions to Mr Ross.

- 6.10 Mr **Razzaq** asked if it was reasonable to travel 8 miles to access pharmacy services. **Mr Ross** replied that there were good transport links and that he also offered a delivery service to Blackburn.
- 6.11 **Mr Razzaq** asked how much of John Ross' business came from Blackburn and if he would close if the application were granted. **Mr Ross** replied that he could not be exact but it was not a large part. It would obviously have some effect on his business as a new contractor would dilute the cake across the board.
- 6.12 **Mr Razzaq** referred to the delivery service where Mr Ross had indicated there was not a huge uptake and asked if the reason for this was that people did not regard this as a full pharmacy service and preferred to visit a pharmacy. **Mr Ross** replied that in a perfect world everyone would like that service but that the residents of Blackburn were not disadvantaged by the service they had.
- 6.13 **Mr Razzaq** asked if Mr Ross would acknowledge that there were smaller villages in Scotland which had a pharmacy. **Mr Ross** said that there probably were but these were likely to be under the Essential Small Pharmacy Scheme. He also noted that NHS Grampian was piloting a virtual pharmacy link which would provide a service to small communities.
- 6.14 **Mr Razzaq** asked if Mr Ross considered that a 1000 rise in population since the last application was a significant rise. Mr Ross replied that he did not with 10,000 being more appropriate to define as significant.

Having ascertained that Mr Razzaq had no further questions, the Chairman invited Mr Wilson from B A Christie Pharmacy to make his presentation.

7 Interested Party Submission

Firstly, Mr Wilson apologized as it seemed his representations were not attached to the original documents circulated for the Committee. The Chairman apologized for this omission which was due to a breakdown in internal administration; Mr Wilson's submission had been emailed to all parties before the meeting. Mrs Anderson confirmed that these had been emailed on 12 October.

- 7.1 His first point raised was to do with the errors in Mr Brown's application, he stated that the closest pharmacy was in Kintore which was 3.7 miles away from Blackburn. He then stated that the second closest Pharmacy to the residents of Blackburn was a 'Dyce Pharmacy' which was 6 miles away. Mr Brown was incorrect here, he had omitted to mention that the second closest pharmacy for the residents of Blackburn was, in fact, his Pharmacy, B.A. Christie in Bucksburn, located 4.6 miles and 7 minutes by car from Blackburn. It appeared that initially, Mr Brown appeared not to have researched the position fully when making his application. This could, of course, be different now, but the point remained, that there were at least five fully accessible

pharmacies within a 3.7 to 5.7 mile radius of Blackburn, all of which currently service the patients more than adequately. He felt this was a point which could not be ignored. He was using Google Maps using postcodes and was not sure how much more accurate he could make the information above.

- 7.2 His second point was in relation to current accessibility for the residents of Blackburn. Blackburn was situated on the A96 dual carriageway, with accessible pharmacies in all directions. This was the main trunk road from Aberdeen to the North West of Scotland. Patients could easily travel via bus or car to a pharmacy from Blackburn. It took 5 minutes to drive to the closest pharmacy, and 8 minutes by bus (number 37.) The buses ran every 20 minutes in either direction to Aberdeen and Kintore, for those who were unable to drive. His pharmacy, B.A Christie, already offered a pick-up and delivery service for prescriptions for patients unable to travel, and this was a full service. He knew some of the other surrounding pharmacies also offered a similar service. This meant that currently all residents and patients of Blackburn had a local pharmacy service already available to them. Also, he was aware that in reality there were only a limited number of people even using this service. That was because most patients would pick up their prescriptions and have them dispensed when they were in the town or near their surgery.
- 7.3 If the proposed application for pharmacy contract were to be successful, then already existing local pharmacy services in the area would be diluted as a consequence. Resources and funding from NHS Grampian were finite.
- 7.4 Patients living in Blackburn would already be registered at a surgery, either in Kintore, Kingswells or Aberdeen, next to existing locally accessible pharmacies.
- 7.5 As all knew, he stated there was a previous pharmacy application in Blackburn made in 2006-2007, which successfully forecast the population rise up to the year 2011. This application was refused, taking into account this forecast, as it was deemed that the current services in the area were more than adequate to support the population moving forward. However, since then, according to the Aberdeenshire.gov.uk website, available at:
http://92.52.88.74/statistics/population/smallarea_settlements.asp#garioch
the population change forecast had estimated that the population of Blackburn in 2016, would actually be less than in 2011. Also, since 2006, pharmacy services supplied by B.A Christie had grown and developed during this time to include a modernised premises, higher staff levels, as well as prescription pickup and delivery, and updated IT. This was all with a view to ensure they stayed ahead of demand. He submitted that the current supply by his shop, and the other shops in the surrounding area, more than satisfied that demand of the residents in Blackburn.
- 7.6 He argued that in order to be sustainable and profitable, a pharmacy required infrastructure to support it, most importantly a GP practice, as well as a high number of customers and patients, who were not already catered for by other pharmacies nearby. Existing pharmacies in the local area currently had this essential support. A pharmacy in Blackburn would not. As such, it would

struggle to justify the cost to the NHS of a new pharmacy contract when it would only be duplicating services provided in the area.

- 7.7 Mr Brown was applying to open a pharmacy at the site of the Mount Everest Tandoori restaurant. It was his contention that since this restaurant was being sold, then it could only be concluded that there was little demand in the area for a restaurant/takeaway. It was therefore submitted that if the area could not sustain a restaurant/takeaway, there did not seem to be a high demand for local services. In order for a business to succeed it needed to be viable, as well as necessary, and it appeared the proposed application was neither. At present there was a small Co-operative on the high street, which judging by its size, could only be used as a convenience store. There was no cost-effective retail environment in Blackburn, and most residents would buy their weekly shop in Aberdeen, Inverurie or Westhill. If there was a need for more local services, these would have already been established. There was no butcher, baker or any other local shops established in the area, apart from the Post Office. Regarding the consultation submission by Ms Flett it appeared that her business was suffering as well. It was submitted that the proposed pharmacy application was not needed, as there was already a myriad of pharmacies and pharmacy services in the area, and there seemed little point in opening a further pharmacy in a location that cannot sustain local shops.
- 7.8 Moving back to the 2006 proposed pharmacy application, it was decided at that point that Blackburn existed as a village, rather than a suburb. He would definitely argue that this strict definition was incorrect. The A96 road, which ran past Blackburn was one of the main arteries to the North West. It was highly maintained during winter to ensure it was always accessible. From Blackburn, it would take at the most around 7 minutes by car to reach B.A Christie Pharmacy, where there was plentiful free parking available to patients directly outside. Patients living in the centre of Aberdeen would struggle to get parked as close to their local pharmacy and access their services as quickly as this. The bus route from Blackburn could also have patients at any number of pharmacies within 10-15 minutes, with the buses running back and forth every 20 minutes. Blackburn was a village in name only, and the residents used it as a suburb. It was a commuter village at most. Patients would be able to travel in any direction, and have an available pharmacy near where they worked, shopped or next to their doctor surgery. It was not necessary for there to be a pharmacy in Blackburn.
- 7.9 The biggest employers in the local area were situated in Dyce and were mostly oil or oil logistic companies. It was worth pointing out that there were a number of available surgeries and Pharmacies along the employee's route.
- 7.10 He stated that, given the current downturn in the oil industry's fortunes, and the redundancies that have followed, and were unfortunately set to continue, it was also not certain that the population in Blackburn would even rise in the future. Perhaps the population may even decrease. Pharmacy was also affected by the economic downturn. Also extended roles were being added to pharmacies with little or no extra remuneration. He found it difficult, therefore, to visualise, given the current economic climate, and stagnant population growth in Blackburn, how a pharmacy would be self-sustaining or viable, in a

village with no infrastructure to support it. It did not seem necessary to him.

- 7.11 To finish off, with what he believed to be the key to the argument, Pharmacy contract in Blackburn would not be in the interests of NHS Grampian. It would, at best, be a convenience to the small population, all of whom already had easy access to a number of pharmacies and overlapping services in all directions from their current location. At worst, it would be a drain on NHS resources, which were already stretched thinly.
- 7.12 Mr Wilson stated that it he felt it important for to read out his entire objection, due to the lack of time interested parties and the PPC had available to absorb his objections. He asked for it to be noted in the minutes as not only had his objections been available to interested parties for only 3 days or less, compared to others' near two weeks. He also felt at a disadvantage, as he only had until 8 October to add further to his comments which had passed even before he had received the e-mail from the PPC. He wished this reduced time to be noted. He did however have a few observations.
- 7.13 This was the first time that a public consultation had taken place before an application was considered. After an ad campaign in the papers, a poster and leaflet campaign and prolific advertisement on the NHS Grampian website there was a total of 24 respondents over six weeks. Since this was the first time this had been done there was nothing to compare the numbers against. However if a Pharmacy service was needed(not desirable), in an area to a population that apparently had no access to such a service, he would have expected a greater response than that. In fact it had also been stated directly by the PPC that the response had been poor.
- 7.14 Mr Wilson referred to the themed analysis table, Appendix H and noted 21 for and 3 against. Of those 21, looking at column F, 3 people had expressed an interest for a repeat prescription service. However one looked at the responses from the public consultation, 7 people mentioned a priority need of easy access to their prescription medicines. He pointed out that various pharmacies provided the option for prescription collection and delivery to the Blackburn area. Furthermore since January that year he had a dedicated driver in place who delivered to any patient that requested it. This service existed for patients in Blackburn and it was his contention that the respondents to the public consultation were not aware of this. By the same token it might be why there was such a poor response by the population of Blackburn as many might already be availing themselves of the service without complaint.
- 7.15 He drew attention to Column F, and noted that there seemed to be a lot of the respondents with locations unknown or not certain and it was difficult to see if they would be in a location to be serviced by the proposed application, let alone avail themselves of it. It would make things clearer if these addresses could have been confirmed, and since all but one of the correspondence was by e-mail he did not see why the information would be so difficult to obtain, albeit redacted and the location made generally available like all others.
- 7.16 Finally, 9 respondents considered the addition of a Pharmacy in Blackburn as convenient. Not essential, but convenient. By comparison he indicated that he would like a Tesco at the end of his street as that would be convenient as well; maybe even desirable, but certainly not essential. He urged the Committee not to put the cart before the horse here. A new Pharmacy contract in Blackburn was something that came after the infrastructure was in place; a GP practice for instance. Secondly, regarding the general need

and desirability, he indicated that 21 positive respondents over a population of 2600 from a six week campaign might hint as much.

The Chairman then invited questions from Members of the Committee in turn to Mr Wilson

7.17 **Mr Paterson** referred to the statement about the takeaway closing and indicated that that applicant said that it was moving. **Mr Wilson** replied that he only discovered that this morning during the applicant's statement. He stated that there was not a real high street in Blackburn and the Post Office was also finding it difficult.

7.18 **Ms Montgomery** referred to point 4 and asked for clarification on patients registered at surgeries. **Mr Wilson** replied that this was merely said to indicate that there were a lot of GP surgeries.

Having ascertained that the other Interested Parties had no questions, the Chairman invited Mr Razzaq to put his questions to Mr Wilson

7.19 **Mr Razzaq** asked how much business Mr Wilson had from Blackburn. **Mr Wilson** replied that could not tell exactly how much but his pharmacy was one that residents would pass in the normal course of journeys and it was also close to a GP surgery. He estimated that there would possibly be 20-30 a day as far as prescriptions were concerned.

7.20 **Mr Razzaq** asked if the business would close if a new contract was approved. **Mr Wilson** replied that it would not.

7.21 **Mr Razzaq** then asked if he considered a delivery service a full pharmacy service. **Mr Wilson** replied that everyone would like a pharmacist on tap. His service could not specifically replace a pharmacy in Blackburn itself but was a very good substitute.

7.22 **Mr Razzaq** referred to Mr Wilson's comments about a GP practice being needed to make a pharmacy viable. He pointed out that New Machar had a pharmacy but no GP surgery. **Mr Wilson** agreed that the situation existed and he was not there when the original decision was made so could not comment.

7.23 **Mr Razzaq** referred to the public consultation and the question of convenience. He asked if Mr Wilson would agree that the public did not understand the legal definitions and when they said "convenient" they could mean "required." **Mr Wilson** said the terms used in the consultation were loose but there was still a distinct lack of response. Mr Razzaq noted the in his experience, responses were never very good. This sentiment was echoed by Mr Robinson of Hatton of Fintray and Kinellar Community Council.

Having checked that Mr Razzaq had no further questions, the Chairman invited Mr Robinson to put the case on behalf of the Hatton of Fintray and Kinellar Community Council.

7.24 Mr Robinson stated that Mr Brown had presented to the Community Council in March where the concerns regarding the viability of the enterprise were raised and he had satisfied them that the business would be viable.

7.25 Mr Robinson referred to the transport links and noted that Blackburn was on the commuting route for Fintray residents to reach their destination. He pointed out that for them only the No37 bus could access the pharmacies. These buses were reasonable frequent, about every 20 minutes but the timings had become irregular so it was becoming more difficult to access pharmacy services.

- 7.26 He pointed out that a further complication arose when the pharmacy did not have all the items and people were told to come back the next day, which could be difficult. A pharmacy in Blackburn would be easier to reach and provide a better service.
- 7.27 He stated that the proposed location of the pharmacy was in an area of Blackburn which had a lot of footfall and was in one of the more densely populated parts of Blackburn. The Co-op also seemed to be busy and parking was not an issue.
- 7.28 For the above reasons, he believed that a local pharmacy would be convenient and useful and would get good local support.

This concluded Mr Robinson's presentation. The Chairman then invited questions from the other interested parties.

- 7.29 **Mr Ross** asked how the Applicant had satisfied the Community Council that the business was viable. **Mr Robinson** replied that he had assured them that he had a robust business case and that had to be taken at face value. **Mr Ross** observed that it had taken him 10 years to establish a business in New Machar and did not believe that it would work in Blackburn.
- 7.30 **Mr Ross** asked if the premises had been bought by the applicant or were rented as this could leave the business at the mercy of the landlord. **The Chairman** indicated that this was not an appropriate question for the Community Council.

Mr Ross had no further questions and the Chairman invited Mr Rassaq to put his questions to Mr Robinson.

- 7.31 **Mr Razzaq** asked Mr Robinson to confirm that the Community Council supported the applications. **Mr Robinson** replied that they had no complaints or concerns as it would improve access for residents and would be a good addition to the Community.

Mr Razzaq had no further questions and the Chairman invited Mr Wilson to put his questions.

- 7.32 Mr Wilson asked if the residents usually travelled in the direction of Aberdeen and if their normal route would be via Blackburn. Mr Robinson replied that residents would use different routes depending on what they wanted. He thought that they would have used Kintore in the past but now patients had had their GP practices switched, the centre of gravity was not in Gilbert Road. He noted that the handover of the prescription process was not as good as it could have been. A pharmacy in Blackburn would save trips to access services, especially the doctor when a minor ailment service was all that was required.

This concluded the verbal presentations. The Chairman then read out the written submissions.

- 7.33 Letter from the Chair of the Grampian Area Pharmaceutical Committee dated 9 September 2015 indicating that they had no objections to the application and were supportive.
- 7.34 E-mail from Mr Jonathan Graham, Robert Whitelaw (Abdn) Ltd, dated 9 October 2015 stating: *"After reading the other objection letters from the*

respected parties, we are in agreement that there is adequate provision of community pharmacy services covering the local area.

As stated in our objection letters, there are sufficient pharmacies within the area providing the same services that have been proposed by the applicant, Mr Brown.

With no GP surgery in Blackburn, or at the time of application no proposed plans for a surgery and with a previous application in 2006/2007 being rejected, we conclude that the application is not required or deemed necessary."

This concluded the presentations.

8 Summaries

- 8.1 **After the Chairman had confirmed that there were no further questions or comments from those present and participating in the hearing, the various parties were asked to sum up the arguments.**

The Chairman invited Mr John Ross of John Ross Chemists

- 8.2 **Mr Ross** stated that the application failed to be either necessary or desirable. The lack of response to the consultation further emphasised this. In addition NHS Grampian was financially stretched and did not need a further drain on their resources. In the current economic climate Aberdeen was not growing. He concluded by stating that the area was adequately supplied by pharmacies and asked that the application be rejected.

The Chairman then invited summing up from Mr Andrew Wilson of B A Christie.

- 8.3 **Mr Wilson** stated the application was not in the best interests of the community; at best it would be a convenience. He pointed out that there was a choice of services in various locations around Blackburn and while all would like a minor ailments service nearby, the granting of this application would be an unnecessary drain on NHS funding.

Mr Peter Robinson from the Community Council was then invited to provide a summary.

- 8.4 **Mr Robinson** confirmed that they supported the application.

Finally Mr Uma Razzaq was invited to sum up on behalf of the Applicant, Mr Kenneth Brown,

- 8.5 **Mr Razzaq** confirmed that the neighbourhood was the village of Blackburn which was the largest village in Scotland, in terms of population, without a pharmacy. There were no healthcare services or support services, other than the delivery of some prescriptions and this could not be considered adequate. The excessive distances to access services made the current service inadequate. He said that the application therefore met the legal test in terms of adequacy and necessity.

- 8.6 The lack of a GP surgery actually meant that there was a greater need for a pharmacy in a neighbourhood that had no existing healthcare services. The proposal had considerable support locally. In addition, there was more than enough of a population to make the pharmacy viable.
- 8 In conclusion, he stated that he believed that it was necessary and desirable to secure an adequate service to this neighbourhood and requested that the application be granted.
- 9 The Chairman asked if all felt that they had had a fair hearing. Mr John Ross indicated that he felt the timeframes were short and that he had had only two days to respond. The Chair noted the comment but indicated that that was not the question asked. All the parties agreed that they had had a fair hearing, the Chairman confirmed that the decision, including right of appeal, would be communicated in writing after the meeting.

At 1235 hours the interested parties to left to allow the committee to consider the evidence.

10 Committee deliberations on the Application, the presentations and all supporting documentation

- 10.1 The Committee undertook a full and wide ranging discussion regarding the Application, taking account of the presentations by the applicant and the interested parties, all of the supporting documentation available to it and relevant to the Application, which included: Application Form and supporting documentation provided by the Applicant and Consultation Analysis Report. In addition, the following information was considered: general information in relation to the Application, details of individuals invited to comment and representations received, responses in relation to the public consultation by the Health Board, letters/information from the local Council on proposed development in the area of the Application and a guide map of the area showing the premises, local pharmacies and GP Practices.
- 10.2 The Committee also took into consideration its obligations in terms of the Equality Act 2010, including the requirement to eliminate unlawful discrimination, harassment, victimisation and other conduct prohibited by the said Act, as well as to advance equality of opportunity between people who share protected characteristics and those who do not and to foster good relations between people who share protected characteristics and those who do not.
- 10.3 The Committee in considering the evidence submitted during the period of consultation, presented during the hearing and recalling observations from site visits, first had to decide the question of the neighbourhood in which the premises, to which the application related, were located. The Committee first discussed the neighbourhood.
- 10.4 The Committee agreed that the neighbourhood be that as defined by the applicant, namely the village of Blackburn itself. It was noted that there had been no dispute regarding this.

Adequacy of existing provision of pharmaceutical services and necessity or desirability

- 10.5 Having reached a conclusion as to neighbourhood, the Committee was then required to consider the adequacy of pharmaceutical services in 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.
- 10.6 The Committee agreed that there were no pharmaceutical services within the neighbourhood. There was an adequacy of dispensing through the delivery service but none of the pharmacies had indicated that this was anything other than a basic collection and delivery service. Therefore, the full range of services which pharmacists were expected to give was not available in the neighbourhood. In addition there was no medical presence in the village.
- 10.7 They considered whether these services were readily accessible and adequate out with the neighbourhood. They considered that these were inadequate for significant proportion of the old and young mothers with children who made do with what was there at the moment. If the aspiration for people to take more control of their own health then this could only be done if accessible and available local infrastructure had to be there to make this attainable. The Committee believed that people would be more likely to go to a pharmacist with a minor complaint if one was available.

At 1255 hours, in accordance with the statutory procedures, the Chair asked the non-voting members to leave the meeting to allow voting to take place.

11 Decision

- 11.1 For the reasons set out above, the Committee considered that the provision of pharmaceutical services in the neighbourhood was **inadequate** and that following from this, the granting of the application was both necessary and desirable in order to secure future adequate provision of pharmaceutical services in the neighbourhood in which the premises were located by persons whose names are included in the Pharmaceutical List.

At 1305 hours, the Chair invited the non-voting Committee members to rejoin the meeting.

- 11.2 The Chair, confirmed that a decision had been reached **grant** the Application. The reason for the decision was:
- There was no pharmaceutical service in the neighbourhood as defined by the Committee. Pharmacists out with the neighbourhood provided a basic collection and delivery service but not the full range of services expected to fulfil aspirations for the current and future health of the population. The service was therefore inadequate.
- 11.3 Having decided that current provision was inadequate, the granting of the application was therefore both necessary and desirable to secure the service for the future
- 11.4 The Chair of the Committee confirmed that the Board would be notified of the decision of the Pharmacy Practices Committee within the statutory timescale of ten working days. Thereafter, arrangements would be made for the Applicant and the Interested Party to be informed in writing of the decision of

the Committee, the reasons for the decision and their rights of appeal against the decision of the Committee.

The meeting closed at 1315 hours.

A handwritten signature in black ink that reads "Terry Mackie". The signature is written in a cursive style and is positioned above a horizontal line.

Signed: _____

Date: 2nd November 2015

Mr Terry Mackie, Chair
Pharmacy Practices Committee