



## PHARMACY PRACTICES COMMITTEE

Application by B999 Health Trust for inclusion in the pharmaceutical list in respect of the address, The Health Centre, Tarves Road, Pitmedden, Aberdeenshire, AB41 7NX

The Pharmacy Practices Committee met at 11am on Monday 27<sup>th</sup> May 2013 in The Seminar Room, Summerfield House to consider the above application in accordance with the National Health Service (Pharmaceutical Services) (Scotland) Amendment Regulations 2011.

### Decision of the Pharmacy Practices Committee

The decision of the Committee was that the provision of pharmaceutical services at the premises was neither necessary nor desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood of Pitmedden in which the proposed pharmacy premises were to be located by persons whose names are included in the pharmaceutical list and that accordingly the application should not be granted.

### Pharmacy Practices Committee

Terry Mackie	(Chair)
Alison Davie	(Non-Contractor Pharmacist)
Charles Michie	(Contractor Pharmacist)
Barbara Lamb	(Lay member)
May Lyons	(Lay member)
Leonora Montgomery	(Lay member)
Dr John Reid	(Area Medical Committee representative)

### Observing Trainee PPC Committee Members

Valerie Sillito	(Non-Contractor Pharmacist, who left prior to the decision making process)
Ann Smith	(Non-Contractor Pharmacist, who left prior to the decision making process)

### NHS Grampian Board Officials

Mrs Lesley Anderson	(Clerk to the Pharmacy Practices Committee, who left prior to the decision making process)
Mrs Rosie Gauld	(Corporate Services employee who attended and minuted the decision making process of the hearing)
Mr Andrew Jackson	(Legal Advisor to the Board, who left prior to the decision making process)
Mr David Pflieger	(Director of Pharmacy, who left prior to the decision making process)

1. The Committee convened to consider an application for inclusion in the pharmaceutical list, dated 7 February 2013, by the B999 Health Trust in respect of the address, The Health Centre, Tarves Road, Pitmedden, Aberdeenshire AB41 7NX. A copy of the application had been circulated in advance to the Committee and the parties.
2. Written representations had been received from Rowlands Pharmacy, Tarves Pharmacy, Area Pharmaceutical Committee, Area Medical Committee and the GP Sub Committee. The applicant and the interested parties were entitled to comment on the representations received. Copies of the written representations had been circulated in advance to the Committee and the parties.
3. A 60 day public consultation had been undertaken by NHS Grampian, which concluded on 3 May 2013. There had been 21 emails, 5 letters and a petition received. Copies of these had been circulated in advance to the Committee and the parties.
4. 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 September 2012 – March 2013 by the pharmacies nearest to the proposed premises. The Committee were also provided with "Pharmacy Profiles" of the nearest pharmacies detailing opening hours, premises facilities and services offered.
5. 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."
6. It had been confirmed prior to the meeting that the members present did not have an interest to declare.
7. The Committee agreed to invite the applicant B999 Health Trust and those who were present who had made written representations to attend before them. They were:  
  
Mr Paul Johnston, representing B999 Health Trust  
Bob Davidson, assisting in the presentation of the application  
Alasdair Shearer, representing Rowlands Pharmacy  
Lindsay Craig, representing Tarves Pharmacy  
David Craig, as an observer for Tarves Pharmacy
8. The Chairman explained the procedure that would be followed and no person present objected.
9. The Chairman asked if the applicant and interested parties were in agreement to the observers being present. They agree unanimously to the presence of the observers.
10. 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 objectors and the Committee to ask questions. The objectors then made their oral representations and the applicant and the Committee then asked the objectors questions. The parties were then given an opportunity to

sum up. Before the parties left the meeting the Chairman asked all parties if they felt that they had had a fair and full hearing. The applicant and interested parties confirmed that they had.

11. The Chair advised the applicant and interested parties of the decision notification process and timescales involved. The Chair advised the PPC have 10 working days to submit the decision to the Board and in turn, the Board have 5 working days to notify the applicant and interested parties of the decision. The applicant and interested parties confirmed they understood this.
12. Prior to the meeting the Committee undertook a site visit, which commenced at 9.00am on Monday 27<sup>th</sup> May 2013. The Committee noted the location of the proposed premises, the pharmacies nearest to the proposed premises, the nearest GP surgery where the proposed pharmacy would be co-located and the neighbourhood as defined by the applicant. The Committee noted there was a school, church, village hall, pub, hotel, a small co-operative, a garage, a bowling green, a tennis court, a park and gardens in Pitmedden. There was no dentist or optician.
13. The Committee was required to and did take account of all relevant factors concerning the issues of neighbourhood, adequacy of existing pharmaceutical services in the neighbourhood and adjoining neighbourhoods and whether the provision of pharmaceutical services at the premises named in the application was necessary or desirable to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises would be located.

## Neighbourhood

14. The Committee noted that the applicant, B999 Health Trust, had defined the neighbourhood as “the settlement of Pitmedden, including Milldale from the existing western Pitmedden boundary, extending westwards along the B9000 to its junction with the A920. Then northwards and eastwards along this road to include Formatine FC Football ground, Pitmedden House and Gardens Estate and North Mains to the junction with the B999. Then south eastwards on the B999 including the boundaries of the properties accessed off the east side of this road, to meet the settlement boundary just North of Bonnyton Road. Then eastwards including the boundaries of the properties along the north side of Bonnyton Road to include Bonnyton Farm, then south westwards to meet the Bronie burn and eastern village boundary. Continuing south eastwards along the B999 pathway to include the Northern part of Milldale, extending along the B9000 eastwards to include Cloistereat Croft then back westwards to include the remainder of Milldale and all the property boundaries accessed off the small section of the B999 south of the Post Office. Then across the B999 to the burn and northwards to include the Mill of Udny Business Centre then north westwards to meet the western Pitmedden boundary (all as indicated in the map provided to the Committee)”.
15. The applicant clarified in his oral submission that the neighbourhood could be defined as above.
16. Both Mrs Craig of Tarves Pharmacy and Mr Shearer of Rowlands Pharmacy stated in their presentations that they defined the neighbourhood as being the village of Pitmedden surrounded on all sides by open land providing a natural boundary.

## Adequacy of Existing Pharmaceutical Services and Necessity or Desirability - Applicant

17. Mr Johnston representing the B999 Health Trust thanked those present for allowing his presentation and advised he would be as brief as possible in outlining the B999 Health Trust's proposal and their view that it satisfies the legal test in being both necessary and desirable as well as addressing the current inadequate service. Mr Johnston felt it was necessary to explain the definition of a social enterprise in order to be clear not just about what the B999 Health Trust is, but what they are not. There are many social enterprises in Scotland and the B999 Health Trust takes their definition from Social Enterprise Scotland. The term “Social Enterprise” should not be confused with, for example, private sector businesses that operate in an ethical way, charities that do not trade or public sector arms-length companies. Business models are diverse and include: co-operatives and mutuals, credit unions, housing associations, social firms, development trusts and community interest companies.

In essence, the social enterprise is no different in operation from an existing business. However, what it does is to provide a social purpose. Social enterprises already provide education, training, housing and care. All of these are delivered by professional staff often to a standard exceeded by the private sector. No more so than in the field of care work where Social Enterprise is the largest sectoral provider. This proposal is to provide a pharmacy whose social purpose will be to improve Health Care in Pitmedden through profits.

What B999 Health Trust is not is a voluntary association. We are not amateurs and will run a professional business. Perhaps one point of difference would be that as a community owned company, B999 Health Trust is answerable to our communities and not to shareholders. Because of that we will be transparent and accountable in our objective of improving local health care and delivering the services wanted and needed. Having explained the nature of the business, in preparation for this hearing, B999 Health Trust have concentrated on what they

have been advised on what the PPC require to determine from them. Firstly, we are told the process is to determine the boundaries of the neighbourhood. The boundary has been drawn around an entire village, but not beyond and particularly drawn not to infringe upon the neighbourhood of any other pharmacy on the list.

It is a substantial area and this neighbourhood it is believed, will in business terms, support a community pharmacy. That pharmacy proposal has the support of the existing dispensing doctor practice who would expect to cease provision of their service at Pitmedden Health Centre when B999 Health Trust commence, if granted entry to the pharmaceutical list.

B999 Health Trust's vision as a community pharmacy is to provide a pharmaceutical service to serve the neighbourhood of Pitmedden. Dispensing is not the only services provided by a community pharmacy and a pharmacy based in the neighbourhood of Pitmedden would be a considerable improvement in facilities offered to local people over the existing arrangements.

Other communities would have their GP surgeries and as far as possible, be provided for by a pharmacy. Where a neighbourhood is of insufficient size to sustain a pharmacy we would be strongly in favour of GP services dispensing to prevent unnecessary travel and prevent serious difficulty in accessing dispensed medicines.

At this point, considering whether the current position of NHS pharmaceutical services from persons on the list in the Pitmedden neighbourhood is adequate and then consider if as we contend, it is not then whether the PPC would agree it is both necessary and desirable to grant the B999 Health Trust's application and therefore secure adequate provision of NHS pharmaceutical services in the neighbourhood of Pitmedden outlined. The neighbourhood of Pitmedden currently has no pharmacy and is served by a dispensing doctor, namely the Haddo Medical Group based at Pitmedden Health Centre.

The first point to be noted by the PPC is that for the NHS to have so recently agreed to a dispensing doctor indicates there is an inadequacy of services within the neighbourhood of Pitmedden due to the serious difficulty patients would have in accessing medicines. Secondly, we would draw the PPC's attention to the dispensing doctors review group whose recommendation to NHS Grampian Board was accepted on 4<sup>th</sup> December 2012 and where they recommended reinstatement of the dispensing doctor's provision due to "inadequacy of communication". A delivery service to the neighbourhood of Pitmedden or a service delivered by a dispensing doctor is not a substitute for a pharmacist in a defined neighbourhood. There is no current pharmacist provision in the neighbourhood of Pitmedden.

The benefits of services by face to face contact and easy availability with access both ad-hoc and after a visit to the GP cannot be substituted by a non-contractual delivery and collection service from a distance.

B999 Health Trust was established because they realised what their communities were saying via their community councils, public meetings and other media. It was felt clear evidence of this was required. The comments submitted by the APC were welcomed as they indicated a robust consultation had been undertaken by the B999 Health Trust. Good and effective consultations with the community were held and are the subject of the application. A well attended public meeting was held, which elicited a range of positive responses. Questions could be openly made and even with the attendance of other pharmacists there was no adverse comment. That public meeting was well reported and the PPC may like to note the article that appeared on the front page of the Ellon advertiser, which was included in the B999 Health Trust's submission.

The survey has 129 responses from within the neighbourhood of Pitmedden and there was not a single direct objection to NHSG about the proposals. Of the representations received from the neighbourhood of Pitmedden, there were no negative comments. Only one person on a petition about the neighbourhood of Tarves approx 3½ miles away, was from the neighbourhood of Pitmedden. Therefore the B999 Health Trust believes support for the application within the neighbourhood to be overwhelming.

The B999 Health Trust are trying to follow the guidance laid out in the NHS (Pharmaceutical Services)(Scotland) Amendment Regulations 2011/32 annexe 2 where it says that "The NHS needs of the local community are to be the main determinant of whether an additional community pharmacy or relocation is to be approved." The B999 Health Trust both their and NHS Grampian's consultations within the neighbourhood clearly demonstrates the need of the local community. There is little doubt the community defined in the neighbourhood of Pitmedden is best served by its own pharmacy and hence the application to meet the expressed desire.

Mr Johnston mentioned the issue of viability mentioned on page 23 of the above-mentioned guidance. The B999 Health Trust have taken great care not to seek a neighbourhood that impinged upon the viability of any other pharmacist and that as there is no other pharmacy within the neighbourhood, as we understand it, the B999 Health Trust has addressed the issue of viability as laid out in guidance on the application process.

Mr Johnston then discussed the issue of necessity relating to residents in the neighbourhood of Pitmedden who are unable to access a pharmacist. Mr Johnston stated that these residents should not be reliant upon a non contractual delivery service. Mr Johnston then stated that while a GP dispensary has no pharmacist, the protection afforded to patients of a pharmacist providing the second clinical check on every prescription is negated by risks associated with non contracted and no accredited individuals delivering from another pharmacy outwith the neighbourhood. The risk should be minimised by providing as local a service as possible. Therefore it is not just better, but a necessity to access the full range of pharmaceutical services by the provision of a pharmacist where face to face transactions can take place within their own neighbourhood, convenient to the local GP.

The B999 Health Trust has kept in mind that on page 17 of the guidance, the PPC are only concerned with the contract service only. This is why we feel a pharmacist within the neighbourhood of Pitmedden is both desirable and necessary to access the full range of contracted services.

Mr Johnston highlighted the NHS Grampian Board's decision of 4<sup>th</sup> December 2012 where it was accepted that there was serious difficulty in accessing pharmacy services and realise that the presence of a dispensing doctor does not in itself provide the full range of pharmacy services. In other words, as previously indicated by the applicants for Tarves Pharmacy, where viable within a neighbourhood is taken that it is both necessary and desirable to have a pharmacist rather than a GP dispensing services as "a GP dispensary cannot provide a pharmaceutical service and there are no GP equivalents for much of what the pharmacist does."

Mr Johnston summarised by stating the B999 Health Trust has considered the need to provide services locally as outlined in the principles of the NHS. The B999 Health Trust's vision is for a

pharmacist in close walking distance to the GP surgery in larger settlements with continuing dispensing GP services in smaller villages where a pharmacy is not viable.

The B999 Health Trust believe this is the best possible service outcome and that people within the neighbourhood of Pitmedden both deserve the improved service and the benefits that the business model would deliver for health outcomes in the area.

#### 18. In Answer to Questions from Mr Shearer of Rowlands Pharmacy

Mr Shearer of Rowlands Pharmacy asked for clarification on the location of the proposed pharmacy within the Pitmedden health Centre. Mr Johnston showed those present a colour copy of the plan clearing showing the area in purple where the pharmacy and consulting room would be located.

Mr Shearer asked Mr Johnston for clarification on the total square meterage of the pharmacy. Mr Johnston did not have the exact sizes to hand, but did confirm this was the existing area used by the dispensing doctors for dispensing purposes and that a separate room of approx 7 square metres would be used as the consultation room and believed this meets the requirements in size for a consultation room. There is however, no area allocated for retail sales.

Mr Shearer then asked that if there was no provision for retail sales how would the pharmacy provide OTC medicines. Mr Johnston replied there is adequate wall space to stock such medicines.

Mr Shearer asked about weekend access when the Health Centre is closed. Mr Johnson replied that alarmed doors will be fitted to close off access to the Health Centre and a separate access to the pharmacy will be created if the application is successful.

Mr Shearer asked if the pharmacy was just to serve Haddo patients. Mr Johnston replied by stating the pharmacy was available for anyone to use.

Mr Shearer asked if the reception in the Health Centre would form a barrier to patients. Mr Johnson replied that the layout of the proposed pharmacy is such that it cannot be seen from the Health Centre reception.

#### 19. In Answer to Questions from Mrs Craig of Tarves Pharmacy

Mrs Craig asked who the Superintendent Pharmacist is and Mr Johnston confirmed the Superintendent Pharmacist would be the person entered on Form A(1) if the application was successful and that this pharmacist is registered with the General Pharmaceutical Council.

At this point, the Chair confirmed that after seeking legal advice from the Central Legal Office, as outlined in the Regulations a Superintendent Pharmacist does not have to be confirmed until Form B is submitted.

Mrs Craig then asked about the proposed opening hours of the pharmacy and if they met the model of the Boards registration scheme. Mr Johnston confirmed if successful, the pharmacy would open to meet the needs of the local community and meet the minimum hours of the Board. As a start up business, initial difficulties were anticipated by the B999 Health Trust and they would deal with these as they arose and where necessary, opening times may be altered.

Mrs Craig asked as to how stock would be obtained. Mr Johnston advised the B999 Health Trust would take over the Haddo Medical Group's stock as they would no longer be dispensing. After this, a pharmacy contract would be established with a wholesaler.

Mrs Craig stated this was illegal and Mr Johnston said he was unaware of this and the B999 Health Trust would not therefore take over stock from the Haddo Medical Group. The B999 Health Trust would ensure steps would be taken to establish a contract with a pharmacy wholesaler.

Mrs Craig asked if the neighbourhood of Pitmedden had all the facilities for day to day living. Mr Johnston confirmed Pitmedden had the same facilities as other villages in the area. Mrs Craig asked how the resident accessed services such as dentists, opticians and other services not located within the village. Mr Johnston said with great difficulty, the same as other rural residents and like other villages went outwith the neighbourhood to access these services.

Mrs Craig asked whether on every trip to a GP, did every patient leave the surgery with a prescription? Mr Johnston replied by saying there would be the possibility of having a GP appointment without a prescription being issued and this factored had been taken into consideration. Mr Johnston then stated that most people within the neighbourhood would be able to walk to the pharmacy without the use of public transport. Mr Johnston also stated the B999 Health Trust did not expect people outwith the village would access the pharmacy, but they would be welcome to use it if desired.

Mrs Craig stated the community's desire and needs for a pharmacy was not mentioned in the legal test. Mr Johnston replied by stating necessary and desirable was outlined in the legal test and there was support within Pitmedden for the addition of a pharmacy.

Mrs Craig stated strong support is not the same as adequacy. Mr Johnston stated the inadequacy is proved by the fact there is a dispensing doctor. Inadequacy is stated in the dispensing doctor presentation from December 2012 and this fact remains.

Mrs Craig asked what risk was perceived for the collection and delivery services provided by pharmacies outwith the neighbourhood. Mr Johnston stated the benefit of face to face contact between the pharmacist and patient is lost with a collection and delivery service. Mr Johnston also stated there remains a risk that the correct prescription may not be delivered to the right patient and being able to access a pharmacist within a neighbourhood is more preferable than receiving a delivery service. There have been a number of occasions where there are multiple patients with the same surname and initial living in the same neighbourhood. Having easy access to a pharmacy within the neighbourhood will minimise the risk of a patient receiving the wrong medication.

Mrs Craig asked about house bound patients. Mr Johnston replied by stating this is relevant to any pharmacy. He also stated there would be someone, either a family member or carer who would collect a prescription from the pharmacy on behalf of the patient.

## 20. In answer to questions from the Committee.

Mr Johnston was asked if he has experience of any other social enterprise offering pharmacy service in Scotland. Mr Johnston replied that no, he has not, but the B999 Health Trust will be the first in Scotland. However, there are social enterprise pharmacies operating in England. Mr



Johnston advised that several fund raising events had been held and a substantial amount of money has been raised so far at these events in support of the B999 Health Trust.

Mr Johnston was asked if this application would have an affect on the dispensing provided by Scotstown Medical Practice from their Udney Station branch. Mr Johnston replied by stating there is no intention to have an effect on other small villages operating with dispensing doctor services. Mr Johnston confirmed the B999 Health Trust are concentrating on the neighbourhood of Pitmedden and are supportive of the continued dispensing service provided at Udney Station.

Mr Johnston was asked if the new pharmacy would provide a delivery service. Mr Johnston replied by stating they will meet the demand of their community and if a delivery service was required by the patients, then this service will be provided.

Mr Johnston was asked if the new pharmacy would qualify for the essential new pharmacy grant. Mr Johnston stated the B999 Health Trust have no plans to apply for a grant.

Mr Johnston was asked if he felt the B999 Health Trust was anticipating operating at a loss, especially at the outset. Mr Johnston said the B999 Health Trust are very cost conscious and have a very robust business plan in place. The B999 HealthTrust plan to increase their retail space and accept the current space is limited. Costings have been allocated to allow for expansion of the retail space to a community site adjacent to the existing premises. Information provided to the B999 Health Trust at the outset, indicated the turnover of Haddo Medical Group could possibly support 2 if not 3 pharmacies. Mr Johnston quoted a paragraph from the NAP hearing for Tarves, where the applicant Mr Semple stated "even if Grampian Health Board decided that patients in Pitmedden and Methlick still had a serious difficulty in accessing pharmaceutical services at a pharmacy in Tarves, there would still be sufficient population to support a pharmacy in Tarves."

Mr Johnston was asked if the figures provided to the B999 Health Trust for a dispensing doctor, included the 10% on-cost. Mr Johnston confirmed the costs had been provided by a pharmacist and not a dispensing doctor and the information was provided by 3 separate sources.

At this point, the Chair confirmed the essential small pharmacy grant is currently under review and no date has been identified for it to be re-instated. It was also confirmed there is still an on-cost fee available to dispensing doctors.

Mr Johnston was asked about the standards required by the General Pharmaceutical Council regarding adequacy of premises. Mr Johnston replied by stating he had taken advice from Mr Gill of NHS Grampian to ensure the premises meet the standards required by the General Pharmaceutical Council. Mr Johnston also stated the General Pharmaceutical Council intend to use the B999 Health Trust as a test case. The B999 Health Trust has been working with Carden Medical Investments, the landlords to ensure the pharmacy meets all the minimum requirements of the General Pharmaceutical Council.

## Adequacy of Existing Pharmaceutical Services and Necessity or Desirability – Interested Parties

21. Mr Shearer of Rowlands Pharmacy began his presentation by stating the applicant had given a very good detailed description of the neighbourhood as they see it. In order to simplify a definition, Mr Shearer stated he would take the village of Pitmedden as its own neighbourhood, surrounded by open land to each side. This is the view shared in previous PPC applications in this area and Mr Shearer couldn't see any need to change or modify it. Mr Shearer believed the open land around Pitmedden provided its own natural boundaries.

Mr Shearer said that from information available publicly on the Scottish Neighbourhood statistics website, it can be seen that the population of Pitmedden is around 1500, but certainly not any more as data zones used for that information encompassed a slightly larger area, including farms and outlying settlements. This same data shows that there is a lower than average number of pensioners and lower than average benefits claimants. Mr Shearer said he would expect the majority of those who can be working, will be doing so. However, Mr Shearer questioned whether these people will all be employed in Pitmedden and said they will most likely be travelling outwith Pitmedden to larger towns or cities, perhaps Ellon, Oldmeldrum or further into Aberdeen.

Mr Shearer identified the services within Pitmedden as detailed in the application, such as a primary school, a village hall, church, a mini supermarket, local car garage, hotel, pub, bowling green, tennis court, park and gardens. Mr Shearer said that if he was a resident of Pitmedden, he felt he would not be able to exist within those boundaries using just those facilities day to day. He said he would struggle to say so as where would you go for your big weekly shop, where would you access a bank or cash a cheque or even attend a gym, get a book from the library or rent a DVD for the night. Mr Shearer said Pitmedden is the epitome of village life, with a village hall, pub, bowling green etc., as these are the kind of facilities available in small villages up and down the country and he lives in one just like it. Mr Shearer said that when someone moves to a village, they accept the life that comes with it. That includes the travel required to access services, including pharmaceutical services.

Mr Shearer stated everyone would want a pharmacy at the end of the road if they could have it. The fact is, there is not a need, hence the need for control of entry. Mr Shearer said that if a pharmacy was so badly required by the residents, he would have expected more than just 127 responses to the applicant's survey. That's less than 10%. Mr Shearer said if a village really needed such a service as this, he would be expecting and has seen in other applications, a response three or four times that amount.

Mr Shearer said that for those who aren't driving and need to access a pharmacy, Tarves is 7 minutes away on an hourly bus. Again, in this kind of area, the level of public transport is more than adequate. Rowlands Pharmacy in Ellon already collects prescriptions from Pitmedden Health Centre three times a week and offer delivery too. The uptake for delivery hasn't actually been extensive and Rowlands Pharmacy has found the majority of patients are happy to collect from Ellon while they do some errands. This would not suggest a problem in travelling to nearby pharmacies. Mr Shearer added accessing pharmacy services does not appear to present a problem.

Mr Shearer discussed the application and what services are being brought by it, as it does not appear to offer any new services to the neighbourhood of Pitmedden. The opening times certainly seem to mirror what the surgery needs, but perhaps not what would be required by the

actual residents. The pharmacy doesn't offer late night opening for residents to collect their prescriptions after work and it is not proposed to open over lunchtime and for only 3 hours at a weekend. Mr Shearer didn't believe these hours offer any great advantage to Pitmedden patients.

Mr Shearer stated that in reality, the residents of Pitmedden have never had a full pharmaceutical service and have always travelled to access these services. When the dispensing was taken away initially, perhaps residents believe they lost a pharmaceutical service they never had. Mr Shearer added that he knew there was a lot of background campaigning and politics, but the fact of the matter is that Pitmedden is a village, a village where people can and do travel elsewhere to access a number of services. For a village to have a number of different pharmacies within, what he would argue for village life is easy travel distance would indicate that current service is adequate. Mr Shearer said that people may choose not to use the pharmacy in Tarves, but that choice is available. Perhaps given the opportunity, Tarves Pharmacy can develop and offer Pitmedden residents what they need.

Mr Shearer said Rowlands Pharmacy believe residents in Pitmedden have adequate access to current pharmacy services and cannot see the need for granting the application.

22. In answer to questions from Mr Johnston of B999 Health Trust

Mr Johnston asked if Mr Shearer accepted the small shop in Pitmedden was a co-operative. Mr Shearer agreed it was a co-operative, he did not agree it provided everything required for day to day living in Pitmedden.

Mr Johnston asked if Mr Shearer felt all the required facilities were available in the nearest small town. Mr Shearer said he felt for residents to access services, they are used to travelling whether it's to the nearest small town or into the city.

Mr Johnston asked if there were any easily accessible towns on the direct route between Pitmedden and Aberdeen. Mr Shearer answered by saying he was reluctant to give a specific answer as he was unaware of the geography on the direct route between Pitmedden and Aberdeen.

Mr Johnston asked if Mr Shearer felt there was any access deprived residents in the area. Mr Shearer said no. Mr Johnston asked again and Mr Shearer again stated no and that he feels there is adequate access to pharmaceutical services outwith the neighbourhood.

23. Mrs Craig of Tarves Pharmacy confirmed she had no questions for Mr Shearer.

24. There were no questions from the Committee.

25. Mrs Craig began by introducing herself as the owner of Tarves Pharmacy. In the 2½ years that Mrs Craig has owned Tarves Pharmacy, this is the first opportunity she has had to demonstrate the facts relating to the provision of pharmaceutical services in the neighbourhood of Pitmedden.

Mrs Craig asked if the Committee would listen intently and fairly to the facts, as they, and the outcome of this hearing have a massive implication to not just her livelihood, but more importantly to the security of adequate provision pharmaceutical services to many people in the proposed neighbourhood and the surrounding areas.

Before discussing the Legal Test, Mrs Craig gave some background information to ensure the PPC were fully aware of the past events leading up to this application. It is very important that all members of the PPC are aware of this information to ensure they can form an objective opinion on it.

There have been many twists and turns over the years, of which this is the latest. All of which have caused considerable stress while trying to develop a small pharmacy in Tarves - a business into which Mrs Craig and her husband have invested everything they have.

It's unusual for a Pharmacist to oppose the opening of a pharmacy in an area currently served by a dispensing GP. In normal circumstances Pharmacists would welcome such an application. But this is not a normal circumstance. This is the latest move in a four year campaign by a small number of people, and the Haddo Medical Group, to protect the income of the local GPs. It is as simple as that, and has absolutely nothing to do with addressing an 'inadequacy' in locally provided pharmaceutical services. No one can deny that this is purely about money, and the applicants have made it quite clear that any profit generated by this proposed pharmacy will be directed to the GPs.

One of the arguments the applicants have made is that since the NHS Board has deemed patients in Pitmedden to have a serious difficulty in accessing a pharmacy then it cannot be argued that they have an adequate pharmaceutical service. In case any of you are unaware of the unusual circumstances that surround the current situation, Mrs Craig briefly summarised.

When Tarves Pharmacy opened, Mrs Craig fully expected GP dispensing to cease in Tarves and the entire surrounding area, including Pitmedden. This is the law, as she understands it. Previous to today's hearing, this PPC had determined that pharmaceutical services in Pitmedden were adequate, when it refused the application at Pitmedden Health Centre.

It was then with some surprise, that Mrs Craig was informed that the Board only intended to stop the GP's dispensing within the confines of the village of Tarves. It would appear that certain people at NHS Grampian have little regard to their own expert panel on the adequacy of pharmaceutical services, i.e. this PPC. Clarification was asked for, and it transpired that the protocol which the Board was applying was not legally competent.

This was a very important issue because being completely honest, a pharmacy serving such a small population of this particular demographic is far from viable. The only reason Tarves is still here is because too much time and money has been invested in Tarves Pharmacy and I don't give up easily. More importantly though, I would be failing the people of this area who have come to greatly value the services that Tarves Pharmacy provides to them. But I can't deny that it has been extremely difficult.

Mrs Craig noted the applicants refer to a statement made at the original Tarves Pharmacy National Appeal Panel which stated that "a pharmacy in Tarves would be viable". This is a standard answer in such circumstances, and it is indeed the case. But the only reason it is true is that, at that time, the Essential Small Pharmacy scheme was still open to new pharmacies. It is no longer open to new pharmacies - an important point to which I will return later.

The fact is that if it had ever been imagined that Tarves Pharmacy would be restricted to providing a service solely to the residents of the village, the application would never have been

made. At the time, Mrs Craig was completely unaware of the extent to which NHS Grampian would go to appease the Haddo Medical Group and their vociferous supporters.

When the Board realised that their 'protocol' was not legally competent, a detailed review was conducted. This review panel, which was drawn from all the relevant professions and was of considerable size, carried out a long, and transparent, consultation process involving all stakeholders. They concluded that the original decision was an error and that all patients, except those living in Methlick, no longer had a serious difficulty in accessing pharmaceutical services.

Unfortunately, this decision prompted the Haddo Medical Group to close their branch surgery in Tarves. Why? I have no idea - you'll have to ask them. This was a disappointment for the residents of Tarves, as it made it more difficult for them to access GP services. However, and this is important, the closure of Tarves Surgery makes no difference to the way the people of the area access pharmaceutical services. The services provided by a modern community pharmacy do not require co-location or close proximity to a GP surgery.

The closure of Tarves Surgery, which was at that time only open part time, resulted in considerable public and press attention. A vocally aggressive "Save Tarves Surgery" campaign was established by local activists, including the local community councils. Who, as you will be aware are the directors of B999 Health Trust (i.e. today's applicants). This campaign was launched with the aim of challenging the decision made by the Dispensing Doctor's Decision Making Group. Haddo Medical Group indicated a strong level of support for this campaign on numerous occasions.

Following Haddo Medical Group's decision to close Tarves Surgery, NHS Grampian held a further consultation process (their "Independent Review Panel") which did not include all stakeholders as NHS Grampian claimed. It was in fact a closed-door conversation between NHS Grampian, Haddo Medical Group, the community councils and certain political figures. Mrs Craig, nor any other pharmacists who currently provide adequate pharmaceutical services to the neighbourhood, were invited to take part. The NHS Board then reversed the previous decision made by the DDDMG, a panel that had spent over six months of detailed research and consultation into the issue.

At the next Board meeting in December 2012 where they, by a split vote, reversed their previous decision, it was apparent to all observers that many board members were extremely unhappy at being put under pressure to make a decision when it was obvious the level of information being supplied, was not balanced or sufficient. On the very same day, the B999 Health Trust lodged their application to open a pharmacy in Pitmedden. A coincidence? Perhaps. I'll leave you to draw your own conclusions.

The PPC may not be aware, but the Board certainly is, that this outrageous decision is now the subject of legal proceedings. Mrs Craig has been informally assured that there are significant grounds for this illogical decision to be reversed.

One thing did confuse Mrs Craig at the time. What was the point of the Haddo Medical Group and their supporters fighting a year-long battle to reverse this dispensing decision if they were planning on applying to open a pharmacy - as they clearly were? After all, a pharmacy in Pitmedden will automatically end their 'dispensing rights', and in any event they are giving away the space in which their dispensary currently operates. I think I know the answer to this puzzling conundrum.

A mere 2.7 miles from the village of Pitmedden, the Scotstown Medical Practice operates a dispensing GP surgery at Udney Station. If the regulations are applied correctly, then the opening of a pharmacy in Pitmedden would result in the cessation of dispensing to the residents of Udney Station. Now wouldn't that be embarrassing. (You will note the concerns of the AMC in this regard).

So, before the application was made something had to be done to protect the dispensary at Udney Station - the 'regulations' had to be fixed. NHS Grampian needed to reinstate its own unusual 'interpretation' of the regulations.

The applicants think that the Board's about turn has saved their blushes. In fact, one of them stated on social media, when asked if there would be a legal challenge: "Don't worry, they can't afford it".

This is true, Tarves Pharmacy can't afford it. But as the Board have discovered, there are people that can. And will.

One final point about Udney Station and the Scotstown Medical Practice. The applicants may claim that 'they have no intention of seeking to have this dispensary closed down'. Unfortunately, it isn't the job of individual contractors to challenge the Board on their interpretation of these particular regulations. It is the job of the Area Pharmaceutical Committee, and I have been assured they are watching developments with interest and will act appropriately should the need arise.

A pharmacy in Pitmedden will lead to the closure of the Scotstown Medical Practice dispensary in Udney Station. It's the law. Not particularly relevant to the PPC - but relevant to the applicants.

So now, onto the legal test. The neighbourhood is the village of Pitmedden, bounded on all sides by open fields. There are adjacent neighbourhoods with NHS Community Pharmacies at:

Tarves: 3 miles (Tarves Pharmacy) - not 3.5 miles, as claimed by the applicants.

Oldmeldrum: 5.6 miles (Meldrum Pharmacy)

Ellon: 5.6 miles (two NHS pharmacies, Rowland's and John Ross)

These distances were calculated using the quickest route on Google Maps.

Pitmedden is surrounded by a number of smaller hamlets and settlements, which could of course be considered 'neighbourhoods', but I have omitted them on the basis of their size and relevance to this application.

There is no existing pharmaceutical service in the neighbourhood in which the proposed premises are located. Of course, this is far from unusual - especially in NHS Grampian. It is common for community pharmacies to provide adequate pharmaceutical services to patient's outwith the neighbourhood in which they are located. Tarves Pharmacy, along with the community pharmacies in Ellon and Oldmeldrum currently provide all core pharmaceutical services to the residents in the neighbourhood of Pitmedden.

The key question in any application is the adequacy of the existing services previously described. If they are adequate, then the application fails. That is the end of the matter.

The applicants make the common error of thinking that applications are granted because it is 'necessary' or 'desirable'. What the regulations actually say is that an application should be granted if it is necessary or desirable in order to address an inadequacy. The actual line is "the application is necessary or desirable to secure the adequate provision of pharmaceutical services in the neighbourhood in which the Applicant's proposed premises were located." It's a subtle but extremely important difference. Mrs Craig believes the services previously described, to a neighbourhood such as Pitmedden, are more than adequate.

A brief word about 'adequacy' paraphrasing from a famous Judicial Review, and I'm sure the PPC are aware of it. There are no degrees of adequacy. 'Adequate' is a fixed point on a continuum, which starts at 'no service' and ends at 'a perfect service'. At some point between those extremes, services go from 'inadequate' to 'adequate'. You cannot offer new services, or improved services, or better services, or more convenient services to an already adequate service and make it more adequate. Adequacy is a fixed point on the continuum.

Having clarified this, consideration should be given to the adequacy of the pharmaceutical services currently offered to the residents of Pitmedden. When determining adequacy, there are two main factors to consider. The first is the demographics of the population in question, by which is meant the size of the population, the mobility, the age, and the level of deprivation. With the latter two having the largest effect on general health. The second is the ease of access to the pharmacies currently offering the service.

The population of Pitmedden is 1,424. (*Aberdeenshire Council Statistics, Evidence Items 1a and 1b*). There is no expected increase in the size of this population. (*Aberdeenshire Council Statistics, Evidence Items 1a, 1b and 2*). So, we have a small population. Not a population that would normally be expected to support an NHS Community Pharmacy in isolation. This fact is further supported by the NHS Grampian Pharmaceutical Care Service Plan, which states that an average Community Pharmacy serves a diverse population of approximately 4,500. (*Page 5, NHSG PCSP*).

To get an appreciation of the demographics of the neighbourhood in question, the 2011 Scottish Neighbourhood Statistics for the data zone in which the proposed premises would be located have been used. (*Evidence items 3a, 3b and 3c*). As can be seen from the map and the statistics, this data zone doesn't actually cover the entire proposed neighbourhood, stating a population of only 939. However, it is entirely reasonable to draw conclusions about the population of the entire neighbourhood from the information in this data zone.

The following statistics for the data zone in question, with the nationwide statistic also provided demonstrate what type of neighbourhood we are dealing with.

Children: 24% - Scotland: 17%  
Working age: 62% - Scotland: 63%  
Pensionable age: 14% - Scotland: 20%  
Income deprived: 4% - Scotland: 13%

And finally, the Index of Multiple Deprivation Decile 5,414/6,505. That is decile 9 - the second highest decile. (i.e. second least deprived)

Income deprivation decile is also 9.  
Employment deprivation decile is 10.  
Health deprivation decile is 9.

Without doubt, this is a healthy, wealthy, and YOUNG population. However, these facts would not preclude the awarding of an NHS pharmacy contract. The question is - how is this healthy and wealthy population to access an NHS Pharmaceutical service. You would not expect them to drive 100 miles. It should also be noted that in the supporting data included with the application submitted, the applicants make comparisons between the proposed neighbourhood of Pitmedden and East Wemyss in Fife. They have used the size of these two distinctly different neighbourhoods and their proximity to existing community pharmacies to support the granting of their application. However, it is recognised that age and deprivation are the two most important factors when considering healthcare needs, and it is clear the applicants have completely ignored this.

- Pitmedden is healthy (SIMD Health Deprivation Decile 9)
- East Wemyss is not healthy (SIMD Health Deprivation Decile 1)
- Pitmedden is a young population (13.84% pensionable age)
- East Wemyss has a larger pensionable age population (28%)
- Pitmedden is a mobile population (only 10.37 have no access to car or van)
- 34% of East Wemyss have no access to a vehicle.

So, back to Pitmedden. "How easy is it for this population to access an NHS Pharmaceutical Service"? Well, being a young and wealthy rural population, the primary mode of transport will be by car. This is one of the 'givens' of a rural lifestyle. We can get an idea of the levels of car ownership from the 2001 Scottish Census Data - SCROL (*Evidence item 4*). Bearing in mind this census is now 12 years out of date. What would one have expected to happen to the levels of car ownership since 2001? Yes - increase.

Total number of households (with residents)	434 Pitmedden	2,192,246 Scotland
- % No car or van	10.37	34.23
- % 1 car or van	41.94	43.35
- % 2 cars or vans	41.24	18.62
- % 3 or more cars or vans	6.45	3.81

So, we can clearly see that there is an extremely high level of car ownership. In 2001, nearly half the households in Pitmedden had 2 or more cars. That's against a Scottish average of only 22%. In 2001, only 10.3% (43) households were without a car. Is that 10% of the population? (i.e. 140 people?)

Unlikely, because those people who have no car are much more likely to be the elderly - and they will also live in the households with single residency. At most 2 per household - but that's a generous figure. Shall we say around 80 people?



And there's more we can reasonably assume: If there are any housebound residents of Pitmedden, then they will be in this group. And for the housebound, the location of the local pharmacy is irrelevant. So, we can reasonably assume that there are only between zero and 80 residents who do not have access to a car, and this doesn't take into account helpful neighbours. Excluding the housebound, this group will rely heavily on public transport.

To further confirm these figures about car ownership, and the ways that residents access services, please refer to a report prepared by Brian MacDougall for the combined community councils of Methlick, Tarves and Udney. (*Evidence items 5a, 5b and 5c*). This is a valuable document, ironically since it was prepared by the campaigners who opposed Tarves pharmacy and now support the Pitmedden application. In fact, now are the Pitmedden application.

A Survey of 1000 households, including Pitmedden, took place in June 2010 – before Tarves Pharmacy opened.

*"These results clearly show that the existing Pharmacy provision in the local area is considered adequate to the majority of those surveyed"*.

Signed by:

Paul Lang, Chairman of Methlick Community Council  
Robert P Davidson, Chairman of Tarves Community Council  
David Murray, Chairman of Udney Community Council

2000 questionnaires were distributed to 1000 households across the area covered by the Haddo Medical Group's boundary, which included Tarves, Methlick, Udney Green and Pitmedden. 846 questionnaires were returned which is a response rate of over 40% - well above the average return rate for postal surveys, which is 22%. There was no press coverage prior to the survey so that residents would not be unduly influenced. Relevant survey results that were clearly discovered were:

3a. How do you get to your *nearest* pharmacy?

Public transport: 11%  
Other: 5%  
Car: 84%

3b. How do you get to your *usual* pharmacy?

Public transport: 8%  
Other: 15%  
Car: 77%

Mrs Craig quote from the results:

*"The results clearly show that the majority of people need to use their car for journeys due to the rural location and poor public transport in our communities. Analysis of the questionnaires has shown that many people do not habitually use their nearest pharmacy - it is more convenient to use a pharmacy close to their workplace"*.

*"The results of the survey clearly show that the current service provision is considered to be acceptable to the majority of those surveyed...."*

*Accessibility to pharmaceutical services is possible due to the high car usage in the area and by the nature of the population, which has high commuter content..."*

This is exactly as would be expected in a rural area and is further recognized by the NHS Grampian PSCP plan which recognizes:

- There is not a pharmacy in every neighbourhood.
- Many people access pharmaceutical services outwith the neighbourhood they live in (i.e. close to work).
- A 20 minute journey time to access pharmaceutical services is acceptable.
- That the people in the neighbourhood of Pitmedden do not have serious difficulty accessing pharmaceutical services as there is no unmet need or gap in service in this neighbourhood.

From the community council survey, it can be concluded that the vast majority of residents in this area (including the neighbourhood of Pitmedden) use their cars to access services, and the journey time to the closest pharmacy is now five minutes. Travelling outside of your neighbourhood is an inconvenience. This is NOT inadequate.

One statement in the survey report is interesting though:  
*"... poor public transport in our communities..."*

It has been a recurring theme of the applicant's previous campaign to protect dispensing services and current campaign to open a Pharmacy that constant references are made to the inadequacy of public transport. Obviously, given that we are talking about the inadequacy of public transport to a pharmacy, the key issue is:

*"How easy is it to get from the neighbourhood (in which the proposed premises are located) to a neighbourhood with a pharmacy?"*

Before answering that question, I want to say something about the 'Public Transport Options' tables submitted by the applicants. These tables and the times quoted in them are completely irrelevant to this application. They are based on the completely flawed assumption that access to a pharmaceutical service is a secondary activity that only ever takes place after a visit to a GP. So all of the timings demonstrated include an appointment with a GP and a subsequent visit to a pharmacy. Perhaps this is because most of the applicants have no experience of how pharmacy works. After all, they are all patients of a Dispensing GP.

Residents of Pitmedden associate their prescription with a visit to the GP because currently they need to go to the GP surgery to collect their prescription. In reality and outside the world of dispensing GP's, this does not happen. Pharmacies collect everyone's prescription from GP surgeries and have them prepared ready for collection at the pharmacy by the patient – this is how community pharmacy works. Incidentally, prescriptions are now electronic. There's no longer any need to read a GPs handwriting - all you need is the barcode serial number. The patient or surgery can simply read this over the phone in order for the pharmacy to access the electronic version of the prescription. An extremely simple process.

Again, outside the world of dispensing GP's, patients do not routinely visit their GP. Most people only ever go to a GP once or twice a year. If they have a minor condition, (and are eligible) they access healthcare through the eMAS scheme. No need for a GP. If they're not eligible, they are most likely in full-time employment and most likely will use a pharmacy near their workplace to

access OTC medicines and advice. Patients who are chronically ill get lots of prescriptions. They may also require to visit their GP more regularly for check-ups, tests, etc... Is this always linked to the receipt of a prescription? No it is not.

Chronically ill patients get all of their prescriptions on a monthly or indeed two monthly basis, when dispensing fees aren't as of significant importance to the person responsible for both prescribing and dispensing the prescription. They don't go for a blood test or a check-up and walk out with a whole new bundle of prescriptions. It just doesn't happen. Furthermore, we now have a system called a 'serial prescription'. For most people on regular medication, they will get a single 48 week prescription from their GP and they will simply draw down 2 months of this at a time directly from the community pharmacy which holds it.

Does this mean that patients in the real world never leave a GP consultation holding a prescription? No it doesn't. But the proportion of prescriptions handed to a patient by a GP is the overwhelming minority. And on those even rarer occasions where a patient walks out of the surgery with a prescription and wants it dispensed immediately, what would happen? Well, for the vast majority of the residents of Pitmedden, they would use their car to access the nearest Community Pharmacy (i.e. Tarves Pharmacy) which is less than 5 minutes away. And for the small minority who don't have access to a car? Well, for the 10% of the population of Pitmedden (*SCROL Data*) who don't have access to a car, they may have to use public transport to access a pharmacy - unless they want a free same-day prescription delivery to their door from Tarves Pharmacy.

So let's now consider those that chose to use the public transport links to access pharmaceutical services and how convenient this is. The report to the NAP produced by the campaigners against Tarves Pharmacy (or 'the applicants' as they are now known) states:

*"The Public Transport in this part of rural Aberdeenshire is relatively poor and the service which runs between Methlick, Tarves and Pitmedden is hourly at best but can be two hourly depending where you stay. The net effect of these services is that it is impractical to take public transport for a single activity as waiting time would be excessive".*

Furthermore, in the applicant's application they have stated that there are "very poor public transport links". Is this true? Mrs Craig advised she had taken the time, and trouble, to go through the bus timetables in detail - in order to get a definitive answer to this question. These bus timetables are up-to-date, publicly available and you are free to check any of the figures. Mrs Craig said she had been through them with a fine-toothed comb and assured everyone they are accurate. (*Evidence items 6a, 6b, 6c, 6d, and 6e*).

There are over 27 journeys a day, Monday to Friday, which can be made from Pitmedden to an NHS pharmacy in Tarves, Ellon or Oldmeldrum, more than two an hour. Of these available journeys, over half are under an hour in round trip duration, with some as low as 23 minutes in round trip duration. Of these round trip journeys that last under an hour, there is at least one available every hour during the normal working day of a Community Pharmacy.

Mrs Craig ran through some of these scenarios, whilst reminding the PPC of her previous points regarding the requirement to have a prescription dispensed immediately after attending a GP appointment and also the demographics of the population who may have to rely on public transport.

**Between 09:00 and 10:00**

Ellon. Leaving Pitmedden 09:05.	Returns 09:37.	Round Trip 32mins.
Tarves. Leaving Pitmedden 09:37.	Returns 10:17.	Round Trip 40mins.

**Between 10:00 and 11:00**

Tarves. Leaving Pitmedden 10:33.	Returns 10:56.	Round Trip 23mins.
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**Between 11:00 and 12:00**

Tarves. Leaving Pitmedden 11:26.	Returns 11:56.	Round Trip 30mins.
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**Between 12:00 and 13:00**

Tarves. Leaving Pitmedden 12:33.	Returns 12:56.	Round Trip 23mins.
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**Between 13:00 and 14:00**

Oldmeldrum. Leaving Pitmedden 13:25.	Returns 14:22.	Round Trip 57mins.
Tarves. Leaving Pitmedden 13:31.	Returns 14:16.	Round Trip 45mins.
Ellon. Leaving Pitmedden 13:52.	Returns 14:16.	Round Trip 24mins.

**Between 14:00 and 15:00**

Ellon. Leaving Pitmedden 14:22.	Returns 14:51.	Round Trip 29mins.
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**Between 15:00 and 16:00**

Tarves. Leaving Pitmedden 15:21.	Returns 15:46.	Round Trip 25mins.
Tarves. Leaving Pitmedden 15:21.	Returns 15:56.	Round Trip 35mins.
Oldmeldrum. Leaving Pitmedden 15:38.	Returns 16:05.	Round Trip 27mins.

**Between 16:00 and 17:00**

Ellon. Leaving Pitmedden 16:05.	Returns 16:45.	Round Trip 40mins.
Tarves. Leaving Pitmedden 16:36.	Returns 17:16.	Round Trip 40mins.

There are more journeys available and a summary of them was provided in Mrs Craig's response to the application. (*Evidence Item 6c*).

There are of course longer round trip times available if required, that leave people with over an hour to spend in either Ellon or Oldmeldrum. This allows them a significant amount of time at the destination to carry out any other day-to-day activities not conveniently available to them in Pitmedden (e.g. banking, opticians, haircut, supermarket shop etc.). So it can be seen that whilst the small percentage of the population of the neighbourhood of Pitmedden who do not have access to a car, that may need to use public transport to access a community pharmacy, the options available to them are frequent and plentiful. This is not an 'inadequate' situation for the small number of residents who use public transport. In fact, Mrs Craig stated the residents of Pitmedden have an excellent public transport service. This is a very different message than we have been hearing until now, but it is a factual message.

For the sake of completeness, Mrs Craig also examined the buses available from Pitmedden on a Saturday. There are a total of 13 journeys available on a Saturday providing access to a community pharmacy in either Tarves or Ellon. Eight of these journeys have a round trip time of under an hour, with the quickest a mere 20 minute round trip to Tarves. Details of these journeys are available in the information submitted to the PPC. (*Evidence Item 6c*).

The residents of Pitmedden have high levels of car ownership, and in particular unusually high levels of two or three car ownership. The driving distance to a pharmacy is five minutes. For the small number of residents of Pitmedden who would require public transport to visit a pharmacy, it has been demonstrated they can easily access pharmaceutical services outwith their neighbourhood. They can also make use of a 6 day a week prescription collection and delivery service offered for free with no restrictions on age, mobility or frequency, should they require it. Residents of Pitmedden have no difficulty in accessing NHS Pharmacy services.

Mrs Craig went on to discuss inadequacy by asking if there any evidence of inadequacy of pharmaceutical services in the neighbourhood of Pitmedden? Well, there can't really be any evidence of inadequacy. Firstly, the GP's of Haddo Medical Group are still dispensing. Only when that stops will the residents of Pitmedden have any idea of how easy it is to access the pharmacy in Tarves - or indeed the pharmacies in Ellon and Oldmeldrum. The evidence that they will find it easy to access the pharmacies at these three villages is overwhelming, as has been shown.

They may say it isn't as convenient as picking up a prescription from the Pitmedden Surgery or maybe having an antibiotic dispensed straight after a consultation with a GP at the surgery, but that's not the same thing. Previous convenience of a dispensing service does not give this small population an automatic right to an equally convenient NHS Pharmaceutical Service - any more than any small village which already has an adequate pharmaceutical service, though not located in the village.

This is an important point, and it is the reason for the public support for a pharmacy in Pitmedden. Residents are used to having a convenient outlet for their prescriptions - right next to their GP. They have no real experience of a full NHS pharmaceutical service. They understandably demand that this convenient service is maintained - and they have been told that the only way it can be maintained is to have an NHS Pharmacy in the Pitmedden surgery.

Without doubt, there are many neighbourhoods without a community pharmacy. This does not mean that a new community pharmacy can be justified in each of these neighbourhoods. Particularly in neighbourhoods where:

- The population is too small for a pharmacy to be viable.
- The population is mobile.
- The population has high car ownership.
- The population has low pharmaceutical care needs (i.e. young and affluent).
- The population, as part of their daily routine, travel to a place where there is a convenient pharmacy (i.e. the working population).

The neighbourhood of Pitmedden is all of the above. The regulations are not designed to satisfy a demand for convenience. They are designed to ensure a rational spread of NHS community pharmacies in a cash-strapped NHS.

NHS Community Pharmacies cost a lot of money, and that cost is ultimately borne by the NHS. That's why we have Control of Entry. Furthermore, in the public responses filed during the NHS Grampian public consultation into this application, not one single member of the public responded to give valid reasons to indicate that current access to pharmaceutical services in the neighbourhood of Pitmedden are inadequate.

In fact, not one person highlighted any valid reason that a pharmacy in Pitmedden is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood. Residents of Pitmedden have an adequate pharmacy service, and the application fails at this most important hurdle in the Legal Test. Mrs Craig said important issue that comes into play in the hypothetical scenario where a PPC considers services to be inadequate. Would the granting of this application secure an adequate pharmaceutical service? In other words, would the proposed pharmacy opened under Regulation 5.10 be viable? Mrs Craig said she was afraid she didn't know the answer to that question. But from past experience of working in community pharmacy here's what she did know.

Mrs Craig worked for a number of years in senior roles within small multiples. During that time she learned how to run a pharmacy business. It isn't easy, and it is as far from 'running a shop' as you could possibly get. The applicants, who have absolutely no experience of running a pharmacy business, obviously believe that they can run a pharmacy in a village of 1400 people, pay a superintendent pharmacist £40-£50k a year, pay staff, rent (which, I imagine, will be quite high once they get round to obtaining a lease...) and still generate sufficient profit to be able to give Haddo Medical Group an undisclosed sum of money each year.

All this in a financial environment which is the worst known by Scottish pharmacy contractors in at least 20 years and would not be attempted without ESP status. For those that are unaware, the Essential Small Pharmacy scheme, which subsidizes pharmacies in rural locations with small populations, in fact exactly like Pitmedden, was closed to new entrants two years ago. Quite frankly, they are deluded if they think a pharmacy in Pitmedden would be viable under current circumstances. Here is the brutal, cold fact: The population of Tarves, Pitmedden and the surrounding area is not sufficient to support two NHS community pharmacies. This is a fact which has been acknowledged by the Director of Pharmacy & Medicines Management at NHS Grampian.

Mrs Craig said she didn't know if a pharmacy in Pitmedden would be viable, but does know that having two is not viable. Which one will survive? Mrs Craig said she didn't know.

Tarves Pharmacy benefits from the fact it qualifies for ESP status and the fact that she doesn't have to pay a pharmacist's wage, which is the biggest fixed cost in a pharmacy that isn't owner-operated. Mrs Craig has also invested too much of her savings and remortgaged her home, to give up without a long fight. However, Haddo Medical Group have made no secret of their strong support for the proposed pharmacy. If granted, it is Mrs Craig's undoubted opinion, that strong influence will be exerted on patients and where they "choose" to access pharmaceutical services. In the worst case scenario, they could simply use Tarves Surgery as a collection point for prescriptions - depriving Tarves pharmacy even of many residents of the village of Tarves.

As an existing pharmacy contractor in the area, this prospect worried Mrs Craig greatly as she fears, if the PPC were to grant this application, only one of these pharmacies would survive in the long term.

At this point the Chair requested for clarification as to the legality of monies being paid to the Haddo Medical Group by the B999 Health Trust.

Mr Johnston clarified at this point that in no way the B999 Health Trust will be giving money to the Haddo Medical Group.

26. Mr Johnston asked Mrs Craig if she expected the continuation of dispensing by the Haddo Medical Group to cause Tarves Pharmacy to close. Mrs Craig replied by saying yes.

Mr Johnston asked about the previous application to open a pharmacy in Tarves and accepting the level of support and why if that was the case, why would Mrs Craig state this was not viable. In terms of the essential small pharmacy grant and in terms of the PCSC they also suggest a population of 1500 was the minimum to support a pharmacy.

Mr Johnston asked again about viability with 2-3 pharmacies. Mrs Craig confirmed she felt 2 pharmacies would not prove viable. Mr Johnston again asked Mrs Craig's views on viability and again Mrs Craig stated 2 pharmacies would not be viable.

Mr Johnston asked Mrs Craig about her reference to the dispensing doctor practice at Udney Station. Mrs Craig stated Udney Station is 2.6 miles from Pitmedden and is not the same community as Udney.

Mr Johnston asked Mrs Craig about the current building of new homes in Pitmedden and also those in Udney. Mrs Craig stated she was unaware of the planning applications to build new homes in Milldale and adjacent to Pitmedden Health Centre. Mr Johnston asked Mrs Craig if she was aware of the new houses being built in Tarves and she replied that she was.

Mr Johnston asked if Mrs Craig is aware of the current guidance on the integration of GP's and pharmacies. Mrs Craig stated she is aware that co-location between a doctor and pharmacy for a relationship to be formed.

Mr Johnston asked if Mrs Craig felt there were any benefits of co-location. Mrs Craig said she felt there were no benefits and separate locations were preferable for accountability reasons.

Mr Johnston asked if Mrs Craig felt it beneficial to have a face to face consultation with a pharmacist. Mrs Craig said she felt this was beneficial to patients.

Mr Johnston asked Mrs Craig if she felt B999 Health Trust was linked to the Haddo Medical Group. Mrs Craig replied stating yes and that she felt the B999 Health Trust was Haddo Medical Group for which she has concerns.

Mr Johnston asked what impact services provided by B999 Health Trust would have on Tarves Pharmacy. Mrs Craig stated the PCSP has Haddo Medical Group listed as a dispensing doctor. However, the PCSP does not highlight the residents of Pitmedden as having serious difficulty in accessing pharmaceutical services. The PCSP also states 20 minutes as an adequate travel time to access pharmaceutical services.

Mr Johnston asked Mrs Craig if she agreed with the decision of NHS Grampian in December 2012 to reverse the decision of the Dispensing Doctor Group of January 2012. Mrs Craig replied that she did not support the reversal of the decision made by NHS Grampian.

27. Mr Shearer of Rowlands Pharmacy asked Mrs Craig about dispensing a prescription for a house bound patient living in Pitmedden. Mrs Craig replied that they telephone or if required a home visit is provided and one to one care is still provided to patients, whether is be over the phone or face to face.

28. In answer to questions from the Committee:

Mrs Craig was asked about the use of personal pronouns when discussing the original application by TLC Healthcare for Tarves Pharmacy relating to the viability issues. Mrs Craig stated she felt she covered the viability point in her presentation when she discussed the essential small pharmacy grant.

Mrs Craig was asked that if grants or funding was available would she apply for any of these. Mrs Craig confirmed she would.

### Summing Up

29. Mrs Craig of Tarves Pharmacy summed up by making the following points:

- The easiest way to think about this application is to forget about the fact that it is within a GP surgery. It is not relevant. Also, forget about the fact that this neighbourhood has had a dispensary for some time. Again, this is not relevant.
- Also, the decision of the board to retain dispensing services at the practice is not relevant.
- You are an independent and expert panel. You are not bound by any decision of NHS Grampian, and it is disgraceful that the previous decision of this PPC to refuse an application at Pitmedden was so completely disregarded by the Board when they decided that patients had 'a serious difficulty getting to a pharmacy'.
- Strip away these irrelevant factors, and approach this purely according to the regulations.
- Pitmedden is a small village, with 1400 residents. The population is highly mobile. The population is in the high income bracket, with almost no unemployment.
- There are four existing pharmacies within a ten minute drive, with Tarves being the closest of these, only 5 minutes away.
- For the very small proportion of the population with no access to a car, there is a regular bus service to all four pharmacies, with a journey time of around ten minutes.
- Should a PPC, or indeed the NAP, grant an application in such a village?
- Should a PPC, or indeed the NAP, grant any application a mere five minute drive from Tarves Pharmacy, which hasn't even been given the opportunity to demonstrate the excellent service it can provide to this population?
- The answer to both questions is NO.
- This application completely fails the legal test and Mrs Craig asked that the panel refuses it.
- To conclude, Mrs Craig read out a paraphrase from a response to the NHS Grampian public consultation in relation to this application:

"Nothing that develops from the creation of a pharmacy in Pitmedden is likely to benefit the people of this area. However I suspect the potential for Tarves Pharmacy to be destroyed is buried in that prospect somewhere"

30. Mr Shearer of Rowlands Pharmacy summed up by making the following points:

- Pitmedden is a commuter village and people can and do travel outwith the village to access services, pharmaceutical or otherwise. There was no evidence to suggest a problem with access, by car, bus or using existing delivery services to access a pharmacy.
- If residents were in such a need for a pharmacy in Pitmedden, there would be a greater response to the public consultation and perhaps a greater reliance of delivery services such as offered by Rowlands Pharmacy.



- Mr Shearer believed the premises for the proposed pharmacy are set out to focus on replacing a dispensing service, with little regard for the extra professional services, pharmacists as professionals have worked so hard to get recognised for.
- Mr Shearer said to talk about future expansion in response to a need for these services, highlights the applicants concerns as to the size of the proposed pharmacy.
- There is no barrier to access to current pharmacy services and this application brings nothing to the area in terms of service.
- As a result, this application is neither necessary or desirable.

31. Mr Johnston of B999 Health Trust summed up by making the following points:

- An issue remains as to whether the statistics around the rural areas surrounding Pitmedden is accurate. However, population statistics remain fairly steady of around 1500 in the village.
- The issue of transport will be whether bus times can be integrated with the patient's GP appointment times to have prescriptions filled by pharmacies in nearby neighbourhoods.
- Virtually everywhere within a half hour travel time of Aberdeen is a commuter town or village.
- The argument that has been put is that there should be no dispensing available in Pitmedden and that these patients must go somewhere else to access a pharmacy.
- The argument placed by applicants at Tarves on a previous case, outlined the inadequacy of access to pharmacy services. B999 Health Trust also takes this issue of the continuum there is still serious difficulty in accessing pharmacy services by residents of this neighbourhood.
- Whether people find it convenient or not to approve this application is not the issue, but taking into account the added expansion to the village and neighbouring villages must be considered.
- Mr Johnston wished it to be noted that he objected to allegations that there was some financial arrangement in place between the B999 Health Trust and Haddo Medical Group

All parties agreed they had received a fair hearing. However, both Mrs Craig of Tarves Pharmacy and Mr Shearer of Rowlands Pharmacy wished their objection to be minuted to the introduction of new evidence by B999 Health Trust in their summing up. This was duly noted and this new information was excluded from the minute.

The applicant, interested parties, Legal Advisor to the Board and Director of Pharmacy left the hearing.

## Decision

### Neighbourhood

32. Having considered the evidence presented to it, the Committee's observations from the maps before it and the site visit undertaken prior to the meeting, the Committee were required to reach a decision on the question of the neighbourhood in which the premises, to which the application related were located. The Committee unanimously agreed the neighbourhood as being the village of Pitmedden which was surrounded on all sides with green fields. The Committee during their site visit noted the presence of a primary school, a village hall, church, a mini supermarket, local car garage, hotel, pub, bowling green, tennis court, park and gardens

located within the boundaries of the village of Pitmedden. However, the nearest Post Office is located in Udny.

**Adequacy of Existing Provision of Pharmaceutical Services and Necessity or Desirability**

33. Having reached that decision the Committee was then required to consider the adequacy of existing pharmaceutical services in that neighbourhood, and whether the granting of the application was necessary or desirable in order to ensure adequate provision of pharmaceutical services in that neighbourhood.
34. At this stage the contractor pharmacists, non-contractor pharmacist, Area Medical Committee representative, Board Legal Advisor, Director of Pharmacy, two trainee PPC pharmacist members and Clerk to the Committee left the meeting. The independently appointed minute taker for the decision making process then entered the room and the vote was taken.
35. Based on the National Appeal Panel decision to allow Tarves Pharmacy to open and the substantial evidence presented at the hearing from the applicant and interested parties, it was the unanimous decision of the PPC that the application was turned down. This decision was reached on the basis that it was felt there were adequate pharmaceutical services available in adjoining neighbourhoods and access to other services is good and within a 10-20 minute commuting distance of Pitmedden. The PPC felt 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.
36. Accordingly, the Committee agreed unanimously 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/adjoining neighbourhoods or those within a 20 minute commuting distance in which pharmacy premises were located by persons whose names are included in the pharmaceutical list.
37. In these circumstances, it was the Committee's unanimously decision that the application should not be granted.

Signed

  
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Terry Mackie, Chair  
Pharmacy Practices Committee

Date: 31<sup>st</sup> May 2013