

Good Morning Ladies and Gentlemen.

I have been a pharmacist for 15+ years and came into the profession at a time when the NHS was radically changing - instead of just having your prescriptions filled at the pharmacy there was a move to offering a range of core services that reduced the load on GP's and even hospitals. I realised the value of becoming more clinically focused and wanted to take that thinking forward to operate new pharmacies. I'm proud to say that my pharmacies have been offering care and addressing health inequalities highlighted in their individual applications.

So you see, I'm familiar with the application process and appreciate the time you're giving me today.

The two big health services in Burntisland are the health centre and the pharmacy. For the past 20 years Census data shows us that Burntisland has increased by 15% since 2001. This is having a burgeoning effect on these services, they're unable to cater to the growing population - they're stretched. But in 2015 more doctors were brought in to address the lack of appointments and things drastically improved. However the problem still remains for pharmacy - there's still a single provision. If data suggests there's more gp appointments needed then more gps are put forward. Its as simple as that, other GP's are not asked because they don't go through a regulatory process. But the situation for community pharmacy is very different.

My single aim today is to prove to you that over the past 15 years the current pharmacy has been struggling to cater to this growing population, and that it consistently offers an inadequate level of provision to this community - with brief periods of improved provision when decision makers (i.e. the board) examine the provision in Burntisland. I will prove this by looking at evidence provided by 3 key players. The Community Council, the HealthBoards public consultation, and the elected councillors.

Slide 1 - Neighbourhood & Population

I won't talk in detail about the amenities of Burntisland, suffice to say the neighbourhood is Burntisland in its entirety and is a neighbourhood of all purposes, with its boundaries clearly expressed in the application. What I will talk about is the population.

The 2020 Mid Year estimate shows that the population is 6,620. However, this doesn't cover the neighbourhood fully. There are three datazones that surround Burntisland that have a total population of 2,061. We already know that Burntisland is a thriving area more so than Kinghorn and Aberdour. Taking a conservative approach, we can safely say that at least 1,000 of these people will be accessing the many services of Burntisland. This shows that Burntisland caters to a minimum of 7,620 people [transition]. A sizable number for only one pharmacy to serve.

Slide 2 - GP Comparison

And this is reflected in the practice list sizes of the surgeries in Burntisland - showing that the surgeries cater to a larger population than Burntislands population. Also, the practice list size is more than double that of Kinghorn, and Aberdour does not have a dedicated GP surgery

Slide 3 - Inadequate & Erratic Service

This table shows you a timeline of 15 years, of inadequate provision, thats documented by various organisations

Slide 4 - Inadequate & Erratic Service

It starts in 2008 local residents supported a new pharmacy application where they state long waiting times, poor staffing, and stock issues with Lloyds. The PPC stated that eventually another pharmacy would be needed because Burntisland was growing.

At the hearing Lloyds pharmacy made commitments to the PPC:

Slide 5 2008 Lloyds Commitments

- Promised a second pharmacist to bring down the waiting times
- And that they would extend into the shop premises next door because of the lack of existing space.

They said by addressing staff shortages it meant pharmaceutical services were now adequate.

But the problems quickly resurfaced because the crucial 2nd pharmacist cover fell through.

Slide 6 - Inadequate & Erratic Service

In 2015 Burntisland Community Council proved that another pharmacy is needed by engaging with 500 people and doing a focus group session of 350 people. They bought in external agents to conduct this engagement and to produce a Community Action Plan for them. And a top priority of the plan is to address the problem that one pharmacy simply cant serve Burntisland and that they want to

“Lobby NHS Fife to extend the local provision of pharmacy services”

So why are hundreds of residents engaging with these external agents saying that they want another pharmacy. Most areas in NHS Fife of this population size benefit from 2, sometimes even 3 pharmacies.

Slide 7 - Inadequate & Erratic Service

In 2016 Burntisland residents supported another pharmacy application. The PPC determined that the existing provision was inadequate but couldn't support an application that had no purpose built premises or even planning. Interestingly the APC also said a pharmacy would be desirable. Most APC's usually object or have no say.

It's important to appreciate when inadequacies are proven a pharmacy contract is granted - but not here. I've never come across a situation like this.

There was an appeal and a re-hearing took place where Lloyds made commitments again....

Slide 8 - 2016 Lloyds Commitments

They

- Brought in a second pharmacist to bring down the waiting times - extra 38 hours of working staff
- Brought in a Dispensing Technician
- Increased opening hours
- Done another minor relocation

Slide 9 - Inadequate & Erratic Service

Even with these improvements, the PPC felt that the current provision was "still bordering on inadequate provision". However, the application was unsuccessful and shortly after the problems quickly resurfaced and the crucial 2nd pharmacist cover fell through AGAIN. So you can see a pattern emerging here.

Slide 10 - Lloyds Commitments Failed again

It's disheartening that the Community Council's recent letter of submission reiterates these broken promises.

"a second pharmacist would be in place on a regular basis to deal with the excessive pressure, this only lasted for a brief period"

Slide 11 - Inadequate & Erratic Service

Some years later, I approached local residents and leaders of the community and I came to learn that problems were worsening.

So I worked with the Board to launch a public consultation.

The findings of the consultation cite all the issues previously mentioned and the CAR clearly states that there is a continuous theme that the current pharmacy is inadequate.

Slide 12 - Inadequate & Erratic Service

What's been happening since the public consultation. No doubt Lloyds will say today that since the 2019 public consultation things have got better... cue the commitments again. Most recently, the Community Council's letter of submission confirms that there are still "chronic problems of inadequate pharmacy services".

Slide 13 - Issues After Public Consultation.

Not only has the loss of the second pharmacist affected service delivery in a big way, it's been further exacerbated by around 40 weekly hours of other key staff being cut during covid. The parent company of Lloyds has been strategically lowering operating expenses i.e. on the ground workers. As a result they've experienced higher profits of 239% compared to the year before COVID as stated by Executive Britt Vitalone

When you have staff cuts, then staff retention becomes a problem too. There is added pressure on existing staff and they end up leaving, that's been happening here too, this Lloyds branch has found it difficult to keep a pharmacist manager. In a branch where there are clear issues, there should be an increase in staff not a reduction.

Slide 14 - Inadequate & Erratic Service

The elected councillors of this area confirm that the issues still remain. In their recent letters of submission they cite long prescription waits (20-40 mins), short supply of medicines due to their restricted suppliers, and they explicitly say a new pharmacy is necessary. I attended the community council meeting 2 weeks ago and spoke with attendees - no one is saying that things have improved.

You can see that over a 15 year timeline there are several organisations, and representatives telling us about the continuous theme of inadequacy.

I believe it's very unfair for an area of this size that caters to such a large population to only have access to a single pharmacy in this way.

Slide 15 - Key themes in the CAR

450 responses were received, which is an excellent response rate. I believe it's the highest in the Board. So what did the people say?

Key Themes CAR discussion

- First 4 columns relate purely to people saying there are stretched services
- **Slide 7** Highest complaints are for stretched services at the pharmacy specifically (374)
- People elaborate on these comments, the biggest complaint is on long waiting times (327). The community council confirms this in their submission by saying there are "regular waiting times of up to one hour, or people are asked to come back after two to three hours or the next day." **Animation**
- **Slide 8** Comparison of Pharmacy service v GP service is important too. We discussed this earlier, and it clearly shows what happens when the issues are tackled head on. The GP services were massively restructured but nothing has happened for Community Pharmacy - that's why there's significantly more complaints. We have an opportunity to finally fix this.
- **Slide 9** Poor Stock Availability is a concern too. Lloyds is owned by a large wholesaler and they prefer to primarily buy from their own wholesaler AAH and Trident. They will use other suppliers on occasions, but certainly don't have anywhere near the availability of drugs that an independent pharmacy offers. Now if there's only one pharmacy in the area it's a serious problem. Other areas of smaller and similar populations have 2 or more pharmacies, if one doesn't have the medication a patient can easily walk to another pharmacy. We don't have that here.
- Poor staffing - another key theme that ive touched on. The second pharmacist has been cut, and around 40 hours per week of other key staff.

Slide 12 Burntisland Pharmacy

This brings us full circle to what I said in my opening statement. The pharmacies that I've helped build, they address specific inadequacies, and there's a lot here that I want the new Burntisland Pharmacy to help fix.

- I want people to get advice quickly and consistently from a HP, right now the staff are busy dispensing and the pharmacist doesn't have the time to speak to patients.
- I want people to have quick and reliable access to medication, by having a wide range of suppliers so we're not beholden to a parent wholesaler company.
- I want people to have prescriptions filled quickly, by increasing staff numbers, and thereby allowing the pharmacy team to focus on other services like pharmacy first, and working more closely with GP surgeries.

Slide 13 - SIMD

Let's examine the health and deprivation of the area.

The Scottish Government says that "SIMD can be used to target policies and resources at the places with greatest need" and services are targeted at the "15% most deprived". Burntisland falls in the 15% most deprived for both health and SIMD.

Slide 14 - Burntisland Health Comparison

This table shows that Burntisland is more Health deprived than the neighbouring areas. The lower the rank the poorer health it has. We can see here Burntisland sits in the 15% most deprived. This shows there's a greater need for health services here (like a community pharmacy).

Slide 15 - Burntisland Health Comparison

Burntisland has worsened in health since 2016 by 3.5%

Slide 16 - Burntisland Overall Deprivation

- Interestingly Burntisland has improved in its overall deprivation
- Shows that the health inequalities aren't being tackled

Slide 17 - Viability Can Burntisland sustain another pharmacy?

This table shows population sizes in increasing order, and the number of pharmacies they have in NHS Fife. The populations are smaller or similar in size to Burntisland. All of them benefit from more than 1 pharmacy, some of them have 3. So this shows the standard for smaller or similar populations is to have more than one pharmacy in NHS Fife.

Slide 18 - Viability

This table shows the same thing across Scotland.

- Pitlochry benefits from 2 pharmacies and it has a significantly less population.
- **Slide 19** Both Blackburn and Lesmahagow have 2 pharmacies. These are new village contracts and have significantly smaller populations. Both pharmacies in each community are coexisting and are viable
- **Slide 20** Gorebridge has a similar population to Burntisland which has two Lloyds pharmacies. All this again proves that two pharmacies can comfortably co-exist

Slide 21 - Delivery Service

It's interesting to note that Aberdour Pharmacy is in attendance today as they were not invited to any previous applications. The only way it can serve Burntisland is through a delivery service. But it's impossible to serve a population of 7,600 from 3.2 miles away. There are other issues, in that a delivery service masks residents' difficulty in accessing the most immediate pharmacy, and crucially, it does not allow Core Services to be delivered. Pharmacy services are largely accessed by patients coming into the pharmacy, having face to face interaction with a healthcare professional. This is why large chain multiples are moving away from offering the delivery service and in fact the Head of Lloyds says "there is less interaction with a pharmacist" through such a service. The pharmaceutical care plans, NAP, and various other PPC's across Scotland feel that delivery is not a service and can be withdrawn at any time.

Slide 22 - APC

I would like to address the points the Area Pharmaceutical Committee has made in their submission. The APC says the previous application was very recent and there's no material change. I beg to differ, the reality is that the application was more than 6 years ago and we've heard from various organisations that the pharmacy has gone back to offering a poor service.

Slide 23 The APC say that there are falling prescription numbers from surgeries but this actually due to reduced appointments during COVID. They're not focusing on the most important metric here - that of prescription numbers at the pharmacies. Lloyds and Aberdour pharmacies have both increased in prescriptions.

Slide 24 The APC says that the population is stagnant, in actual fact it has increased by 15% since 2001 and there are homes that have been approved recently. There are twice as many GP surgeries now.

Slide 25 The APC says that Burntisland is not cited in the Pharmaceutical Care Plan. Since the new regulations none of the 11 new contracts granted were cited in any Care Plan. Crucially, the APC have disregarded the CAR, a legal, and very thorough document which is part of the application process.

All in all the APC is selective in their data and have not taken into account all the information.

Slide 18 - Summary

Burntisland has been suffering from chronic levels of inadequate services. And at brief periods there are improvements **but they fall through. That's why the service is erratic as well.**

Key organisations and representatives are saying that current provision is inadequate.

1. The letters of submission from the 3 councillors, who live, work and have family in the area are explicitly talking of 20-40 mins waits in prescriptions and they understand the concerns of a shortage of medicines as well.

2. You would think the community council would have given up hope after 15 years but they're continuing their campaign for an additional pharmacy because they know the solutions put in place by Lloyds are short term. They say that promises are made that last brief periods and that's why in their own words they say

“there's a chronic problem of inadequate pharmacy services”.

3. The healthboard is the final key player in this picture, and their robust 90 day public consultation echoes everything that has been said today. I've yet to come across a CAR that explicitly identifies the problem and solution

Slide 19 - Boards Findings

That there's a continuous theme of the current pharmacy offering an inadequate service and a new pharmacy will reduce waiting times and relieve pressure.

So you see ladies and gentleman, other areas in NHS Fife with smaller or similar populations benefit from 2-3 pharmacies but don't suffer from these types of inadequacies. Lloyds makes the situation worse by continuing to cut its workforce. It's clear that an additional pharmacy is required. **FINAL**

ANIMATION