



PHARMACY PRACTICES COMMITTEE

Application by **A & L Porter Ltd** for inclusion in the pharmaceutical list in respect of the address, Parkview, Pitmedden, Aberdeenshire, AB41 7PB.

The Pharmacy Practices Committee met at 11.00am on Friday 4th August 2017 in the Seminar Room, Summerfield House, Eday Road, Aberdeen to consider the above application in accordance with the National Health Service (Pharmaceutical Services) (Scotland) Amendment Regulations 2014.

In Attendance

Pharmacy Practices Committee

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| Dr Lynda Lynch | (Chair) |
| Ms Alison Davie | (Non-contractor Pharmacist – nominated by APC) |
| Ms Susanne Duncan | (Contractor Pharmacist – nominated by APC) |
| Mr Ken Manson | (Contractor Pharmacist – nominated by APC) |
| Dr Michael Steven | (GP – nominated by GP Sub Committee) |
| Ms Barbara Lamb | (Lay Member) |
| Mrs Leonora Montgomery | (Lay Member) |
| Mr Miles Paterson | (Lay Member) |

In Attendance

Mrs Lesley Anderson (Clerk to the Pharmacy Practices Committee)

1. At 11:00 hrs on Friday 4th August 2017 the Committee convened to consider an application for inclusion in the pharmaceutical list dated 1st June 2017, by **A & L Porter Ltd** in respect of the address, Parkview, Pitmedden, Aberdeenshire, AB41 7PB. A copy of the application had been circulated in advance to the Committee and all parties attending the meeting.
2. Written representations had been received from The Area Pharmaceutical Committee, Rowlands Pharmacy and the GP Sub Committee. The applicant and the interested parties were entitled to comment on the representations received.

The following written representations had been received and circulated with the hearing papers to the Committee. Those identified as Interested Parties who responded during the 30 day consultation had been provided with copies of written representations and the Consultation Analysis Report (CAR):

- a) Letter dated 27 June 2017 from Mrs Ann Smith, Chair – Area Pharmaceutical Committee
- b) Letter dated 10 July 2017 from Mr Stephen Thomas, Rowlands Pharmacy
- c) Letter dated 19 July 2017 from Dr Craig Beattie, Chair – GP Sub Committee
- d) Consultation Analysis Report (CAR)

3. The Committee had before them maps of the area surrounding the proposed premises detailing the location of the nearest pharmacies and GP surgeries, deprivation categories and population density. They had details of the numbers of prescriptions dispensed during the months 1st November 2016 – 30th April 2017 by the pharmacies nearest to the proposed premises and the number of prescriptions they dispensed that were issued from the GP surgeries closest to the premises during the months 1st November 2016 – 30th April 2017. The Committee were also provided with “Pharmacy Profiles” of the nearest pharmacies detailing opening hours, premises facilities and services offered.
4. Under paragraph 5(10) of the Regulations the Committee was required to decide 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.”
5. It had been confirmed prior to the meeting that the members present did not have an interest to declare. It was also confirmed the pharmacist representatives on the Committee nominated by the APC were not members of the APC.
6. The Committee agreed to invite the applicant, **A & L Porter Ltd** and those who were present who had made written representations to attend before them. They were:

Applicant

Mr Andrew Porter

A & L Porter Ltd

Interested Parties

Mrs Ann Smith

Chair, Area Pharmaceutical Committee

Mr Michael Church

Rowlands Pharmacy

The Open Session commenced at 1110hrs

7. The **Chair** began by welcoming everyone to the hearing and introductions were carried out. At this time the **Chair** advised all present that the meeting would be digitally recorded to ensure an accurate record of the hearing was obtained for the purposes of the minute. This digital recording would be deleted once the minute had been approved by the Board. No-one present objected to the hearing being digitally recorded.

The **Chair** went on to inform those present that late papers had been submitted for the proceedings. All parties present had been given sufficient time to read the papers and all agreed verbally they were happy for the hearing to proceed. The **Chair** also advised the applicant and interested parties of her role as Vice Chair of Aberdeenshire IJB. The **Chair** stated she had no involvement in the production of the response submitted by the Aberdeenshire Health & Social Care Partnership (HSCP) and felt she had no conflict of interest with the application. The applicant and interested parties all agreed verbally that the **Chair** had no conflict of interest and were happy to proceed.

8. The procedure adopted by the Committee was that the applicant made an opening submission to the Committee, which was followed by an opportunity for the interested parties present and the Committee to ask questions. The interested parties then made their oral representations and the applicant and the Committee then asked the interested parties questions. The parties were then given an opportunity to sum up. Before the applicant and interested parties left the meeting the Chair asked all parties if they felt that they had received a fair and full hearing. They confirmed verbally they had.
9. At 09:00hrs on Friday 4th August, 2017 the Committee undertook a site visit. The Committee noted the location of the proposed premises, the pharmacies nearest to the proposed premises, the nearest GP surgeries and the neighbourhood as defined by the applicant. The Committee also took note of the local amenities in Pitmedden, which included a primary school, church, small co-op store, village hall, pub, hotel, tennis courts, a bowling green, a car repair garage, a park and gardens.

Neighbourhood

10. The Committee noted the applicant, **A & L Porter Ltd**, had defined the neighbourhood in the application as the village of Pitmedden.
11. The Committee discussed the neighbourhood as defined by the applicant in the application and felt from their site visit and the applicant's definition of the neighbourhood, the applicant had not specifically defined the neighbourhood in the application. The Committee concluded the neighbourhood should be classed as the village of Pitmedden, bordered to the North, South, East and West by farmland and open fields.
12. The interested parties stated in their oral presentations their definition of the neighbourhood of Pitmedden to be the village bordered to the North, South, East and West by farmland and open fields.

Submissions

13. A & L Porter Ltd

Mr Porter commenced his oral presentation at 11:10 hrs.

On the face of it, this looks like an ordinary application for a new pharmacy in a rural village which currently has no pharmacy. But unfortunately it's a lot more complicated than that.

To explain why I say that, I need to explain the background to the application, the recent history of pharmaceutical services in the wider area, and why this application not only passes the Legal Test, but also provides a solution to the access problems which have arisen in this neighbourhood due to a quite unusual set of circumstances.

I think it's also extremely important for me to give some context to the representations this PPC has received from local Community Councils objecting to the application because these must be seen in this context.

Prior to the opening of Tarves Pharmacy in 2011, there were no pharmaceutical services in the area served by the Haddo Medical Group. Instead, the GPs operated three surgeries - one in Methlick, one in Tarves and one in Pitmedden. Each of these surgeries operated a dispensary, so residents of the three villages and the surrounding countryside could obtain their medicines from the surgery in any of the three villages.

Of course, what they couldn't obtain was proper pharmaceutical care - and for that reason the application to open a pharmacy in Tarves, the central of the three villages, was granted in 2010.

Soon after the granting of the application in Tarves, an application was made by the GPs at Haddo Medical Group to open a pharmacy within the health centre in Pitmedden. This application was enthusiastically supported by the Tarves Community Council, the Central Aberdeenshire LCHP, and the Udny Community Council. To quote the applicants: *"This application was made after careful consideration and consultation with the local Community Councils. It is with their support and encouragement that we have pursued this application".*

This application was refused by the PPC. Key to this refusal was the case put forward by the previous owner of Tarves Pharmacy that a pharmacy owned by the GPs would make the pharmacy in Tarves unviable.

With Tarves Pharmacy opened, NHS Grampian then had to consider what was to happen to dispensing services at Pitmedden and Methlick. Dispensing can only be allowed by GPs where there is a serious difficulty in accessing a pharmacy. As I've just told you, the PPC decided in December 2010 that patients in Pitmedden had no difficulty, in effect, in accessing a pharmacy. That's why they refused the Haddo Medical Group application. So therefore it would seem logical that they couldn't possibly have a serious difficulty in accessing a pharmacy. Incredibly, the Board decided that every single patient registered with the Haddo Medical Group, with the exception of those living within the confines of the village of Tarves, actually still had a serious difficulty in accessing a pharmacy.

This, quite simply, made no sense. Unsurprisingly, the then owners of Tarves Pharmacy challenged this decision and this ultimately led to the Board reversing that decision and informing the Haddo Medical Group that dispensing must cease for all patients except those living in the village of Methlick.

This decision was made after a long consultation and by a review group comprising a wide range of stakeholders and this was not taken well by the Haddo Medical Group. Their response was to give NHS Grampian notice that they were going to close Tarves Surgery. This led to a vociferous campaign, led by the community councils and 3 individuals, namely Chris York, David Hekalaar and Tamsin Morris who set up a 'Save Tarves Surgery' campaign.

In December 2012, with the support of the First Minister (and then local MP) NHS Grampian made the quite incredible decision to reverse the finding of their own review group and reinstate GP dispensing once again, to all patients who lived outwith the confines of the village of Tarves.

The PPC will, I'm sure, be aware that this decision was ultimately deemed unlawful by a Judicial Review at the Court of Session and now the Haddo Medical Group no longer dispenses to its patients.

But that wasn't all. On the very day that this decision was announced, another application was made to open a pharmacy in the Pitmedden Health Centre, this time it was going to be a 'community owned' pharmacy called the B999 Trust. The directors? Chris York, David Hekalaar and Tamsin Morris.

The intention of this company, as stated in the Ellon Advertiser on 7 December 2012 was for "*all profits to go back into local health services*". I think that meant all profits would go to the GPs and other local schemes.

Here's another interesting quote from that article:

Brian McDougall, secretary of the Udny Community Council said:

"If we leave the situation as it is, there is a danger that another chemist could come in and try to open a commercial pharmacy here, where all the profits from drugs would go to that pharmacy and potentially out of the area."

Once again, this application was enthusiastically supported by the community councils, the GP practice and most importantly the residents of Pitmedden.

The only main dissenting voice was the owner of Tarves Pharmacy who, once again, argued that the two villages of Tarves and Pitmedden could not financially support two community pharmacies.

Again, the application was refused.

So today I'm going to quote from the minutes, because I believe this reasoning is of absolute importance today:

“The area could not support two pharmacies in adjoining neighbourhoods and if the contract was awarded it would have a detrimental effect to sustainability and viability on existing pharmacy services over a prolonged period of time”.

This is the crux of this application and it's also what makes this application unusual.

Here's the problem. It's fair to say that for patients who live in Pitmedden, having to get to Tarves to access a pharmacy is unreasonable. Their pharmaceutical service is inadequate. Equally, if the pharmacy was in Pitmedden it would also be unreasonable to expect residents of Tarves to get to Pitmedden to access a pharmacy. But the problem is, there are insufficient numbers of patients in the combined area to allow for a secure NHS pharmaceutical service in both villages.

So today I am going to present the solution to the problem, a solution that has been discussed with NHS Grampian, a solution that is also used elsewhere in NHS Grampian and a solution that can only work where one single contractor who owns both pharmacies.

This solution is, of course, quite simple. What I propose is to operate a single pharmaceutical service across two sites, giving the residents of both Tarves and Pitmedden access to a pharmaceutical service six days a week in their own village.

As I said, this is all important because the objections to this application must be seen in the context of the past seven years of campaigning. A campaign that was against a pharmacy in Tarves, then unsuccessful campaigning for dispensing services to remain, and finally and most ironically, unsuccessful support of the two previous applications to open a pharmacy in Pitmedden.

With that in mind, I'll go through the Legal Test.

Neighbourhood

The defined neighbourhood is that previously determined by the PPC on two previous occasions that being the village of Pitmedden (including Milldale) which is surrounded on all sides by open countryside.

Existing Services

The vast majority of residents of the neighbourhood currently access NHS pharmaceutical services at Tarves, Ellon and Oldmeldrum. A very small number may be registered with the branch surgery at Udny Station and may obtain medicines from the dispensary at this practice.

Adequacy of Existing Services

If I can refer to the CAR, I'll just give you some headline statistics. You will note that we had almost 100 responses, which is actually extremely good for a pharmacy application. I was told it was the highest number of responses ever received in NHS Grampian. I'll not go into any detail, but some of the figures are:

- 78.5% think there are deficiencies in services in Pitmedden.
- 68.8% do not think there would be any negative impact of a pharmacy opening.
- 77.4% believe that the pharmacy will have a positive impact.

The consultation included responses from not only residents of Pitmedden, but also from residents of Tarves and any others who wished to respond to the consultation.

The key themes are that there is a good level of support for a new pharmacy and a new pharmacy will provide patients with better access to medication.

Let's look at the population of the neighbourhood. There are around 1500 people living in Pitmedden.

There is a primary school, with over 220 pupils. There is a sheltered housing complex, a training centre for adults with learning difficulties, a village hall with playgroup, a Post Office/ General Store, a hotel, a mini-supermarket, a number of sporting clubs, and generally the sort of things you would expect in a semi-rural village of this size. And finally, there's the main Health Centre for the Haddo Medical Group.

The demographics are quite ordinary with respect to this part of Aberdeenshire, most people will be in employment or retired. Most have access to a car, but many parents with young children will not have access to a car during the day. Many elderly people will no longer use a car.

So, how do these people currently get to a pharmacy?

Fortunately, a detailed paper was produced on exactly this subject in 2012 by the Udny and Tarves Community Councils. I am unaware of any significant change in circumstances since then which would invalidate these findings. These were:

- 13% of households have no car (taken from the Scottish Neighbourhood Statistics).
- In a survey of residents (by the Community Councils) of 414 valid responses where 38%- 46% have limited or no access to a car.
- Limited daytime access to cars and limited car ownership results in more than one third of residents being unable to drive to a pharmacy during the day.
- Public transport is available, but the problem is not getting to a pharmacy. The problem is getting there, obtaining pharmaceutical services then getting back that's the main problem. Planning a round trip is complicated and can take a considerable time.

For example, the closest pharmacy (my one at Tarves) can be accessed by an hourly bus service. However, this can make planning a trip complicated because a patient needs to get back to Pitmedden, the overall time of such a trip can often be much longer than is acceptable.

I don't think there's any doubt that patients in Pitmedden do not have an adequate pharmaceutical service. You may of course ask why two previous applications were refused? I think I've answered that, but let's just go over it again.

Pitmedden has a population of 1500 people. There is no real deprivation and the population is not skewed towards the elderly. A population such as this would not financially support a full-

time NHS community pharmacy. But remember, a neighbourhood is not a catchment area. A pharmacy in Pitmedden would have a catchment area well beyond the confines of the neighbourhood, most obviously the village of Tarves. If there was no pharmacy in Tarves then a pharmacy in Pitmedden would certainly be viable. The problem is, you can't have two.

Previous applications were wisely refused by the PPC because in a competition between a pharmacy in Tarves and a pharmacy in Pitmedden, this would inevitably lead to the closure of one.

Only this proposal removes that problem. There will be no competition, because they will both be owned and operated by the same contractor.

So, what is the proposal?

You will note from my application that I propose to open from 9am-6pm Monday to Friday and 9am-1pm on a Saturday as required by the Board. The reason I have stated these hours in my application is that my understanding is that for an application to be granted by the PPC, the pharmacy must be opened for those hours specified by the Board's Model Hours Scheme.

This is not, in fact, the hours I ultimately intend to operate.

If this application is granted, I will then apply to NHS Grampian's Area Pharmaceutical Committee to amend the hours of both the Tarves Pharmacy and the Pitmedden Pharmacy in order that both pharmacies can be operated in a complimentary way which will be financially sustainable. The APC do have the ability to allow this in certain circumstances and indeed, this already happens in similar locations in NHS Grampian. For example, the villages of Strichen and New Pitsligo and the villages of Hopeman and Burghead. In both of these cases the parallels with Pitmedden and Tarves are striking.

In the two examples I have given:

- Both villages have between 100-1500 people
- Both villages are roughly 2-3 miles apart
- The pharmacies in each of these village are not full time hours
- Crucially the pharmacies in both villages are run by the same operator.

So, the total hours the two pharmacies operate will be significantly more than the current Tarves opening hours, but will be less than double the opening times. It's this simple fact which makes the proposal viable, because the single biggest cost to a pharmacy is staff.

I'm not going to go into the details at this point, because with respect, exactly how this will be managed and agreed with NHS Grampian will be for the APC to determine. Only they can give me permission to amend my hours in order to make this proposal work for the benefit of all patients in the combined neighbourhoods of Tarves and Pitmedden.

To return to the Legal Test, it is my contention that services in Pitmedden are inadequate, but in normal circumstances an application should not be granted as this would not secure an adequate pharmaceutical service because a war of attrition between a pharmacy in Tarves and a pharmacy in Pitmedden would result in one of the two closing and so the Test would be failed.

But these are not normal circumstances and my proposal solves this viability problem and allows the PPC to grant the application.

Finally, I would like to say a few words about this being a Controlled Locality.

I have been told that this application is in a controlled locality, although it was not when I made this application. In fact, it was only last month that I was notified that the Board had defined a controlled locality for the Udny Station dispensing surgery.

Although I have tried, I have been completely unable to interpret the geographic description of the controlled locality and I can't work out if all of Pitmedden is in it or not.

That said, I am pleased that the GP Sub Committee and Scotstown Medical Group have recognised that Pitmedden should not be prevented from having an adequate pharmaceutical service just because a small number of residents happen to be registered with the Udny Station branch surgery.

I am also pleased that the application is supported by the APC. I'm not sure if the APC actually realise that they have supported the application, but in their findings they believe that it is desirable to have a pharmacy in Pitmedden then it follows that the application passes the Legal Test.

So in summary:

- The population of both villages is not enough to support 2 full time pharmacies.
- The current situation where the pharmacy is in Tarves and the Surgery is in Pitmedden is 'unusual'.
- There are poor public transport links, only one bus per hour which can make it difficult for patients getting from the surgery in Pitmedden to the pharmacy in Tarves and back again.
- The current pharmaceutical services in Pitmedden are inadequate.
- There is obviously a need for and strong support for a pharmacy in Pitmedden.

This can be shown by the fact the local community and the community council lobbied so hard to get a pharmacy in Pitmedden and have tried twice unsuccessfully to open a pharmacy in the village.

It can also be shown from the CAR report where there is 80% approval for a new pharmacy. This was based on the opinions from residents living in both villages because a lot of the residents of Tarves travel to Pitmedden surgery and would find it easier to collect their prescriptions in Pitmedden.

The opening of a pharmacy in Pitmedden is both necessary and desirable.

Although the proposed new pharmacy is located in a controlled locality, you will see that the surgery who are most likely to be affected have no problem with the opening of a pharmacy in Pitmedden and I certainly have no desire to close down the dispensary at Udny Station.

The solution is my proposed model of opening between the 2 villages. A proposed model of opening that has already been utilised elsewhere in Grampian and has proven to be very

effective in Strichen and New Pitsligo and also Burghead and Hopeman. Similar sizes of village, located similar distances apart and most importantly, operated by a single contractor.

This application is the first in this area to have the support of both the APC and the GP Sub Committee and I am sure will be the beginning of a closer and more effective partnership between pharmacy and General Practice in this part of Aberdeenshire.

This is the solution to a long running problem and I would respectfully ask the PPC to grant the application.

This concluded the submission on behalf of A & L Porter Ltd at 11:30 hrs.

Questions

14. The Chair invited questions to Mr Porter from the other interested parties.

In Answer to Questions from Mr Church, Rowlands Pharmacy

Mr Church asked Mr Porter how many pharmacies he operates at the moment. Mr Porter replied by stating he has 8 pharmacies.

Mr Church asked Mr Porter what percentage of prescriptions being dispensed by Tarves pharmacy was for patients of the Haddo Medical Group. Mr Porter replied by stating he thought it was around 68%.

Mr Church asked how Mr Porter's working relationship with Haddo Medical Group was. Mr Porter stated he has a very good working relationship with the Haddo Medical Group.

Mr Church asked Mr Porter about employment and car ownership in Pitmedden and to clarify his statement regarding the relatively low unemployment rate in Pitmedden and that there was one car per household in Pitmedden. Mr Porter responded by stating he took his figures from the survey conducted in 2012 by the Tarves and Udny Community Councils where 13% of residents own a car and 38-46% of residents have limited or no access to a car. Therefore there was limited daytime access to pharmacy services by approximately one third of the population of Pitmedden. This explains why approximately 68% of the prescriptions dispensed by Tarves pharmacy were for residents of Pitmedden.

Mr Church asked Mr Porter if there is a bank in Pitmedden. Mr Porter replied that he was unsure if there was a bank in Pitmedden and he would need to check.

Mr Church asked if there was a supermarket in Pitmedden. Mr Porter replied by saying there was a local store and a mini-supermarket.

Mr Church asked Mr Porter if he felt most residents of Pitmedden leave the village to do their banking and weekly shopping. Mr Porter replied by saying that some of the population who commute into Aberdeen will shop outwith the village, but there is a percentage of the population who would find it difficult to travel outwith the village and would do their shopping at the local store and mini-supermarket, approximately 38%-46% of the population.

Mr Church asked Mr Porter if the high employment rate in Pitmedden was for those commuting rather than working locally. Mr Porter replied by stating he felt it was not the majority of the population and if you looked at the figures from the 2012 survey, the normal demographics show those who remain in the village are mainly the elderly and also single mums and mums with children who do not have access to a car.

Mr Church asked Mr Porter to confirm if the majority of those commuting would access services outwith the village, including accessing existing pharmacy services. Mr Porter replied saying those who fall within this category would access services outwith the village.

Mr Church asked Mr Porter a question regarding viability relating to what percentage of prescriptions dispensed in Tarves at present were for residents of Pitmedden and did Mr Porter count on continuing to dispense for these patients of Haddo Medical Group? Mr Porter replied by stating the dispensing would be provided between the two sites by one contractor for the 1500 population of Pitmedden and the 1000 population of Tarves. Mr Porter also said he had not put a figure on this as 98% of the patients registered with Haddo Medical Group lived in Pitmedden. Mr Porter therefore estimated that around 50% of the prescriptions dispensed in Tarves would still be dispensed there.

Mr Church asked Mr Porter about the GPhC standards for registered pharmacies "*The way in which pharmacy services, including the management of medicines and medical devices, are delivered safeguards the health, safety and wellbeing of patients and the public.*" Mr Church asked Mr Porter if his pharmacy will be able to do this given the reduced hours the pharmacy will be open and have a pharmacist present? Mr Porter stated yes, absolutely and the opening hours of the pharmacy would be as stated in the application until such time approval is given for reduced hours to be put in place. Mr Porter also stated this is not to do with the hours the pharmacy will be open, but the viability of the pharmacy and if it is necessary and desirable. It has been proven over the past 15-20 years, this works exceptionally well as quoted earlier for the service provided in the villages of Strichen and New Pitsligo plus Burghead and Hopeman. They both have two pharmacies in the exact same situation as Pitmedden and Tarves and this works exceptionally well. Mr Porter stated he has already discussed his proposal with NHS Grampian.

Mr Church asked Mr Porter if he saw any downside for the residents of Tarves. Mr Porter replied no, as the actual pharmacies in Tarves and Pitmedden will be open from 9am-6pm and it will be the registered pharmacist on duty who will be working between the two premises so patients can still collect prescriptions all day from 9am-6pm. Mr Porter also stated a lot of patients travel from Tarves to Pitmedden to the Haddo Medical Group and if they receive an acute prescription from the surgery, they will be able to go to the pharmacy 200 yards up the road rather than going back to Tarves to have their prescription dispensed. There is also a full time delivery van which can be used if a patient of Tarves pharmacy was unable to collect their prescription from the surgery in Pitmedden, as the van could be used to collect the prescription on behalf of the patient.

Mr Church asked Mr Porter about the Responsible Pharmacist Regulations and the fact Mr Porter had indicated there would be days in the week when a pharmacist would not be on duty between 9am – 6pm in each Pharmacy. Mr Porter stated there would be a pharmacist on duty at some point in either pharmacy every day between 9am – 6pm. Mr Church again asked how many hours per day there would be a responsible pharmacist present in each pharmacy. Mr Porter replied by stating, with respect it was the job of the PPC to look at whether the proposed

pharmacy was viable, necessary and desirable and the hours were irrelevant. This was something for the APC to decide if the hours a pharmacy was open could be changed and this was not relevant to this discussion. Mr Church stated he felt it was entirely relevant for this discussion taking place and he thought it was the role of the PPC to make a decision if a pharmacy was necessary and desirable and not on whether a pharmacy would be viable.

Mr Church again stated he wished clarification regarding the Responsible Pharmacist Regulations as they allow for the absence of the responsible pharmacist for up to 2 hours per day as an exceptional circumstance. Mr Porter replied by stating the responsible pharmacist would sign out of one pharmacy to travel to the other, meaning there would not be a responsible pharmacist on duty in both pharmacies at the same time. Mr Church asked if the responsible pharmacist signed out of one pharmacy, would it mean patients were unable to collect prescriptions that had previously been bagged and checked. Mr Porter replied by stating the pharmacies would be run in the same way as Strichen and New Pitsligo in that the dispensary is registered as a pharmacy and the front shop is not registered. So if everything has been bagged and checked, it would operate in the same as other collection and delivery services in Aberdeenshire where bagged and checked prescriptions are collected from pre-arranged collection points such as post offices. However, NHS Grampian is not particularly keen on this arrangement. There would be a fully qualified member of staff on the counter meaning that if everything was bagged and checked, prescriptions could still be collected between 9am – 6pm from the pharmacy.

Mr Church stated he was unfamiliar with this type of service and it was clarified for his information this is called a “local collection arrangement” service whereby specific pharmacies in rural locations have a local enhanced service agreement with their Health Board to provide collection and delivery services. Mr Porter stated his pharmacy in Cruden Bay take part in this service for patients in Hatton who cannot travel to Cruden Bay to collect their prescriptions and these are now delivered to the surgery in Hatton, but they had previously been delivered to the post office in Hatton for collection. This means the prescriptions can be handed out to patients, which is not ideal. However, trained staff will be on duty in both Tarves and Pitmedden pharmacies to hand over prescriptions to patients.

The Chair asked Mr Church to prioritise his questions and he stated this would be his last question to Mr Porter.

Mr Church asked from a patient safety perspective if a patient is collecting prescription and has a medicines related query where a trained member of staff was present but no pharmacist, did Mr Porter see this as an issue? Mr Porter replied by stating the trained member of staff could phone either Tarves or Pitmedden to contact the pharmacist or they could wait until the pharmacist came in. If there was a problem flagged up this would be noted before the prescription was ready for collection.

Mr Church asked Mr Porter if he had evidence of this working elsewhere. Mr Porter replied that it works in Strichen and New Pitsligo plus in Burghead and Hopeman. There is also the local collection scheme NHS Grampian has put in place which would not have been set up if it did not work.

Having ascertained that Mr Church had no further questions, the Chair then invited questions from Mrs Smith.

15. In Answer to Questions From Mrs Smith, Area Pharmaceutical Committee

Mrs Smith asked Mr Porter how they would safeguard and look after the public who come into the pharmacy for acute pharmacy services if a pharmacist was not present or if a patient came into the pharmacy with an ad-hoc query or a new condition. For example, a patient who would have collected a prescription from a post office would not ask for advice on an acute condition from the post office staff. Mr Porter replied saying in those circumstances; the pharmacist would be just down the road at the other pharmacy to answer a query over the phone and if it was anything that needed delivered there is always the delivery van. Also the hours the pharmacy would be open, if you look across anywhere rural, services are being reduced everywhere including post offices reducing hours and small shops closing. People become familiar with opening hours and plan their day so every single day they are going to have access to a pharmacy in both villages if this application goes ahead. We don't know at this stage how much access patients will have, it could be 1½ pharmacists, so perhaps both pharmacies would be open from 9am – 3pm or staged like that. At the moment, people in Tarves are used to having to go to Pitmedden to the surgery and some patients have indicated it is time consuming having to wait until they can get back to Tarves to have their prescription dispensed, especially if they were planning on going from the surgery into Aberdeen. If there was a pharmacy in Pitmedden, patients could just pop in there to have their prescriptions dispensed. Patients will know the opening times of the pharmacy in Pitmedden and Mr Porter said he would need to discuss what the opening hours will be, although he did put this in the consultation because he had to let the public know what the minimum opening hours would be. Mr Porter said he had applied for the maximum opening hours as required under NHS Grampians Model Hours Scheme and he fully thinks the opening hours will be somewhere in between the maximum and minimum hours detailed in the consultation, but felt it would be a good 5-6 hours a day to access a pharmacy in both villages, with both pharmacies being open 9am-1pm on Saturdays. Someone might come in for about 2 hours, but in rural locations people are used to having reduced services and it's not like living in a big city. If both villages realise they are going to get 5-6 good hours of service per day, residents will plan their visits around these hours.

Mrs Smith asked Mr Porter at what point he would be able to identify the opening hours. Mr Porter said that if the application is granted, both pharmacies will be open full time to start with, then after a six month trial to work out how many prescriptions were coming through each pharmacy. He would then contact the APC with all the data collected to see what they think about the reduced hours being adopted for both pharmacies. It would depend on foot fall and how the buses work.

Mrs Smith stated it is not solely the APC who make the decision, but also involves the GP Sub Committee, HSCP and the Director of Pharmacy via Primary Care Contracts and it's not a given that a pharmacy would be granted a reduction in hours. Mr Porter said if the request to reduce hours of the pharmacy in Pitmedden was declined, the pharmacy would remain open for the contracted hours and although he would not receive such a big return on his investment it would still be viable. Mr Porter advised the Committee and Interested Parties that he had purchased a house in Pitmedden for which outline planning permission had been granted by Aberdeenshire Council to convert it into a pharmacy. Mr Porter then handed round a set of architectural plans for those present to look at.

Mr Smith asked Mr Porter what would happen if someone came in for emergency contraception and there was no pharmacist available? Mr Porter said if the patient attended Tarves

Pharmacy, they would be directed to Pitmedden and vice versa. If the patient was really upset and said they couldn't get to the pharmacy which had a pharmacist on duty, Mr Porter said they would pay for a taxi to take the patient there and back to receive treatment.

Having ascertained that Mrs Smith had no further questions, the Chair then invited questions from the Committee.

16. In Answer to Questions From the Committee

Mr Porter was asked about the comparisons between the other services provided at Strichen and New Pitsligo and Burghead and Hopeman and the fact he stated these services worked very well. Also, did Mr Porter have any evidence in support of this? Mr Porter replied saying he said the local population think this service is really good. He has spoken to Mr Webster who owns Strichen and New Pitsligo pharmacies and also the Central Buchan Medical practice who both said the service works really well between the two villages. Mr Porter said he had asked if any issues with the service, to which both Mr Webster and Buchan Medical Practice said no as this service has been running for quite a while and patients were aware of the opening hours for the pharmacies in the villages. The arrangements in Strichen and New Pitsligo gives the whole neighbourhood access to pharmaceutical care for people who can't possibly make the trip.

Mr Porter was asked if there were any problems anticipated with the service he proposed to provide. Mr Porter replied by saying the Pharmacy Inspector had a query regarding the local agreement, but after checking this, the Pharmacy Inspector was happy. Having the back-up of a full-time delivery van had also been taken into account when preparing the application as the collection and delivery service is available for people who are housebound.

Mr Porter was asked to confirm there was a delivery service from Tarves Pharmacy to Pitmedden on a daily basis. Mr Porter replied saying yes this is used to deliver prescriptions to anyone who cannot access public transport between Pitmedden and Tarves to collect their prescriptions. Mr Porter also confirmed delivery was for those patients living within the catchment area of Haddo Medical Group as it would be impossible to deliver to everyone requesting a home delivery.

Mr Porter was asked if the application was granted based on the full opening hours, would he keep the pharmacy open if his request for reduced hours was declined. Mr Porter stated he would, although it was not what he would choose to do and he would not have applied if he felt the reduction in hours would not be granted. Mr Porter also said it's his gamble, although there wouldn't be a good return on his investment.

Mr Porter was asked about only registering the dispensary area of the pharmacy and how this would work for items such as controlled drugs and fridge lines. Mr Porter said the controlled drugs and fridge items would probably have to be delivered if there was no pharmacist on duty when the patient came to collect their prescription.

Mr Porter advised the Committee that the dispensary will have a shutter which will be closed when a pharmacist is not on duty, making it very safe and secure. There would be a sign in the pharmacy stating the hours a pharmacist will be on duty for collection of prescriptions, advice and support. Mr Porter confirmed members of the public could still purchase over the counter medicines from the pharmacy section of the shop when a pharmacist was not on duty as long as they were in the main shop and not the secured dispensary area. However, neither

prescription only medicines (POM) or pharmacy only medicines (P) could be dispensed when a pharmacist was not on duty.

Mr Porter was asked if he could provide the name of the people from NHS Grampian who he had discussed his plans with for a reduction in hours as he had indicated earlier NHS Grampian was supportive of this or was his plans around the contractual arrangements. Mr Porter felt it was ultimately the APC who approved his plans, but the person he had discussed this with felt it was the best solution for the problem with Pitmedden and Tarves. Mr Porter also said with the other two examples provided, his model fits this perfectly with exactly the same distance between villages and population sizes. Mr Porter confirmed he knew it wasn't the individual support from the people he had discussed his plans with, but it was broader than that. Any request for a reduction in hours has to be made via Primary Care Contracts and decided by the APC, GP Sub Committee, Director of Pharmacy and Aberdeenshire Health and Social Care Partnership. Mr Porter again confirmed any application for a reduction in hours would not be made straight away, but after a period of not less than 6 months. This would be after the data had been collected on footfall and prescriptions for both Tarves and Pitmedden. Mr Porter confirmed the details in the public consultation had stated both the maximum and minimum hours the proposed pharmacy in Pitmedden would be open.

Mr Porter was asked about the objections from Foveran, Methlick and Tarves Community Councils in their responses where they indicated a reduction in service provision and how would he reassure them this was not the case. Mr Porter replied by saying when he met with the Community Councils, their main concern was that he planned to open a pharmacy in Pitmedden and close the one in Tarves. Mr Porter gave the Community Councils his word this was not what would happen and that to start with, Pitmedden would be open from 9-6 until such time a reduction in hours was granted. Mr Porter went onto say there is still a lot of residual anger from the opening of Tarves pharmacy, especially from patients in Methlick as the hours operated by the Methlick branch surgery have been reduced considerably over the past few months. A lot of the population in Methlick still blame this on the fact Tarves pharmacy opened resulting in the branch surgery in Tarves being closed and their fear that the branch surgery in Methlick will close. As there is so much anger, Mr Porter said that was why he wanted to put this into context. Previous applications for a pharmacy in Pitmedden were hugely supported due to the anger of patients at the closure of Tarves branch surgery and this dispensing doctor service, to the point the pharmacist at Tarves pharmacy had their tyres slashed and the pharmacy sign was torn down.

The Chair reminded Mr Porter he was not to go over historical details, but to answer the question on how he was going to reassure patients that both pharmacies would remain open. Mr Porter confirmed that no pharmacy would be closed if this application is granted.

Having ascertained the Committee had no further questions, the Chair then invited the Interested Parties to make their representations.

Interested Party Submissions

The Chair invited Mr Church to make the representation on behalf of Rowlands Pharmacy.

17. Rowlands Pharmacy

Mr Church commenced his oral presentation at 11:58 hrs.

Thank you for allowing me to represent the views of Rowlands Pharmacy as to why we believe a pharmacy in Pitmedden is neither necessary nor desirable.

In order to cover the legal test, I will first address the issue of neighbourhood. Rowlands are in agreement that the village of Pitmedden is a distinct neighbourhood. Bordered to the north, south, east and west by open fields and countryside.

In my view the applicant has not complied with the regulations for applying to providing pharmaceutical services in Scotland. With reference to the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 and the Amendment Regulations in 2011, the applicant must describe the pharmaceutical services he intends to offer and the hours in each day he intends to provide such services. The applicant clearly states he intends to provide the services listed 9-6 Monday to Friday and 9-1 on Saturday. However, it is clear from the Consultation Analysis Report that this is not in fact the case and that the intention is actually to provide the services listed about 50% of the time. I believe this alone renders the application non-admissible.

My concern about the entirely ambiguous nature of the opening times information included in the Consultation Analysis Report (CAR) is shared by Grampian Area Pharmaceutical Committee as noted in their submission. One respondent to Q5 says 'extended service can only be a good thing'. How can everyone here today be sure this person has fully understood that granting this application would lead to a significant reduction in services in neighbouring Tarves? I fail to see how the responses to the CAR can be considered valid given the ambiguous nature of the information provided by the applicant.

It would seem that for many respondents to the public consultation pharmacy services in Pitmedden are a question of convenience, rather than necessity or desirability. For example, some responses received said 'people will have more time to do other things than collect prescriptions, it would be handy and that a new pharmacy would contribute to efficient running of village. I am sure if most people were asked if they wanted a new pharmacy at the bottom of their street the majority would reply yes. These arguments do not satisfy the legal test and as such cannot be considered.

The applicant states that current provision of pharmaceutical services in Pitmedden is inadequate. If this is the case, why has he chosen to apply for a pharmacy contract for half the week? Is current provision adequate on a Saturday afternoon and a Sunday but not on a Saturday morning?

A contract application for the village of Pitmedden in 2013 was deemed neither necessary nor desirable. It is our belief that the demographics of the village have not substantially changed since the last application. The applicant makes much of the business case and potential

'viability' of a new pharmacy. The legal test does not account for such arguments and therefore cannot be considered here today.

The applicant states that 'patients will still be able to collect medicines that have been made up when the pharmacist was previously on duty'. In my view, the Responsible Pharmacist regulations set out by GPhC clearly says this activity requires the 'physical presence of a pharmacist being able to advise and intervene'. From a patient safety perspective, what if a patient has a medicines related query at the point of collection that only a pharmacist can answer? This scenario is clearly far from ideal.

Speaking more broadly, is having half day pharmacy services really appropriate for twenty first century healthcare? The document 'Pharmacy in 2020: Director's view' sets out the David Pfleger's vision (Director of Pharmacy & Medicines Management, September 2012). In it, he mentions 'Community pharmacy has retaken its role as the primary source of medicines information to the general public. Callers to NHS 24 are now directed to their registered pharmacy for medicines related advice and treatment about minor ailments and self limiting illnesses'. Did he envisage these services would only be provided on a part time basis? I think not.

Now considering Rowlands Pharmacy in Ellon, a thriving community pharmacy. Led by our pharmacist Sarah Patterson, the team provide all core elements of the pharmacy contract. Enhanced services offered include supervised administration, advice and dispensing medicines to care homes, UTI service and a private flu jab service. At Ellon we collect prescriptions from Haddo Medical Practice in Pitmedden 3 times per week (Monday, Wednesday and Friday) and deliver to those who need it on a daily basis when required. In addition, the team was recognised for their hard work and dedication at the Scottish Pharmacy Awards in November 2016 where they won 'Pharmacy Practice of the Year (Multiples)' as well as an award recognising excellence in 'Pharmacy and GP partnership working'. Clearly the population of Pitmedden use pharmacy services in Ellon and the surrounding area and will continue to do so.

With reference to the arguments put forward today, I believe it is clear that a new pharmacy in Pitmedden is neither necessary nor desirable and request that this application should be declined.

This concluded the presentation from Mr Church at 12:03 hours.

Questions

The Chair invited questions to Mr Church from the applicant and other interested party. Mr Porter of A & L Porter Ltd was invited to question Mr Church.

18. In Answer to Questions from Mr Porter, A & L Porter Ltd

Having ascertained that Mr Porter had no questions, the Chair invited questions from Mrs Smith.

19. In Answer to Questions from Mrs Smith, Chair – Area Pharmaceutical Committee

Having ascertained that Mrs Smith had no questions, the Chair invited questions from the Committee.

20. In Answer to Questions from the Committee

Mr Church was asked to confirm the collection service provided by Rowlands Pharmacy in Ellon to the Haddo Medical Group in Pitmedden. Mr Church confirmed a collection service from Haddo Medical Group in Pitmedden is carried out three times per week on a Monday, Wednesday and Friday. This would be increased if necessary and the only reason Rowlands Pharmacy collect three times per week is this is all that is required.

Mr Church was asked if he could confirm the percentage of prescriptions Rowlands Pharmacy collect from Haddo Medical Group and he replied is was less than 10%.

Having ascertained there were no further questions from the Committee, the Chair invited Mrs Smith of the Area Pharmaceutical Committee to commence her oral presentation.

21. Area Pharmaceutical Committee

Mrs Smith commenced her oral presentation at 12:04 hrs

At the Area Pharmaceutical Committee (APC) meeting held on 27th June 2017 the application for a pharmacy in Pitmedden was discussed.

The decision, as described in the letter submitted to Primary Care Contracts, was that APC agreed it was desirable to have a pharmacy in the neighbourhood of Pitmedden, but not necessary given the proximity of Tarves pharmacy which is open for the pharmaceutical scheme of hours and provides comprehensive pharmaceutical services.

In relation to the Application for Inclusion in the Pharmaceutical List, the APC were concerned it is not clear that the listed pharmaceutical services will not be provided during the hours of 9-6pm Monday to Friday and 9am to 1pm on Saturday as stated on the application and for only part of these hours.

In the Joint Public Consultation process the applicant indicated that if a contract was awarded to Pitmedden, the intention would be to have a pharmacist for half a day at each of the pharmacies in Tarves and Pitmedden, meaning reduced pharmaceutical services would be provided at both Tarves and also Pitmedden pharmacies.

While the APC appreciated the applicant had stated he wished to provide reduced hours in the Joint Public Consultation process (which would be subject to Health Board approval), the Committee was concerned that this was not fully understood by the public and other healthcare professions and it was not clear in the application for Inclusion on the Pharmaceutical List. This was highlighted by some of the comments recorded in the Consultation Analysis Report.

The APC understands the applicant will make provision for patients to collect their prescriptions at Pitmedden when the pharmacist is not on the premises. Community pharmacists can now provide many more services other than dispensing prescriptions and these cannot be provided if a pharmacist is not on the premises, in particular the acute services such as Minor Ailments

Service, Emergency Hormonal Contraception, Unscheduled Care and Trimethoprim Patient Group Direction. It can be confusing for the public to understand what pharmaceutical services are available when a pharmacist is not on the premises.

In the interests of the public and the profession, the APC would ask if the PPC award a contract, to ensure there is clarity on the opening hours, the pharmaceutical services provided at each location during these hours and that appropriate safeguarding and signposting is in place for members of the public attending the pharmacies when a pharmacist is absent.

This concluded the presentation from Mrs Smith at 12:08.

22. Questions

The Chair invited questions to Mrs Smith from the applicant and other interested party.

23. In answer to Questions from Mr Porter, A & L Porter Ltd

Having ascertained that Mr Porter had no questions, the Chair then invited questions from Mr Church.

24. In Answer to Questions from Mr Church, Rowlands Pharmacy

Having ascertained that Mr Church had no questions, the Chair invited questions from the Committee.

25. In Answer to Questions From the Committee

Having ascertained the Committee had no questions, this concluded the oral presentations.

Summing Up

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

The Chair invited summing up from Mrs Smith of the Area Pharmaceutical Committee.

26. Mrs Smith representing the Area Pharmaceutical Committee summed up by making the following points:

From a professional point of view the APC recognise whilst it may be desirable to have a pharmacy in Pitmedden, if the contract is awarded, safeguarding must be put in place from the beginning for members of the public attending the pharmacy when a pharmacist is absent to ensure they are aware of what pharmaceutical services are available and at what times.

The Chair then invited Mr Church to sum up on behalf of Rowlands Pharmacy.

27. Mr Church summed up by making the following points:

Mr Church summarised by stating that due to the ambiguous nature of the opening times and services available during these times and the information provided by the applicant and the non-compliance with the regulations for an application to provide pharmaceutical services, this application should be declined.

The Chair then invited summing up from Mr Porter of A & L Porter Ltd.

28. Mr Porter, A & L Porter

Mr Porter said the Legal Test stated an application should only be granted if it is desirable and necessary. To start with, the APC have said the application is desirable and as long as everything is signposted and all the safeguards are in place, which absolutely will be before the pharmacy opens. As previously stated the pharmacy will be opening from 9am – 6pm Monday to Friday and 9am – 1pm on a Saturday for a minimum of six months until all the correct data can be collected. Only then will an application be submitted to the APC and all other relevant parties about a reduction in opening hours. Mr Porter confirmed he did state a morning and then an afternoon in the application, but this was because he had to state the bare minimum. However, the reduction in opening hours will be decided via consultation and both pharmacies will be open full time and the hours will only be reduced to what is actually required. So therefore, is it necessary or desirable? Mr Porter said he definitely thought so as 80% of Pitmedden residents (the survey went out to both Tarves and Pitmedden residents) thought the pharmacy was desirable and necessary. The APC and GP Sub Committee have also backed this proposal. Mr Porter went on to say that if you look at the statistics, 38 – 46% of people have limited or no access to a car and there is a limited bus service as well. Mr Porter thought that pharmaceutical services in Pitmedden were inadequate and also if the situation in Pitmedden and Tarves is compared to that in Strichen and New Pitsligo plus Burghead and Hopeman, there is a striking comparison to both where they have been running a service with the exact same model. Everyone would like a full time pharmacy everywhere, all the time but sometimes this is not always the case. Like some situations in rural Aberdeenshire, people only receive a mobile banking service once a week. Mr Porter said he is proposing 5-6 hours per day at each site, which he felt would really benefit the residents of Pitmedden who have to travel to access pharmacy services and he couldn't see there being any problem with residents in Tarves as they can still collect all the prescriptions which have been made up and there would be a pharmacist on site for the majority of the day.

The summing up concluded at 12:12 hours

29. The Chair asked the applicant and interested parties present if they felt they had received a fair and full hearing. Mr Porter, Mrs Smith and Mr Church confirmed verbally they had received a full and fair hearing.

At 12:14 hours the applicant, interested parties and Clerk to the PPC left the proceedings.

At 12:15 hours Committee deliberations on the Application, the presentations and all supporting documentation commenced

- 30.** The Committee undertook a full and wide ranging discussion regarding the Application, taking account of the presentations from the applicant, the interested parties who attended and the written submissions received, all of the supporting documentation available to it and relevant to the Application, which included: Application Form and supporting documentation provided by the Applicant, the Consultation Analysis Report and late paper received detailing the responses from the three Community Councils and the Aberdeenshire Health & Social Care Partnership.

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 and a guide map of the area showing the premises, local pharmacies and GP Practices.

- 31.** 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.
- 32.** 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. The Committee first discussed the neighbourhood.
- 33.** The Committee agreed that the neighbourhood be that as the village of Pitmedden bordered to the North, South, East and West by open fields and farmland and not as defined by the applicant in the application, namely the village of Pitmedden.

Adequacy of Existing Provision of Pharmaceutical Services and Necessity or Desirability

- 34.** 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.
- 35.** The Committee agreed there was no pharmaceutical provision within the neighbourhood of Pitmedden. However, there was adequate provision of pharmaceutical services from the pharmacies located in the neighbourhoods of Tarves, Ellon, Balmedie, Newmachar and Oldmeldrum provided by the six existing pharmacies, namely Tarves Pharmacy, John Ross Pharmacy & Rowlands Pharmacy located in Ellon, Newmachar Pharmacy, Meldrum Pharmacy and Balmedie Pharmacy. All of the existing pharmacies provide a full range of pharmaceutical services as required in the pharmacy contract and also provide collection and delivery services to the neighbourhood of Pitmedden.
- 36.** The Committee considered whether these services were readily accessible and adequate outwith the neighbourhood. They considered that these were adequate as the existing pharmacies in Tarves, Ellon, Balmedie, Oldmeldrum and Newmachar were easily accessible by car or public transport.

At 12:45 hours, in accordance with the statutory procedures, the Chair asked the non-voting members to leave the meeting to allow voting to take place.

Decision

37. For the reasons set out above, the Committee considered that the provision of pharmaceutical services for the neighbourhood was **adequate** and that following from this, the granting of the application was **neither necessary nor desirable** in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the proposed premises were located.

At 12:50 hours the Chair invited the non-voting Committee members to rejoin the meeting

38. The Chair confirmed that a decision had been reached to **decline** the Application. The reason for the decision was:

- The Committee was satisfied that no evidence had been presented by the Applicant or had been made available via any other source, which demonstrated that existing services currently provided to the neighbourhood were in any way inadequate.
- The pharmacies outwith the neighbourhood of Pitmedden were easily accessible by car and public transport within a short travel time. Therefore pharmaceutical services to the neighbourhood of Pitmedden were **adequate**.

39. Having decided that current provision for the population of Pitmedden was adequate, the Committee agreed that the provision of pharmaceutical services at the premises **was neither necessary nor desirable** in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises were located by persons whose names are included in the pharmaceutical list.

40. In these circumstances, it was the Committee's decision that the application **should not be** granted in order to maintain adequate pharmaceutical services in the neighbourhood.

The meeting closed at 13:03 hours.

Signed:



Date: 15th August 2017

Dr Lynda Lynch
Chair
Pharmacy Practices Committee