

**REPORT OF THE PHARMACY PRACTICES COMMITTEE HEARING HELD ON FRIDAY 18TH
MARCH, 2022 AT 09.30 AM VIA MICROSOFT TEAMS**

Present:

Appointed by NHS Fife

Mr Martin Black (Chair)
M Andrew Baillie, Lay Member
Mr Andrew Jack, Lay Member

Nominated by Fife Area Pharmaceutical Committee

Mr Raymond Kelly, Contractor Pharmacist nominated by the APC
Mrs Cara MacKenzie, Non-Contractor Pharmacist nominated by the APC

In Attendance:

Mrs Joyce Kelly, Primary Care Manager, Primary and Preventative Care, FHSCP
Mrs Karen Brewster, Note Taker

INTRODUCTION/BACKGROUND

APPLICATION FOR INCLUSION IN NHS FIFE'S PHARMACEUTICAL LIST

The hearing was called to consider an application submitted by Mrs Lisa Duncan to provide General Pharmaceutical Services from premises situated within Saline Community Centre, 13 Main Street, Saline, KY12 9TL

Under Regulation 5(10) of the NHS (Pharmaceutical Services) (Scotland) Regulations 2009, as amended ("The Regulations") the Pharmacy Practices Committee (PPC) were required to determine whether the granting of the application was necessary or desirable to secure the adequate provision of Pharmaceutical Services in the neighbourhood in which the Applicant's proposed premises were located.

- a) The Regulations require that the Committee shall have regard to:-
- the Pharmaceutical Services already provided in the neighbourhood of the premises named in the application by persons whose names are included in NHS Fife's Pharmaceutical List;
 - any representations received by the Board under paragraph 1 of the aforementioned Regulations;
 - any information available to the Committee which, in its opinion, is relevant to the

consideration of the application;

- the Consultation Analysis Report submitted in accordance with regulation 5A;
 - the Pharmaceutical Care Services Report; and
 - the likely long term sustainability of the Pharmaceutical Services to be provided by the Applicant.
- b) It was noted that copies of the following had been supplied to the members of the Committee, the Applicant and those who submitted a representation and had accepted the invitation to attend the hearing.
- Application Form A (1), Letter from Councillor Mino Manekshaw
 - Representations received from ;-
 - I. Dears Pharmacy
 - II. Saline & Steelend Community Council
 - III. NHS Fife's Area Pharmaceutical Committee
 - IV. NHS Fife's Director of Pharmacy
 - Consultation Analysis Report (CAR)
 - A map of the area indicating the location of the proposed Pharmacy, existing Pharmacies and GP Surgeries and distances from these to the proposed site.
 - An extract from the Fife Local Development Plan
 - PPC Rules of Procedure
- c) The Chair determined that the hearing should take the form of an oral hearing and the Applicant and those who submitted a representation were given the opportunity to attend the hearing. Those who accepted the invitation are listed below:-
- i. Mrs Lisa Duncan, Applicant, accompanied by Peter Barilone
 - ii. Mr David Chisholm, Community Representative
 - iii. Mr Mahyar Nickkho-Amiry, Dears Pharmacy
- d) The Committee noted that written notification of the application from Mrs Duncan was issued to the under-noted within 10 working days of the application being received in accordance with paragraph 1 of schedule 3 of the Regulations:-
- i. NHS Fife's Area Pharmaceutical Committee
 - ii. NHS Fife's GP Sub Committee
 - iii. Pharmacies in High Valleyfield and Oakley
 - iv. Local Community Council

It was also noted that the Application had been provided to NHS Fife's Director of Pharmacy.

- e) The Committee noted that written representations were received from the under noted within the required 30 days of written notice being sent to them:-
- i. Dears Pharmacy
 - ii. Mr David Chisholm, Community Representative
 - iii. NHS Fife's Area Pharmaceutical Committee
 - iv. NHS Fife's Director of Pharmacy

No.

01/22 CHAIR'S WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the hearing, and round the table introductions were made.

02/22 DECLARATION OF MEMBERS INTERESTS

Prior to the commencement of the hearing, the Chair asked the members whether any of them had an interest to declare or were associated with a person who has any personal interest. The Chair then asked the Applicant and interested parties whether any person assisting them at the hearing was appearing in the capacity of Counsel, Solicitor or paid Advocate.

The Chair asked those present if they had any objections to the meeting being recorded for the purpose of the Minutes. All those present agreed they had no objections to the meeting being recorded.

There were no other declarations of interest, nor were any persons making representation attending in the capacity of Counsel, Solicitor or paid Advocate.

03/22 FORMAT OF HEARING

The Chair briefed those in attendance of the intended format of the hearing.

The Chair advised that the Applicant would be asked to make her submissions, followed by questions from the interested parties, then from members of the Committee.

The interested parties would then be asked, in turn, to make their submission, followed by questions from the Applicant, the other interested parties and then the Committee.

The interested parties would then be given the opportunity to sum up, followed by the Applicant.

04/22 APPLICANT'S ORAL SUBMISSION

Mrs Duncan thanked everyone for attending to discuss and consider her application to open a new Pharmacy from premises situated within Saline Community Centre, 13 Main Street, Saline, KY12 9TL.

Mrs Duncan (LD) spoke to her Presentation (Attached as Appendix 1)

05/22

INTERESTED PARTIES QUESTION THE APPLICANT

05/22.1 Mr Chisholm (DC) had no questions for Mrs Duncan (LD).

Mr Nickkho-Amiry (MN) questioned Mrs Duncan (LD)

MN asked LD if she agreed that residents would need to leave the neighbourhood daily to access most services that they require.

LD agreed that perhaps this may once have been the case, but less true now. She believed that with having the Primary School in Saline, people do not need to leave the neighbourhood to take their children to school and also that the way people shop has changed greatly. People now get their shopping online.

06/22

COMMITTEE MEMBERS QUESTION THE APPLICANT

06/22.1 Questions from Mr Andrew Baillie (AB) to the Applicant (LD)

AB reported that he had visited the premises and they were not particularly appealing. He asked LD how the Pharmacy would be set out and if there would be sufficient security in the Community Centre when the Pharmacy was closed.

LD confirmed there would be sufficient security. As part of the preparation when submitting the Application, LD had asked a shop fitter, who specialises in Pharmacy fit outs, to make sure the premises would be appropriate. He had done a preliminary plan for the Pharmacy and it would be fully alarmed and fully isolated. LD had also spent a lot of time with Estates in Fife Council looking at the plans. The Community Centre would still be fully accessible, whether the Pharmacy is closed or open and this has been fully discussed and agreed with Fife Council.

06/22.2 Questions from Mr Andrew Jack (AJ) to the Applicant (LD)

AJ asked LD what the Pharmacy First Service was and how it would be an advantage to the services that exist currently.

LD confirmed that Pharmacy First replaced the Minor Ailment Scheme, and allows Pharmacists to provide antibiotics, for conditions such as urinary tract infections, skin infections, which are normally provided under the remit of a Patient Group Direction. This service is managed by a Pharmacy Independent Prescriber, who is able to offer an extended service for minor conditions i.e. earache and back ache, which allows for a wider scope of prescribing.

AJ asked if a patient would have to visit their GP to currently access this Service.

LD confirmed they would not currently visit their GP, they would visit their Pharmacy where this service would be carried out by an Independent Prescriber.

AJ asked if Oakley Pharmacy currently employed an Independent Prescriber.

LD was not aware that they did.

Regarding viability, AJ stated that LD had mentioned in her presentation that the proposed Pharmacy would generate 3,000 prescriptions items per month.

LD confirmed that she had carried out a Freedom of Information request to find out how many items the area could potentially generate to ensure that she was submitting an Application to an area that would be viable. This showed that in this area there are more than 3,000 items generated per month. Presently these are split between different Pharmacies as there is not a Pharmacy in Saline, which proved to her that there is currently sufficient items being generated that would make a Pharmacy viable.

AJ asked LD if she believed that potentially more than 3,000 items would make a Pharmacy viable.

LD agreed it would.

AJ asked what she felt the impact would be on surrounding Pharmacies.

LD believed that currently the majority of items are dispensed at Oakley Pharmacy.

At this point MN clarified that Oakley Pharmacy does provide Pharmacy First and has a Pharmacy Independent Prescriber.

06/22.3 Questions from Mr Ray Kelly (RK) to the Applicant (LD)

RK asked LD to specify the boundaries of the proposed neighbourhood for clarity.

LD confirmed that when she first submitted the Application she had stated that the neighbourhood was the settlements in their entirety of Saline and Steelend. She reported that she had come to realise, during the delay due to Covid and having gone through more PPCs, that she had found it difficult to set her neighbourhood because she was trying to reflect the rural area that surrounds Saline that also considers itself as part of the Saline community. She believed that because of that her neighbourhood would be Saline and Steelend in its entirety but her catchment area would be Saline and Steelend, and the rural area which is to the North of Saline. LD believed that David Chisholm, with whom she had quite a few conversations regarding the neighbourhood, would be able to clarify this as she had tried to reflect her neighbourhood onto the area that the Saline Community Council delivered their newsletter to as they take in the rural farms and hamlets that surround Saline. She felt that it was difficult to define the neighbourhood, taking into consideration the rural areas, where they have their own population which also use the facilities within Saline.

RK asked if there is a sign as you are entering Steelend that says welcome to Steelend and is there a sign when you enter Saline that says welcome to Saline.

LD was unsure of a sign at the beginning of Steelend but believed there was one at the beginning of Saline.

RK reported that he had asked the question if there is a sign that says welcome to Saline and Steelend as he was trying to clarify if they are two different villages or classed as one village in terms of the Legal Test. RK asked if she accepted that from Lord Nimmo-Smith's point of view that Saline is a neighbourhood within its own right.

LD disagreed and said that in her opinion the neighbourhood would be Saline and

Steelend as they regard themselves as linked.

RK asked where residents of Saline go to for the Dentist..

LD believed they would go to Dunfermline and various different places. She understood the point he was making but stated that looking at the SIMD data, it underlines the fact that Saline is deprived in terms of its access.

RK asked if LD felt it would be correct that people would go outwith the neighbourhood to access Dentists, Banks, Supermarket's etc.

LD agreed but believed this was reflected in the SIMD data, which shows that the three data zones are deprived in terms of access to services but she felt that things have changed in terms of the way people access these services i.e. online banking, online shopping, therefore she agreed that although to access some services you would need to be there in person, she felt things had changed in the way that people use neighbourhoods.

RK asked if online Pharmacy shopping exists.

LD confirmed it does exist but believed it was not likely to be used by a 75 year old lady that has mobility problems and doesn't have access to a computer. She did not believe it offered an all-round Pharmacy service.

RK asked where the 75 year old would currently access Pharmaceutical Services, and asked if they would get no service or would it be outwith the village.

LD confirmed that they currently access services outwith the village, or alternatively they do not access it at all, which has been demonstrated through the pandemic, where people cannot access services.

Regarding the increase in pupils attending the school in Saline, RK asked if 100% of them live in Saline and Steelend or if they come from the wider catchment area.

LD believed the increase in the amount of pupils at the Primary School is due to the new houses that have been built in Saline, and that they come from Saline, Steelend, the rural areas, Blairhall and Comrie.

In regards to LD's comment that people did not have to travel to the Primary School, RK asked if this would not strictly be the case as there are still some parents who have to travel to the Primary School.

LD agreed that what he was saying was fair but felt that for the 1200 residents of Saline and Steelend this makes a difference.

LD had stated in her presentation that 92% of the population had responded positively to the CAR. RK asked if 92% was from the neighbourhood or the catchment area.

LD confirmed this figure was from the 314 people that had responded to the Consultation.

RK asked, is that 92% of 314 people which is 25% of the total population.

LD confirmed it was.

RK asked if 2,000 is the minimum population she would need for a Pharmacy to be viable and if the 3,000 prescription items she referred to would make a new Pharmacy viable.

LD confirmed this was correct and reported that she had used the comparison figure of 1800, which previously was the figure used for Essential Small Pharmacies, which no longer exists.

RK stated that you need to have an Independent Prescriber to provide the Pharmacy First Plus Service and asked if LD agreed.

LD agreed this is the case.

RK asked what would happen to this service if LD went on holiday and whether or not she would only employ Locums who had the Independent Prescriber qualification.

LD's understanding of the Scheme was that the Pharmacy had to provide this service for 40 weeks of the year, which she confirmed she would be there for.

RK asked, if LD was granted the contract then decided two or three years down the line she wanted to sell it, would that only be to a resident of Saline and to someone who would provide the Pharmacy First Service.

LD did not envisage selling the Pharmacy in two years' time if she was awarded the contract.

06/22.4 Questions from Mrs Cara MacKenzie (CM) to the Applicant (LD)

CM asked LD if it would be her intention to work in the Pharmacy Monday to Friday and Saturday morning.

LD confirmed she would be working full time but it would be difficult to say what her defined hours would be. To start with, she intended to be there as much as she can.

In terms of Pharmacy First, CM wondered if LD had a niche at all that she was comfortable prescribing in and if she had done any assessment into the needs of the population.

LD reported that the qualification she had was in Substance Misuse, which she felt there was not much call for nowadays. She stated that she had not completed the common Clinical Conditions two day course but confirmed that she intended to do so. Once she gets to know the community better and has some collaboration with the GP Surgery, if there is a necessity for other types of clinics to deal with respiratory or hypertension then she felt that would be a fantastic route to follow.

CM asked if LD will be moving closer to the area if the contract is granted.

LD confirmed that she would be moving closer.

06/22.5 Questions from the Chair (Ch) to the Applicant (LD)

Ch asked LD what she felt the minuses would be of having a Pharmacy located within a Community Centre.

LD did not envisage any minuses. She believed it was in a great location as it is central and potentially allows the Community Centre to become a hub to the community. She felt at the moment she could only see positives and not negatives.

Regarding the FOI and 3,000 prescriptions being available in the area, Ch asked LD if she felt this would impact the 11,000 prescriptions that Oakley Pharmacy currently prescribed.

LD stated that an average Pharmacy could prescribe between 4,000 and 6,000 items per month, whereas Oakley dispenses between 11,000 and 12,000 so they have a huge amount of dispensing volume. In terms of the 3,000, the majority of the items are picked up by Oakley so it would have an impact on them but in terms of would it affect their viability, absolutely not.

Ch stated that in terms of Pharmacy First, the proposed Pharmacy planned to open on a Saturday, he asked LD if Oakley Pharmacy is open on a Saturday.

LD confirmed that Oakley Pharmacy is open on a Saturday.

Ch asked where the new houses are going to be based.

LD reported that there is a proposed site, which she believes is up the North Road, potentially for 150 houses, and believed this would warrant a new Pharmacy in Saline, although they would be free to go to any Pharmacy.

07/22

INTERESTED PARTIES' ORAL SUBMISSIONS

07/22.1 Mr David Chisholm (DC) referred to the documentation he submitted originally (Paper 2(ii)) and emphasised the following points.

The Community is very defensive and tries to prevent things but we are happy to work with Fife Council and other authorities and the private sector to help implement it. Within that vision improved Healthcare is very important. It is more than 30 years since there was a GP in the village. We have had conversations with Oakley Medical Practice to see if they would consider a satellite service to overcome the need to go down to Oakley but they do not have the resources and it is unlikely that it will ever return. However having a Pharmacy in the centre of the village, will give people the opportunity for face to face contact with a Health Professional without having to travel to Oakley. A young mum with a child that is unwell would not want to be putting them in a car and travelling outwith the village for healthcare. Just being able to ask someone for an opinion is reassuring. DC referred to the letter from Oakley Medical Practice, which confirmed that having a Pharmacy in Saline would reduce their workload.

Earlier this week my eight year old grandson was unwell with an ulcer on the back of his throat. My daughter asked family and friends for their opinion. They told her she would need to take him to a Health Professional. She then rang Oakley GP Surgery and

explained the circumstances to which she was told there were no GPs or Nurses available therefore there was no one to call her back which was very distressing. It ended up it wasn't too serious but it could have been. If she had been able to walk to the Pharmacy and get an opinion that would have been reassuring.

DC referred to one of the Panel asking about signage in the village. DC confirmed that both Saline and Steelend have signage at the start. Saline and Steelend is a Parish and the boundaries extend quite a long way North and take in the majority of the isolated properties and farms. People identify Saline with Steelend. DC believed that LD was right in saying a lot of people have food delivered to them. It is also the kind of place where people have a sense of neighbourliness, support and resilience. DC pointed out that through the Beast from the East people were caring and helped each other and that this has carried on through the pandemic. He felt that people are learning to live without using a car, which is part of their vision to reduce car usage and carbon emissions.

DC confirmed that Fife Council are going to carry out some essential roof repairs to the Community Centre and make the building more attractive.

DC stated that someone asked about the Dentist and confirmed that people do have to travel to Dunfermline or Oakley for a Dentist, however he believed that if the population were to grow there would always be a possibility that someone may build a Dental Practice in the village.

With regards to housing, DC advised that a site has been identified in Steelend which could accommodate another 40 or 50 affordable housing but most significantly there is a large stretch along the West Road which has been identified by developers for private housing and that has capacity for 200 to 300 new homes.

08/22

INTERESTED PARTIES QUESTION MR DAVID CHISHOLM

08/22.1 Questions from the Applicant (LD)

LD had no questions for DC.

08/22.2 Questions from Mr Nickkho-Amiry (MN) to Mr Chisholm (DC)

MN asked if DC agreed that people have to leave the defined neighbourhood in the course of their daily life to access most services.

DC agreed that people are inclined to leave the village less than they did previously. He advised that it was an ambition to take the shop into community ownership. At the moment it only has a limited stock of bread, milk and cigarettes etc, whereas people want healthy options such as fruit and vegetable which can be grown locally. This is all part of promoting the village as a healthy place to live. He also believed that peoples shopping patterns have changed and giving that fuel costs have risen, people will be less inclined to use their cars.

09/22

COMMITTEE MEMBERS QUESTION MR DAVID CHISHOLM

09/22.01 Questions from Mr Baillie (AB) to Mr Chisholm (DC)

AB had no questions for DC.

09/22.02 Questions from Mr Jack (AJ) to Mr Chisholm (DC)

AJ asked how DC's grandson's ulcer was resolved and if it involved travel.

DC was unsure what had been suggested through Facebook but it was not as serious as it looked. DC stated that if a prescription had been needed, they would have had to travel to Oakley.

09/22.03 Questions from Mr Kelly (RK) to Mr Chisholm (DC)

RK asked if the Parish would be more indicative of the catchment area or if it is Steelend only.

DC reported that the Parish is the largest in West Fife. To the South of Saline and Steelend is the Hamlets of the Kinneddar Park and Castle Burn and there are two roads that lead South, where the boundary is about half way down to Oakley, and to the North West, the North and to the East, it extends quite a long way to Busses Farm and beyond, probably about two miles into the village. On the Eastern boundary is Knockhill, then to the East of Saline and Steelend you have Upper Steelend and beyond that, a small Hamlett called Dunduff. DC stated that what he was trying to clarify is what people identify as a neighbourhood. He believed that perhaps someone living in that area is probably as close to Powmill, which is in Perth and Kinross.

RK asked DC to clarify that the Parish is the wider area.

DC confirmed it was.

RK referred to DC's statement that it had been more than 30 years since the village had a GP and that he had engaged recently with the GPs in Oakley but they had advised that they do not have the resources to provide that service again. RK asked if he thought it would be fair to say that the GPs did not think it would be viable to open a GP Surgery for that size of population.

DC believed they had a problem recruiting, but they had not discussed the economics behind it. He had suggested an ANP sitting in the Community Centre at designated times, which is not as good as a Pharmacy but felt it may have been a step in the right direction.

Referring to the issue of DC's grandson's ulcer, RK asked if DC would accept that another option would have been to telephone the Pharmacy in Oakley.

DC answered yes, but said it was a shock to see the child's ulcer at the back of his throat.

RK asked if DC was aware of the service that has been brought in on the back of Covid, where you can video call a Pharmacy, and they can give advice.

DC accepted that this was a possibility, but is wary of technology. He believed there is no substitute for human contact.

RK asked if DC was aware if any of the nearby Pharmacies deliver.

DC confirmed that Dear's Pharmacy deliver and since they have taken over from the

previous Pharmacy the opening hours are much better.

RK clarified that the Legal Test is the process for considering Pharmacy Applications only and therefore, should a decision to award a Contract to Saline be granted, it will be based only on the Legal Test and not the prospect of becoming a catalyst for other businesses and Fife Council.

DC agreed.

RK stated that if there is a chance that there will be Community ownership of the shop, this suggests that it will not be viable and asked for DC's comments.

DC believed the shop is a separate issue. He advised that he was in discussions with the sons of the shop owners to try and improve the offering. In his opinion, people are sometimes unwilling to accept change, but he felt this could be resolved separately. In terms of the Community Centre, they are looking at various options. The Community Council have spoken to the Scottish Land Fund, where they could proceed to stage two. They are relying on public support, but people are wondering where the money is coming from. He presumed a commercial anchor would be an important first step, in putting together a plan. Outright ownership is one option, but he felt that negotiating a management agreement with Fife Council may be more realistic.

RK asked DC if the plan was not wholly dependant on there being a Pharmacy.

DC confirmed it was not, although believed it would ensure that the building is open at all times.

09/22.04 Questions from Mrs MacKenzie (CM) to Mr Chisholm (DC)

CM had no questions for DC.

09/22.05 Questions from the Chair (CH) to Mr Chisholm (DC)

Ch was concerned that the Pharmacy may be used to create a spring board for other businesses within the Community Centre and asked for DC's comments.

DC felt a new Pharmacy would make it easier to come up with a business plan for the Community Centre, but the model in mind, which goes back a few years, when they were first approached, is based on a property in Twecker, Glasgow, where they developed a Community Centre which in his opinion is an amazing place. DC had visited the Centre which has a Pharmacy and a Community Café, a toy shop etc and is a vibrant place. DC believed this would still be possible to achieve without a Pharmacy.

Ch referred to the negativity in the response to the CAR regarding Methadone and asked DC how he would see that impacting on people entering and leaving the Pharmacy and having to go through the Community Centre.

DC explained that people can enter through the foyer without going through the whole Centre where there is a plan to make it more attractive. There is also a consultation area in the proposed plan which will allow privacy for service users.

10/22.01 Mr Nickkho-Amiry (MN) spoke to his presentation (Attached as Appendix 2)

INTERESTED PARTIES QUESTION MR NICKKHO-AMIRY (MN)

10/22.02 Questions from the Applicant to Mr Nickkho-Amiry (MN)

LD had no questions for MN.

10/22.03 Questions from Mr Chisholm (DC) to Mr Nickkho-Amiry (MN)

DC asked if MN recognised any differences in the demography and character of Saline and Steelend.

MN agreed with some of the points, that there are a number of villages collectively that would pass as one neighbourhood.

DC asked how much experience MN had with social surveys and responses from communities being asked questions, as he felt MN had belittled the fact that 314 people had responded to the Consultation, which he believed was a terrific response.

MN stated that he did not disagree and clarified the fact that he was commenting on the percentage of people. MN felt that the number of people who you would have expected to reply, was not high enough.

DC asked if MN monitored the Community Facebook page as he would see the discussions that have taken place. He believed this was a sophisticated Community.

MN agreed, and went on to say that since he had taken over Dear's Pharmacy he had tried to meet with the Community Council on several occasions but due to Covid had been unsuccessful however he confirmed that he would be attending the next Community Council meeting. MN reported that he believes in engaging with all the local communities that they serve through their Pharmacies.

DC asked if MN knew the price of an adult bus ticket between Saline and Oakley.

MN did not know.

DC confirmed the price is over three pounds and if you have children you will also be expected to pay for them. He believed the bus service was unreliable and expensive.

COMMITTEE MEMBERS QUESTION MR NICKKHO-AMIRY

10/22.04 Questions from Mr Baillie (AB) to Mr Nickkho-Amiry (MN)

In regards to MN's neighbourhood, AB asked MN to give him the Northern Ireland citation he had mentioned in his Presentation.

MN confirmed it was the Bangor Boots from Lord Justice Carswell.

AB asked what the English case was that he had mentioned in his Presentation.

MN confirmed that it was Lord Nimmo-Smith.

AB asked if the previous case had at all agreed with or contradicted Lord Nimmo-Smith's case.

MN reported that he was merely trying to explain the definition of a neighbourhood. To show that a neighbourhood is a neighbourhood for all purposes.

Although AB was unaware of any complaints about the Pharmacy in Oakley, he asked if MN was aware of any due to the pressures on the Pharmacy.

MN was unaware of any complaints and believed this was due to the fact they have invested heavily in staffing across all their Pharmacies. He stated that the Pharmacy had more than the average of support staff which helped and especially through the pandemic, whilst other retailers chose to reduce the number of staff they had increased their levels even further, hence making sure there were no interruptions to Pharmaceutical Services.

10/22.05 Question from Mr Jack (AJ) to Mr Nickkho-Amiry (MN)

AJ was interested in the Telewell App that MN had mentioned earlier. AJ was familiar with Near Me but not Telewell. He asked if there is a facility through Telewell, from a Pharmacy First point of view, that can be used.

MN confirmed that Near Me is also available in Pharmacies, where the Pharmacists can use the function to video call the patient. He advised that the App he uses in his Pharmacies is called Healthera which, as a business he pays for but makes it available for free to customers. This allows customers and their dependents to download the App, add their medication, how many they take in a day and the supply they have. The App then prompts them when to take their medication and also counts down for them so reminds them when to reorder. Once they order their medication they can then go onto the App and find out when the Pharmacy has delivered it to the Surgery and when it will be ready for collection, or if they wish to have it delivered, or they can use the 24 hour collection point. There is also an instant messaging function, where the patient can chat with the Pharmacist if they wish to do so or to purchase some medication after chatting with the Pharmacist.

10/22.06 Questions from Mr Kelly (RK) to Mr Nickkho-Amiry (MN)

RK asked MN to clarify if he thought that Oakley was a different neighbourhood or part of Saline.

MN was of the opinion that it depends on how each person sees it. From a personal point of view he sees Oakley, Saline, Steelend, Carnock, Gowkhall and Blairhall as one neighbourhood because it is all one rural area, it is not urbanised.

RK asked MN if he would accept that in Lord Nimmo-Smith's judgement, he makes comment about neighbourhood having a sense of place.

MN agreed.

RK asked how often MN delivered to Saline.

MN confirmed that deliveries were made every day.

RK asked if it was just once a day and if they have a cut off time.

MN explained they travel to the Surgery numerous times a day, then deliver on a daily basis. He confirmed there is not a cut off time but normally the majority of deliveries are done by 3pm, then they tend to reserve the time between 3pm and 6pm, for urgent deliveries. There are delivery drivers available at this time, essentially preparing for the following day. During the opening hours there is capacity to deliver every day.

RK asked MN if he could give him an example of anywhere in Scotland where a new Pharmacy Contract has been awarded and has resulted in the closure of an existing Pharmacy.

MN confirmed he could not.

RK pointed out that the Applicant had stated that Oakley Pharmacy's viability would not be impacted by losing 3,000 prescription items. He asked if he was correct in thinking that 3,000 prescription items would be a 25% decrease in their prescription volume.

MN confirmed that it absolutely would affect the viability and would have an impact on other services, such as staffing levels and service.

RK stated that MN had mentioned that during the pandemic, unlike other retailers, they had boosted their staffing levels. RK asked if he perceived himself just as being another retailer and how would he compare that with another Pharmacy.

MN clarified that they class themselves as an Independent Pharmacy Group, and during the pandemic they saw a lot of the large national Pharmacy chains cutting staffing because they saw massive reductions in their revenue, as they do a lot of other things that are not related to Pharmacy. MN believed they needed to make sure their staffing levels were maintained it was acknowledged that GP Practices closed their doors, so they took on more members of the Team and trained them up to support the Pharmacy. He stated that he always tries to look after local people and create jobs locally.

10/22.07 Questions from Mrs MacKenzie (CM) to Mr Nickkho-Amiry (MN)

CM asked MN to clarify, regarding Pharmacy First, if his two Pharmacists are Independent Prescribers.

MN confirmed that one of the Pharmacists has just passed at the start of this month and the other is due to pass in the next two months. They both work full time so every day that the Pharmacy is open, including Saturdays there will always be an Independent Prescriber available. He stated that they also have other Pharmacies and Independent Prescribers in the Group, therefore are able to maintain a service across all of them. MN reported that every Pharmacist in the Group will be an Independent Prescriber by 2024.

CM asked what measures are in place to maintain resilience to the Pharmacy if there is any adverse weather in the future.

MN stated that they are fortunate that the Pharmacies they have all employ staff locally. They also have a wide range of delivery vehicles which can pick up staff and

Pharmacists that live locally. He believed they are one large family who support one another.

CM referred to the App and asked MN how that works.

MN confirmed that the App has an instant messaging component which allows the patient to message a member of the team. If they can deal with the query they will, or if they feel they need to pass it to the Pharmacist they can do so, and if need be the Pharmacist can call the patient or use the video call on NHS Near Me.

CM asked MN to detail how he would provide counselling to patients if it was a new medication or something with specific counselling needs.

MN stated that when those patients receive a delivery, they make a note that they are requiring additional counselling, so when the delivery driver arrives at the house and has handed the medication over, the Pharmacist will follow up with a telephone call.

At this point Ch allowed DC to ask MN a question which he had tried to raise earlier.

DC stated that when he had met with MN a few weeks earlier, he had informed him that the GP Surgery had not supported the proposed Contract and asked if he had seen the letter that he had obtained on 7th March which confirms that they do support the Application.

MN confirmed that he had seen the letter and had also seen an email from the Surgery that had supported his Objection to this Application, which stated that there is no need for an additional Pharmacy. He felt the Surgery is basically eluding to the fact that they are saying, in principal, that if someone is willing to take on Pharmacy provision then they will support it but that is not their decision to make. That is the decision of the PPC.

DC clarified that he meant the written evidence from the Practice Manager.

MN confirmed he had seen the letter but reported that he had a copy of an email dated 2nd February from the Practice Manager who wrote the same letter to support his Objection to oppose the new Pharmacy Contract.

10/22.08 Questions from the Chair (Ch) to Mr Nickkho-Amiry (MN)

Ch asked, by definition of MN's neighbourhood, if he could clarify it.

MN confirmed that the defined neighbourhood should also include Blairhall, Oakley, Carnock and Gowkhill to the South.

Ch asked how many prescriptions Oakley Pharmacy delivers to Saline and Steelend.

MN reported that he would need to check, but he was aware they deliver a small proportion to that area.

Ch asked how many prescriptions the Pharmacy would deliver to Blairhall, Carnock.etc.

MN confirmed that collectively to the neighbourhood in the area that he had defined, they deliver approximately 1,300 prescriptions per month.

Ch asked how they could be assured that the Pharmacy App is appropriate for people who cannot access Pharmaceutical Services.

MN stated that the App is used by over 2,000 members of the community and is growing on a week by week basis. That 2,000 does not include the fact that there is also the ability to add dependents on the App. The App was brought in about three months before the pandemic and Healthera confirmed that the area they cover is one of the highest used in the UK. MN reported that they also had a 24 hour prescription collection point as part of their refit Which over 100 people had already signed up to.

11/22

INTERESTED PARTIES SUMMING UP

11/22.01 Mr David Chisholm (DC)

DC assured the Panel that Saline and Steelend constitute a place that people identify with. He believed that the neighbourhood of Saline and Steelend is quite a different place from Oakley. He felt this was important in regards to how people identify and receive their services.

11/22.02 Mr Nickkho-Amiry (MN)

MN believed the Applicant's case comes down to one question, is two miles too far to travel in a rural community, where there is very high car ownership, to access a Pharmacy when they travel for every other service outwith the village. He felt the answer was clearly no and that the existing Pharmacy provides an adequate service.

12/22

APPLICANT SUMMING UP

LD reiterated, the neighbourhood of the proposed Pharmacy is Saline and Steelend. She emphasized that there is a strong sense of identity in the community of Saline and Steelend and that she would not identify it as being in the same neighbourhood as Oakley. The catchment area is the rural area surrounding the neighbourhood stretching to the North around the A77 and South towards the A907. The closest Pharmacy is in Oakley, which is 2.4 miles from the proposed premises, which could prove difficult for people who do not have access to a car during the day and the fact that a round trip on public transport takes one hour and twenty minutes could also prove difficult. Access to the Pharmacy is of significant difficulty and therefore the current Pharmaceutical Service to the neighbourhood cannot be considered adequate. There is a high degree of support for the Pharmacy from the Community Council, local Councillors and from the GP Surgery in Oakley. LD reported that she would also like the Panel to note that it's the first time she has ever heard of 314 responses to the Consultation being described as insignificant. The population of the neighbourhood combined with the population living in the rural area, which surrounds the neighbourhood is in excess of 2,000. This population generates around 3,000 prescription items per month. There is no doubt that a Pharmacy at this location would be viable and therefore secure an NHS Pharmaceutical Service. She also reiterated that it is inconceivable that a Pharmacy in Saline would affect the viability of the Pharmacy in Oakley. She felt strongly that this Application passes the Legal Test. A Pharmacy in Saline is necessary and desirable in order to secure an NHS Pharmaceutical Service in the neighbourhood in which the proposed premises are located.

13/22

NOTIFICATION OF OUTCOME

- 13/22.01 The Chair asked all those present whether or not they felt they had had a fair hearing, they all confirmed that they had.
- 13/21.02 The Chair thanked the Applicant and the interested parties for their attendance and before asking them to leave advised them that the decision would be notified to them in accordance with the timescales laid down in paragraph 1, Schedule 3 of the Regulations.

THE APPLICANT, INTERESTED PARTIES AND PRIMARY CARE MANAGER WITHDREW FROM THE HEARING.

14/22

In accordance with the Legal Test, the Committee considered whether existing provision of Pharmaceutical Services in the neighbourhood was adequate. If it decides that such a provision is adequate, that is the end of the matter and the Application must fail.

In considering the Application the Committee took account of all relevant factors concerning neighbourhood, the CAR, the PCSR, the written and oral evidence and adequacy of existing Pharmaceutical Services in the neighbourhood in which the proposed premises would be located, in terms of regulation 5(10).

It also took account of all information available to it which was relevant to the Application

14/22.01 **The PPC were required and did take into account all relevant factors concerning the issue of:-**

- a) Neighbourhood
- b) Adequacy of existing Pharmaceutical Services in the neighbourhood and, in particular, whether the provision of Pharmaceutical Services at the premises named in the Application were necessary or desirable in order to secure adequate provision of Pharmaceutical Services in the neighbourhood in which the premises were located.

Proposed premises

The location for the proposed pharmacy is Saline Community Centre, 13 Main Street, Saline, KY12 9TL

14/22.02 **Neighbourhood**

Having considered the evidence presented to it by the Applicant, the interested parties, the Consultation Analysis Report and NHS Fife's Pharmaceutical Services Report the PPC had to decide firstly the question of the neighbourhood in which the premises to which the application related were located.

When seeking to define the neighbourhood the Committee considered a number of factors.

Mr Kelly was of the view that there had been three different neighbourhoods identified by the Applicant, the Community Council, and the Interested Party and that it was the role of the Committee to define their own understanding of the neighbourhood. It was felt that the Applicant had initially decided on Saline and Steelend but then today, added in the rural areas north of Saline. Mr Kelly felt that Saline and Steelend were two separate entities although the Applicant would not agree with this.

Mr Kelly proposed that the neighbourhood was solely the village of Saline: to Bluther Burn in the South, Saline Burn to the North, West along the B913 where West Road meets with the junction of West Park Gate, and East along the B914 to where it meets with the B913. He felt that phrases such as neighbourhoods, catchment areas and Parishes had all been used during proceedings which confused the matter. His recollection of Lord Nimmo-Smith's ruling was that the neighbourhood is the place where the proposed premises are located.

Mrs Mackenzie agreed with this interpretation and confirmed that she was satisfied that only Saline should be considered.

Mr Jack also accepted this and felt that it squared with the view of MN.

Mr Baillie disagreed with this decision as he had visited the site and had some local knowledge of the area. He spoke to a retired Post Woman during his site visit and she gave him some information on how the populations of both Saline and Steelend see themselves as one entity. Pupils from Steelend went to Saline School and newly weds would initially live in Steelend until they could afford to move back to Saline. His view was that the neighbourhood was Saline and Steelend and the hinterland. He noted that the cases quoted by MN referred to England and Northern Ireland, so they should be discounted and the Committee should make reference only to Lord Nimmo-Smith.

Mr Jack felt the neighbourhood would impact on viability of the proposed Pharmacy, thus the reason the Applicant had extended it past Saline. Although there may be around 3000 scripts per month from the neighbourhood, there was no guarantee that the Applicant would get them all.

Mr Black felt that if the neighbourhood was to be only Saline then it invalidated many of the responses to the CAR, as they came from people who lived out with Saline.

After a long discussion the Committee agreed that the neighbourhood was more than Saline, and accepted the Applicant's decision that it was both Saline and Steelend, bounded by Bluther Burn to the South, Saline Burn to the North, West along the B913 where West Road meets with the junction of West Park Gate, but in the East, along the B914 to the extremity of Steelend.

14/22.03 **Adequacy of Existing Provision of Pharmaceutical Services and Necessity or Desirability**

Having reached a conclusion as to the defined neighbourhood, the Committee was then required to consider the adequacy of Pharmaceutical Services within or to that neighbourhood and, if the Committee deemed them inadequate, whether the granting of the Application was necessary or desirable in order to secure adequate provision of Pharmaceutical Services in the defined neighbourhood.

In order to assist the Committee in reaching their decision, they took into account the following:-

Mr Baillie said it was a fact that there was no Pharmaceutical Service within the neighbourhood therefore was the service from Oakley reasonable? He felt that if he was a resident, he would not be convinced that this was the case. In his view the definition of Pharmaceutical Services was wider than being able to travel to a Pharmacy.

Mr Black stated that he had reservations about the viability of the application. He felt that this was being supported locally to aid the Community Council in taking over ownership of the Saline Community Centre as they would have a sitting tenant paying them rent. He was of the view that the current arrangements were adequate. Mr Jack agreed with these sentiments.

Mr Kelly noted that Mr Chisholm had mentioned 1500 people would be moving to new housing in the neighbourhood but the Committee could only consider the current situation. Mr Kelly felt that this would not make a material difference to the viability in any case.

Mrs MacKenzie confirmed that there were only 260 new homes planned which would not equate to 1500 residents. As Oakley Pharmacy already has two pharmacists, and three consulting rooms, it has the capacity to absorb this increase.

14/22.04 **Consultation Analysis Report**

It was noted that 92% of the 314 responses were positive, but that this number only equated to 25% of the population.

14/22.05 **NHS Fife's Pharmaceutical Services Report 2019-20**

It was noted that the FPSR did not identify any gaps in service in the Saline and Steelend area. The report had stated that services were well distributed across the Fife region and met the access needs of the vast majority of the population. Therefore the report concluded there was no unmet need for new community pharmacies across Fife.

14/22.06 **Pharmaceutical Services already provided in the neighbourhood of the premises named in the application by persons whose names are included in a pharmaceutical list**

Mr Kelly suggested that the question the Committee had to answer, was whether or not NHS Fife currently has sufficient capacity to provide a Pharmaceutical Service to that part of Fife. The median number of scripts monthly per Pharmacy to make it viable is 4300. Both the APC and the then Director of Pharmacy and Medicines noted that there was no gap identified in the Pharmaceutical Services Report for this area therefore no insufficiency of service has been identified. The Pharmacy in Oakley was busy with approximately 12000 scripts per month, but there were two full time Pharmacists in the store, and these numbers were not unmanageable.

Mrs MacKenzie felt that if she was a resident of Saline she would be content that her needs were being met in terms of Pharmaceutical Services, perhaps not so a few years ago but definitely now, as the new owners of Oakley Pharmacy provide an excellent service.

Mr Jack agreed that Oakley Pharmacy appears to have the capability but queried whether adequacy of access was the same as access at a distance. Whilst Oakley Pharmacy provided electronic solutions for prescription ordering etc, not all people were IT savvy. In his view, the true test was how many people were not getting their needs met via inadequacy.

14/22.07 Information available to the Board which, in its opinion, is relevant to consideration of the application

The Committee noted the APC and the Director of Pharmacies' views that, in line with the PCSR, a new Pharmacy Contract was not required in this area.

14/22.08 The likely long-term sustainability of the Pharmaceutical Services to be provided by the Applicant

Consideration was given to the Applicant's statement that the Pharmacy could generate around 3,000 prescription items per month, which is currently split between pharmacies outwith Saline and Steelend. The Applicant was of the view that these items could potentially transfer to the Pharmacy in Saline, however the Committee was of the view that there was no guarantee this would happen.

15/22 IN ACCORDANCE WITH THE STATUTORY PROCEDURE THE PHARMACIST CONTRACTOR MEMBERS OF THE COMMITTEE AND THE NOTETAKERS WITHDREW FROM THE MEETING DURING THE DECISION MAKING PROCESS

16/22 COMMITTEE VOTE AND DECISION

Mr Baillie felt the provision to the neighbourhood was marginally inadequate as there was no direct connection between Oakley, and Saline and Steelend. He felt it unwise to rely on one pharmacy especially in light of all the services community pharmacy now provides. He remarked that if this application was approved, he was not convinced that it would take away 25% of Dears' bottom line. He confirmed that he would support granting the application.

Mr Jack noted that the proposed pharmacy might not get all the custom from the current residents and as the new housing was yet to be built, that could not be considered. The legal test focuses on adequate provision from either within or out with the neighbourhood and he felt that the service from Oakley was more than adequate. Mr Jack therefore voted against the application.

Mr Black, as Chair had the casting vote. He felt that applicants should be able to take the risk of opening new premises but that did not fall within what the Committee could decide. He was of the view that existing service were adequate therefore voted against the application

For the reasons set out above it was the view of the Committee that the provision of Pharmaceutical Service to the neighbourhood was adequate therefore the Application was rejected.

Hearing Closed.

SALINE PPC

Introduction:

Thank you for giving me the opportunity to speak today.

My name is Lisa Duncan. I qualified as a pharmacist in 2001 and have worked as a community pharmacist since then. My first job was with Munro Pharmacy working as a relief pharmacist in Glasgow. After a few months I moved to ASDA Pharmacy as pharmacy manager and stayed with the company for nearly 20 years.

I worked in 3 different ASDA stores. Initially Linwood, then Cumbernauld then a final move to Parkhead in the east end of Glasgow where I worked for 15 years. As you probably know the east end of Glasgow is an area of high deprivation and this really allowed me to see the difference that pharmaceutical services can make to a community and the day to day lives of the people living within it.

Towards the end of my time with ASDA I spent a 2 year secondment working 2 days a week as prescribing support pharmacist in local surgeries. As well as improving my clinical knowledge this allowed me to complete my Independent Prescribing qualification and I am registered with the GPHC as an independent pharmacist prescriber.

Since December 2019 I have worked as a locum pharmacist, covering a variety of multiple and independent pharmacies.

Having been mainly based in the Glasgow area you may wonder what my connection to Saline is and if this is merely an opportunistic application. In fact I have a lifelong connection with Saline. My father was born there, and I spent a significant part of my childhood and early adult life visiting relatives in the area. Indeed, I have pictures of my great grandparents sitting outside their house in Drumhead.

Saline and Steelend are a tight knit community, and one common complaint over the years has been the difficulties that this community face when trying to access services. This is reflected in the Scottish Index of Multiple Deprivation scores for ACCESS which show that in this respect this is a deprived area.

I have made this application because I know the difference that an easily accessible pharmacy makes to a community. The onset of Covid with the ensuing perceived decrease in access to the GP service has underlined the necessity of a pharmacy in Saline. If this application is approved I will be an owner/operator working full time in the pharmacy. I believe my experience working in community pharmacy coupled with my qualification as an independent prescriber will allow me to support this community and greatly improve access to pharmaceutical services. As far as I am aware this would be the only pharmacy in the wider area providing the pharmacy first plus service.

Before I go through the Legal Test in detail, I'd like to start by making a bold claim: As applications go, this one is very straightforward

I don't think there can be much dispute that however you define this neighbourhood - either as Saline, Saline plus Steelend, or the wider rural area surrounding these two villages, **there is no existing pharmacy in the neighbourhood.**

There can also be no dispute that the nearest pharmacy to the neighbourhood is way beyond what could reasonably be called 'walking distance'.

There can be no dispute that whilst there is a public transport to the closest pharmacy it is erratic and the timings of the buses make planning a journey quite difficult with a round trip taking well over an hour. This isn't like an urban area where you can jump on a bus that passes every 15 minutes in either direction.

Car ownership data is unremarkable but that isn't hugely important. Because behind dry statistics there are all sorts of exceptions: the elderly who don't drive, parents with kids whilst their partner is at work with the car; parents with a kid sick in bed, etc... Covid has really hammered home the value to a community of a pharmacy that is embedded within it.

So I don't think there can be any dispute that this population has an **inadequate** pharmaceutical service.

There's only one factor which **may** justify the refusal of this application, and that would be if the PPC determined that there was an insufficient population for a pharmacy to be viable.

So I believe it is a simple question today for the PPC - 'Is the population of Saline/Steelend **and the surrounding rural area** of **sufficient size** to sustain a community pharmacy which would give the residents **an adequate NHS pharmaceutical service**.'

I believe the answer to the question is a resounding 'Yes'.

I'd like to go on now to talk about THE LEGAL TEST, starting with

NEIGHBOURHOOD

The neighbourhood in which the proposed premises are located would be the two adjoining settlements of Saline and Steelend.

In the words of Lord Nimmo Smith this is a '*neighbourhood for all purposes*'.

I just want to quickly clarify what that actually means. It does not mean - as is so often incorrectly claimed - that a neighbourhood must have some pre-defined list of facilities or shops or services before it can be considered a neighbourhood.

What Lord Nimmo Smith actually meant was that it doesn't matter what the context or the 'purpose' is for defining a neighbourhood. The boundaries of a neighbourhood do not change in different contexts. A neighbourhood stays the same regardless of the context, unlike the **catchment area** which will be different for different things.

For example, a corner shop in the neighbourhood called Ingliston might have a catchment area equivalent to its neighbourhood - ie Ingliston.

If I built a supermarket in Ingliston, it would also be in the neighbourhood called 'Ingliston' but its catchment area might be a wider area including Kirkliston and Queensferry.

There's also an airport in Ingliston - Edinburgh Airport. It is also in the neighbourhood called 'Ingliston', but its catchment area is the whole of central Scotland.

So the neighbourhood is the same for all purposes - but the catchment area is different depending on the context or 'purpose': The catchment area of a corner shop is not the same as the catchment area of an airport.

A neighbourhood need not have **any** existing facilities to still be defined as a neighbourhood and in fact, when this phrase was first used, it was applied to a retail park in Inverness that had no residents!

In the context of an application to open a pharmacy, the catchment area is still critically important. The neighbourhood tells you **where** the pharmacy is located, but the catchment area tells you about the size and demographic of the population a pharmacy might be expected to serve. In a rural area this is a particularly important distinction.

The important thing here is that the phrase 'neighbourhood for all purposes' has nothing to do with the range of facilities that are or are not present in a particular neighbourhood. A neighbourhood can have next to no facilities and still be a neighbourhood.

As it happens the facilities in Saline and Steelend are extremely limited. There's a school, a village shop and a mobile Post Office, and not much else. Is this a reason why there is no need for a pharmacy? Absolutely not. In fact, if there's anything the pandemic has taught us it's what services a

community **really needs** in extremis. The two things that were deemed absolutely essential during lockdown? A food shop and a pharmacy.

I'd like to talk now about EXISTING SERVICES

There is no pharmacy in the neighbourhood. The nearest pharmacy to the neighbourhood is at Oakley which is 2.4 miles from the proposed premises.

With regard to the ADEQUACY of existing services, in order to determine whether or not the existing service provided to Saline and Steelend is adequate can I first refer to the CAR.

Obviously this was done way back in 2019 in the days before COVID, but the results are still valid. If anything the experience of the pandemic is likely to have consolidated the support for a pharmacy.

Can I first point out that the level of engagement with the CAR was exceptionally high with 314 responses. This is a significant percentage of the population in the neighbourhood and the surrounding rural hamlets and adds weight to the opinions expressed by the local population in the report.

The CAR speaks for itself and I'm sure you have all read it but I'd like to highlight some important findings:

The most important one is that an overwhelming 92% of the population (who expressed an opinion) believe that there is a deficiency in the existing provision of pharmaceutical service and the most common reason was **difficulty accessing the existing pharmacy.**

Is this surprising? Remember - the village is 2.4 miles from the pharmacy at Oakley. As I said in my opening remarks, I really don't think there is a coherent argument that existing service are adequate.

And what about Q10? A massive 94% of those who expressed an opinion support a pharmacy in Saline and Steelend.

If I can just highlight some of the key themes from the CAR:

There is a high level of support for a pharmacy

Travel to a pharmacy requires access to transport - it is too far to walk

Public transport is limited and can be costly

I don't think there can be any doubt about it - the CAR is convincing evidence that a pharmacy in Saline and Steelend is necessary to address the inadequacy of the existing service.

I'd now like to look at the demographics of the neighbourhood **and equally importantly** the surrounding rural catchment area both of which the proposed pharmacy would provide pharmaceutical services to.

The population of the **neighbourhood** is approximately 1,200.

However, when you include the rural population in the surrounding area the population which we would reasonably expect to provide services to is 2,004. This is important when considering *viability*.

This is also a growing population as evidenced by the school roll:

In 2018 it was 111, and it has now increased to 168 (that's a 51% increase) and at the next intake in August it will rise to 172 (that's a 55% increase).

The demographics are quite mixed, and the population in general could be described as 'average'. But average people still need pharmacies

Looking at the neighbourhood in more detail, Saline North is in a lower SIMD, Saline south is medium SIMD, and the old mining village of Steelend is in a higher SIMD.

(This also translates into car ownership data - the parts of the neighbourhood and surrounding catchment area with the highest SIMD scores also have stark differences in car ownership. - see SNS)

What the SIMD data shows is that the area of 'deprivation' which is common to everyone is **access**.

Car ownership statistics are generally unremarkable, but as I just said there are clusters of postcodes where car ownership is markedly low. And again, this probably mirrors those people **most in need of a pharmaceutical service**.

Why? Because the people most in need of an accessible pharmaceutical service are the people least likely to have access to a car - the elderly, the more deprived, and young mothers.

So what's the bus service like?

The simple answer is 'not good' - and this is reflected in the comments in the CAR.

There is a bus every hour from Saline to Oakley.

But it's not as simple as that. You don't only need to get to Oakley - you need to get back. And that means a journey of one hour and 20 minutes. (Have bus timetable to reference)

Do I believe that no-one should ever need to use a bus to get to a pharmacy? No, I do not. But I do think that there are cases where a bus service is not an adequate replacement for a service in a neighbourhood -

and this is such a case. Expecting people to make a 1 hr 20 round trip to visit a pharmacy is **unreasonable**.

I'd just like to make a very important point. There is of course a primary school, and a General Store. These are two **key** services which allow many residents to go about their normal daily life within their own neighbourhood. Mums don't need to travel to take the kids to school. The elderly don't need to travel to buy provisions.

Of course there's one important service missing. If you think back to the early days of the pandemic and the first lockdown - what were the two **essential services** that remained open? It was food shops and **pharmacies**.

This is important because it could be reasonably argued that if residents need to travel to an adjacent neighbourhood to take the kids to school, or to buy food, then their **normal daily life** would be such that accessing a pharmacy in the same neighbourhood as the school and/or the shops would be a reasonable expectation. Such a service might be 'adequate'.

But that's not the case here. Without a pharmacy in the neighbourhood then any trip to a pharmacy must be a **specific** trip to the pharmacy. And that isn't reasonable. It's **inadequate**.

I also don't believe that a delivery service is an adequate substitute. A delivery service is sometimes useful e.g. if a mum has a sick kid at home or a pensioner is housebound **but it can never replace a proper face to face pharmaceutical service.** If that was the case we'd just get Amazon to run Pharmacy in Scotland.

So far, we have established that:

There is no pharmacy in the neighbourhood.

The closest pharmacy is too far to walk to, and a trip by public transport takes an hour and twenty minutes. Access is **inadequate.**

Car ownership is average, which means that a significant number of people will not have access to a car during the day and these will likely be those who are most likely to require pharmaceutical services.

Services in the neighbourhood are inadequate.

Finally I'd like to discuss VIABILITY

Of course it is not enough to show that a neighbourhood has an inadequate service. I must also show that the proposed pharmacy is

commercially viable and also that it will not affect the viability of any pharmacy in an adjacent neighbourhood.

The latter question is easy to answer: Oakley Pharmacy currently dispenses between 10 and 12 thousand items per month. This is an enormous number of scripts. It is inconceivable that a pharmacy in Saline could affect the viability of this pharmacy.

The former question is the important one: Is a pharmacy in Saline & Steelend viable?

Well, the simplest way of predicting if a pharmacy can be viable is to look at the population it will serve, and as I stated earlier this is over 2,000 people. As a rule of thumb, that's the number a contractor would be confident with. It's always difficult to predict how much income any particular population might generate for a pharmacy - a young, mobile, wealthy population will generate much less income than an older, deprived population. But 2000 is the figure of an 'average' population that will generate sufficient income for a pharmacy to survive.

But I have evidence that **this** population is **not average** in this respect. I did a Freedom of Information request to see how many scripts are generated by the residents of the Post Codes within the 3 relevant Data Zones. This shows that the catchment area generates almost 3000 items per month

This is way over what would be considered viable. (For comparison, the number of scripts per month which used to be the cut off point for

'Essential Small Pharmacies' was 1,800. Below that number a pharmacy received an extra subsidy.

Further, I expect the population of the neighbourhood to grow. The figures I obtained are 2015-2018 but since then there have been at least 120 new homes built. That would give (using SNS average for persons/house) an additional population of 258.

This is reflected in the increase in the school roll by around 55% over the past 5 years, as mentioned earlier.

So to summarise, there can be **absolutely** no doubt that a pharmacy in Saline and Steelend is viable. I know that decisions made by PPCs in other applications are not transferable, but I think it's important to point out that the PPC has granted numerous applications in neighbourhoods smaller than Saline.

Before my final summary, I'd like to highlight the support I've received for this application. From the outset I have had the unwavering support of Saline and Steelend community council, and particularly David Chisholm who have welcomed this application as an opportunity to support and improve their community. Likewise I give heartfelt thanks to Councillor Mino Manekshaw for his support, encouragement and advice. I would like to thank both parties for the letters of support that they have kindly submitted to the PPC.

Finally then I would like to summarise as follows:

The neighbourhood of the proposed pharmacy is the two adjacent settlements of Saline and Steelend.

The **catchment area** is the rural hinterland surrounding the neighbourhood, stretching north towards the A977 and south towards the A907.

The closest pharmacy is in Oakley - which is 2.4 miles from the proposed premises.

On the basis that many people do not have access to a car during the day, and a round trip by public transport takes one hour and twenty minutes, **access** to this pharmacy is of sufficient difficulty that the pharmaceutical service provided to this neighbourhood cannot be considered **adequate**.

The population of the neighbourhood combined with the population living in the rural area surrounding the neighbourhood is in excess of 2000. Our research suggests this population generates over 3000 prescription items per month. **There can be no question that a pharmacy at this location would be viable** and therefore **secure** an NHS Pharmaceutical service in the neighbourhood.

It is my strong belief that this application **passes the Legal Test**. A pharmacy in Saline/Steelend is **necessary and desirable** in order to secure an NHS Pharmaceutical Service in the neighbourhood in which the proposed premises are located.

It has always been my dream to own my own pharmacy and to build a business which provides an exemplary service to its patients, and I ask this PPC to grant the application so that I can make that happen.

DEARS PHARMACY

SUBMISSION TO PCC OPPOSING APPLICATION FROM LISA DUNCAN TO OPEN A PHARMACY IN SALINE, FIFE

Thank you for the opportunity to address the Committee today.

As the Committee is aware it is for the Applicant to satisfy the legal test. In other words, they need to prove to you that the pharmaceutical services available to the relevant neighborhood are not adequate.

What is an "adequate" service?

Simply put it means that it is proper and sufficient to meet the needs of patients.

Our submission to you is that the Applicant has failed to prove their case for a number of reasons. If you agree with me on any one of these points then the application must be refused and I respectfully suggest that you may well agree with all of the points we make today.

NEIGHBOURHOOD

The first task for this Committee will be to define the relevant neighbourhood.

The Applicant simply says it is the villages of Saline and Steelend.

We disagree with this but the reality is that the exact definition of neighbourhood is unlikely to be determinative in this case as you can – and indeed must – consider pharmaceutical services that are provided in the neighbourhood by pharmacies located outwith the neighbourhood.

Looking at the Applicant's definition –

- End to end the villages of Saline and Steelend cover approximately 1.5 miles east to west.
- So the Applicant believes that people who live 1.5 miles away from each other would consider themselves “neighbours” and be living in the same neighbourhood
- We agree with this. In a rural area it is common for neighborhoods to cover many square miles and for people to access services and facilities in nearby villages as part of their daily lives.
- What the Applicant does not – and cannot explain – is why they are happy for the neighbourhood to extend over 1.5 miles east to west, but only 100 metres or so north / south. This makes no sense. It is artificial and irrational

- Our pharmacy in Oakley is less than 2 miles from Saline. This is not dissimilar from the east to west length of Saline.

- Our pharmacy is used by people who come from Saline and Steelend because it forms part of their neighbourhood.

- Remote and rural villages rely on each other for services. This interdependency creates neighborhoods which are much larger than they would be in places such as towns or cities.

- The Applicant seems to believe that people are only happy to travel over 1 mile if they are travelling east to west, but for some reason are unable to do so when travelling from north to south. Again – this makes no sense.

- In our submission the neighbourhood definition must recognize the rural nature and interdependency of the various villages. It should include not only Saline and Steelend but also Blairhill, Oakley, Carnock and Gowkhill to the south.

- In its fullest extent this represents a distance of less than 3 miles (Saline to Gowkhill) – which for a rural area is a small distance to travel. – AND – even the Applicant seems happy to accept that patients could travel 1.5 miles with ease across Saline and Steelend.

We therefore submit that the neighbourhood should be extended AT THE VERY LEAST to include the villages of Blairhill, Oakley, Carnock and Gowkhill to the south

As the Committee will be aware, the leading case in neighbourhood definition comes from a Northern Irish case known as the Boots Bangor decision and this has been approved by the courts in Scotland.

In that case Lord Justice Carswell said;

"I think it is impossible to lay down any general rule as to the extent of the area indicated by the word 'vicinity'. In country districts people are said to be neighbours, that is to live in the same neighbourhood, who live many miles apart. The same cannot be said of dwellers in a city, where a single square may constitute a neighbourhood. Physical features may determine the boundary or boundaries of a neighbourhood as, for example, a river, a railway or a range of hills. In an urban area lacking such physical features the lay out of the streets and the nature, character and use of the buildings need to be looked at, as well as the size and distribution of the population, whether residing or working in the area."

*I would perhaps qualify that in the way in which I expressed it in *Donnelly v Regency Hotel**

*"I think that it is of importance to look both at the physical features of an area and any natural boundaries, **and also at the established dwelling patterns and any geographical allegiances of those who live, work, or shop there.** A vicinity accordingly seems to me to connote more than*

the area plotted on a map: its determination has to take into account the habits and movements of people in the area~ and the directions in which those habits take them in the course of their daily lives."

The Applicant simply wants to draw the lines on a map without considering the movements and habits of people. That is wrong. People who live in Saline and Steelend can and do travel outside the village in the course of their daily lives to access even basic services.

As Lord Nimmo Smith said in the December 1999 Scottish case of Boots v National Appeal Panel

"the word "neighbourhood" in regulation 5(10) of the 1995 Regulations means an area which is relatively near to the premises in question, which need not have any residents, and which can be regarded as a neighbourhood for all purposes."

The neighbourhood proposed by the Applicant is clearly not a neighbourhood for "all purposes".

However,

As I said at the beginning – it is unlikely that the exact definition of the neighbourhood will be determinative by itself in this case as you will of course consider services provided by pharmacies located outwith the neighbourhood when determining if the neighbourhood has adequate pharmaceutical services.

Our pharmacy is the closest to Saline and is located in Oakley a little over 2 miles from Saline.

Are there really access difficulties that would render pharmaceutical services inadequate?

We note that the Applicant has failed to provide you with any, or any significant, evidence about difficulty accessing our pharmacy. That is because there is no such difficulty.

I would accept that few patients are likely to walk from Saline to Oakley. Indeed, patients in rural areas understand and accept the need to have access to other means of transport than their own feet.

DRIVING to our pharmacy from Saline takes less than 10 minutes – Google puts it at 7 minutes.

89% of households have access to a car.

Some of those households may have people who need a car to travel to work and it is therefore not surprising that there is a very high % that have access to 2 or more cars – 41% - so even households who need a car for work still have access to another.

Source <https://www.scotlandscensus.gov.uk/search-the-census#/explore/snapshot>

For those who do not want to use a car or do not have one then the **6A BUS SERVICE** also takes 7 minutes and goes from the middle of Saline to within a few metres of our pharmacy. The 6A runs from early morning (about 5am) to late at night (after 8pm) and is approximately every hour.

It is worth noting that many rural areas would not have a pharmacy within 7 minutes bus journey. In fact, many people living in towns would take longer than 7 minutes to get to a pharmacy using a bus, or driving, or on foot.

DEMOGRAPHIC STATISTICS

<https://www.scotlandscensus.gov.uk/search-the-census#/explore/snapshot>

We have focused on the stats for Saline as adding Steelend does little to change the picture and the % stay the same.

Saline, Fife

Population 1,097 adding in Steelend makes it circa 1,200.

Only 466 households

89% with a car

96% describe their health as being between VERY GOOD (51.5%) to GOOD (32.2%) or FAIR (11.8%)

BAD or VERY BAD health is only 3.7% and 0.8% respectively.

LESS THAN ONE PERCENT WITH VERY BAD HEALTH !!

Clearly the Applicant hope to provide services to many more than 1,097 people as their pharmacy would be unviable otherwise.

They need people to be able to easily travel from surrounding villages and access their pharmacy – yet here – today – they are arguing that it is in some way difficult to make a 7 minute journey to our pharmacy.

THEY CANNOT HAVE IT BOTH WAYS

Either our pharmacy is easily accessible for local those living in nearby villages or the Applicant believes that they will only be serving 1,000 patients.

In terms of the age profile for Saline;

60-69 years 171

70-79 years 134

80+ years 47

Now most 60 to 69 year olds are still perfectly able to get about with relative ease. This ability decreases with age until one gets to a point where one is relying on carers and relatives to help out with day to day chores.

Once you understand that the 80 plus age group (47 people) probably would not access the pharmacy in person very much anyway and the 60-69 age group is very able to get around and travel 7 minutes to our pharmacy – you are left wondering who exactly the pharmacy thinks does not have adequate access to a pharmacy. It may well be that the answer is NOBODY.

THERE IS SIMPLY NO EVIDENCE THAT PATIENTS ARE SUFFERING FROM ANY SORT OF INADEQUACY IN SERVICE PROVISION.

In fact, we submit that the service they receive within a 7 minute journey of their homes is exemplary given the changes we have implemented to the pharmacy since we took over in 2019.

We acquired pharmacy November 2019

Previous open hours were M-F closing 1 hour lunch and no Saturday open

When we took over we changed this to 8.30 to 6pm M-F and Sat 9-1pm

2 pharmacists daily in branch

2 trained pharmacy technicians

12 support staff

Delivery service available every day 6 days a week

One pharmacist IP and our other pharmacist training near completion of their independent prescribing qualification to deliver pharmacy first plus service

Active involvement with local surgery in their practice meetings

Surgery doesn't support the application

Acquired land at back of pharmacy and extension and full refit near completion

24/7 prescription locker as part of refit

3 consultation rooms as part of refit

2000 plus patients using repeat prescription app called Healthera

Full delivery of all NHS services including serial prescriptions, smoking cessation, gluten free, public health, emergency contraception

Introduction of needle exchange service as health board identified as gap

Branch is Palliative care pharmacy for area

A full range of private services including travel clinic, children vaccinations, diagnostic services, private pharmacy services

Full trained ear health clinic including microsuction

Trained phlebotomists and offering this as a service

Car park being done as part of us purchasing land to improve access in area

We **are not** here saying that we are better than everyone else BUT

We are saying that this represents much more than a bare level of adequacy. It goes well beyond that.

It is hard to understand how the Applicant can claim that having all of this available within a 7 minute journey of a patients home is not adequate.

The Community Consultation Exercise

I fully appreciate that people who live in a rural area would normally like to have additional services in their village. That is unsurprising. However, it does not mean that the current service is inadequate.

Starting with the KEY THEMES section of the report on page 14, we wish to point out that whilst there was a "high level of support for a new community pharmacy" this was only amongst those who responded to the survey.

The Methodology on page 3 tells us that a wide variety of organisations were consulted with along with an advert and that the consultation ran for 90 days.

In that time 314 responses were received. The population of the neighbourhood defined by the Applicant is circa 1,200 but the consultation went over a much wider area and lasted for 90 days.

314 responses include those from outside the neighbourhood defined by the Applicant. Overall it is a relatively low response rate. Approximately 25% of the population and not everyone supported the proposal.

Only 273 of those who responded said that there was a "gap" in the existing provision. However, that is not the correct legal test.

Analysis of the perceived gaps shows that many of the perceived gaps have in fact been filled. For example;

1. It is unclear what people meant by "easy" transport for those without a car. Bearing in mind that 89% do have at least 1 car it is a very small number of people AND there is an hourly bus service to our pharmacy.
2. The need to travel outwith the village is a fact, but it is not an inadequacy.
3. 30 people said that public transport was "limited" and "can be expensive". Public transport is always limited. As for expensive, the following groups receive free bus travel
 - a. Under 22 (from January 2022)
 - b. Over 60's
 - c. Disabled persons

The only people who would need to pay for bus travel are those aged between 22 and 60 who do not have a car. The number of these is unknown but is likely to be less than 100 and probably less than 50.

Other consultation comments are no longer relevant as our pharmacy;

- does not close for lunch (8 people mentioned) and
- does open on Saturdays (17 people mentioned),
- does not have “restricted” hours (3 people mentioned)
- is not too busy to provide advice or consultations (1 person) and
- does deliver to Saline (1 person).

Some people who said “YES” to their being gaps then commented that Oakley pharmacy provides “sufficient service”.

Removing these comments that are clearly wrong leaves very little perceived gap even from the small % who support the application.

It is the same when you look at the other questions that patients answered. Comments about opening hours and access are often simply incorrect.

The reason the comments are incorrect is because of the extensive changes that we have made to the pharmacy in Oakley since we took over. Feedback from patients in Saline has been very positive and if this consultation was done now the results would be completely different.

The survey results are simply unreliable as they are from May to July 2019 –
NEARLY THREE YEARS AGO AND BEFORE WE TOOK OVER THE OAKLEY PHARMACY

The vast majority of residents either did not feel any need to take part in the survey or did not think there was any gap in services.

**LETTER AND SUPPORT FROM SALINE AND STEELEND COMMUNITY COUNCIL –
EMAIL OF NOVEMBER 2019 (FROM PAPERS)**

We of course completely understand the desire of any local organization to have more services in their village.

This is especially true in this application was the Applicant would be making payments (rent) to the Community Council. The Community Council acknowledges this and they say;

Additionally, there is an aspiration to take the community centre into community ownership and develop it as a local hub for health and wellbeing.

*Discussions with Fife Council have been underway for several years. **Having a commercial tenant in the building will greatly enhance the plan's financial viability.***

And.

The decision that the committee will take is about much more than whether a pharmacy can open. It is about supporting a small village to take a further step towards securing a sustainable future.

With the greatest respect, the Committee is not tasked with financially supporting the community centre, by transferring patients from other pharmacies that are working hard for the community already. Nor should the Committee support one village, or one pharmacist over another. Such an approach is clearly wrong.

The Community Action Plan

The Community Council says that over half the households in the Parish contributed to the Community Action Plan. This plan has been presented to this Committee by the Applicant as evidence to support their case.

We have read this plan in detail. We have also read the update prepared in 2020 – which is after the consultation exercise for this application.

There is not a single mention of a need for additional health services in either document apart from the comment in the 2020 document to “support plans for a local pharmacy” – ie after the community had been asked to by the Applicant and after the financial benefit to the community council had been recognised.

The original document made no mention of any desire for a pharmacy.

Instead the documents correctly point out that there are no real services in Saline and that “a wider range of shops and services can be accessed in Oakley, three miles away, including the health centre, dentist, library and optician” – (even here they do not mention pharmacy!)

In fact, when people were asked what local services and what was needed they said; (See page 11 of attachment and page 7 of plan document.)

- No pub or cafe to meet friends
- I would like the shop to expand its stock,
- We do not have a shop at Steelend
- Frequent power cuts and absence of broadband
- No mains gas in Kinnedar Park.

The community's own plan – that over 50% of household contributed to – identifies no inadequacy in pharmaceutical services and that was before all the improvements we made in Oakley Pharmacy.

IN SUMMARY

We submit that;

- The Applicant's neighbourhood is far too small. It does not consider judicial guidance and the few residents who commented on this would have been unaware of the large amount of legal case law on the subject.
- Residents leave Saline in the course of their daily lives and access Oakley with relative ease.
- Oakley does form part of the relevant neighbourhood in this case.
- However, the exact definition is unlikely to matter as the panel will consider pharmacy services provided to the neighbourhood by pharmacies located outside of it.
- Our pharmacy serves Saline and Steelend. We provide services which are much better than simply being "adequate"
- Our services are available within a 7 minute journey to well over 90% of the population of Saline and Steelend.
- There is no inadequacy in pharmaceutical services and the application should be refused.

