

Minutes of the Spean Bridge PPC Virtual Hearing

Wednesday 31<sup>st</sup> August, 2022

**PANEL MEMBERS**

Gaener Rodger	Chairperson (Non-Executive Director NESH)
Mark Sutherland (MS)	Lay Member
Ian Gibson (IG)	Lay Member
Jean Boardman (JB)	Lay Member
John Mitchell (JM)	Contractor Pharmacist
Catriona Sinclair (CS)	Contractor Pharmacist
Alison MacRobbie (AM)	Non-Contract Pharmacist

**BOARD MEMBERS IN ATTENDANCE**

Fiona Clark	Community Pharmacy Business Manager
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**OBSERVERS**

Nicola Berry	Administration Assistant
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**APPLICANT & INTERESTED PARTIES**

Jennifer Moncur	Applicant
Gillian Jamieson	Applicant Support
Catriona Brodie (CB)	Area Pharmaceutical Committee
John Fotheringham (JF)	Spean Bridge, Roy Bridge and Achnacarry Community Council Community Council

## **1. Chairperson's Address**

The Chair addressed those present for the start of the PPC Hearing.

The Chair welcomed everyone to the meeting of the Pharmacy Practices Committee where they were asked to consider an Application for the inclusion of a pharmacy to be included in the pharmaceutical list to provide pharmaceutical services at MhorHealth Pharmacy, Invercauld House, Spean Bridge.

Everyone present were reminded to mute their microphones unless speaking at which point the hand icon should be used, and confirmed she would address Ian Stewart in view of the fact he was connected via the telephone until such time as a video connection could be secured.

The Chair introduced herself to those present and asked the Applicant, Interested Parties and panel members to do likewise and confirmed there was representation from Central Legal Office who could be called upon by 'phone if required at any stage of the proceeding.

The Chair thanked everyone and informed everyone that for the purposes of the Minute the meeting was being recorded and asked if all those present were in agreement. All confirmed this was acceptable. Prior to commencing, the Chair asked for confirmation that everyone was in receipt of all the information and documentation required for the Hearing; papers were emailed out both in July and August. All confirmed receipt of all the documentation. She also asked that all parties were happy that the correct procedures had been followed thus far in the run-up to the Hearing in terms of the way all the information had been sent out and the way the Consultation Analysis Report (CAR) was done. All confirmed correct procedures had been followed.

The Chair confirmed that she had submitted a Declaration of Interest form as a member of the PPC and she herself had done so in view of her non-executive membership of the NHS Highland Board and the Cairngorm National Park Authority. Having discussed this with the CLO this did not prevent her from chairing the panel. She asked for any other members present to make those present aware of any Declaration of Interest, interest meaning any direct or indirect personal interest which included precuniary interest. AM explained she was a Trustee of LGOWIT, a Self-Management Charity.

The Chair also asked the Applicant and the Interested Parties to please confirm that they were not attending the committee in the capacity of a Solicitor, Council or paid advocate today All attendees confirmed this to be the case.

The Chair described the formal Hearing procedure. She continued by stating that she wanted to make it as easy as possible for people to contribute and get involved whilst being mindful of the guidelines which have to be followed and encouraged as much openness and transparency as possible. Today the committee had been asked to determine the Application from Jennifer and Gillian for premises at MhorHealth Pharmacy, Invercauld House, Spean Bridge to be included in the NHS Highland pharmaceutical list as set out by the National Health Service, Pharmaceutical Services Scotland Regulations 2009 and subsequent amendments in 2011 and 2014. She explained that the Regulation state an Application shall be granted if

the Board is satisfied that the provision of pharmaceutical services at the premises is Necessary or Desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located.

Everyone confirmed that they were happy with both this and this reasoning.

The Chair explained the process being followed. The Applicant will be invited to make her presentation in support of her Application, which will be followed by questions from the Interested Parties. If there are two representatives from one Interested Party, only one representative is permitted to speak. Questions from the committee will then be addressed to the Applicant. Next, each of the Interested Parties will have a chance to give their presentation following which the Applicant and other Interested Parties can ask questions. Questions from the committee will then be addressed to the Interested Party. All present will then be asked to give a summing up of their presentations. However, in doing so, stressed that no new points of information will be allowed. The summing up will take place in reverse order to the one which the statements were given. Finally, the Applicant will close the presentation with their summing up. The Chair explained that she will at that point, for the record, ask if everyone felt they received a fair Hearing and then at this point the Applicant and Interested Parties would be asked to leave the room.

Following this, the Chair explained that the professionals sitting on the panel will stay to answer any questions from the four Lay Members, following which the Lay Members will then be left to discuss the Application and to make their decision. The decision will not be announced today. She asked if everyone is clear that they've understood the process and are happy as to how this had been relayed to them, and stressed she would talk everyone through it as the process progressed. All present confirmed understanding of the process.

The applicant was invited to make her presentation, confirming that the presentation was available to view by those in attendance. Ian confirmed that he could hear the content.

## **2. PRESENTATION BY APPLICANT**

I just want to give you a little bit of a background first of all. We as MhorHealth opened our doors in March of this year as a non-contract pharmacy. We provide over the counter medications, give advice, we have emergency supply medication, we do private prescriptions. We have a private Common Clinical Conditions Clinic, Travel Clinic and we are soon going to be offering earwax microsuction and phlebotomy. I want to prove today that a pharmacy in Spean Bridge is both necessary and desirable in order to procure pharmaceutical provision for our population. I will discuss location and demographics, development, barriers to existing services, viability and then have a little look at what services we would like to offer.

Our area is easily defined by the Spean Bridge, Roy Bridge and Achnacarry community council border. It includes Brackla and to the south west Locharkaig and Clune to the west, Letterfinlay in the north and Roughburn to the east. We chose this border because it has rural

communities that need to travel in excess of 20 miles to get to a pharmacy, which is a 40 miles round trip, over an hour in normal traffic conditions. It is geographically the largest Community Council in Highland and in the Consultation Analysis Report 92 % of respondents agreed with the neighbourhood.

### The Community

The Community itself is fully equipped for daily living. There is a shop, a Post Office, an ATM, Community Centre, Primary School, places of worship, B & B's, big campsite with 50 pitches but there are no pharmaceutical provisions and no dispensing GPs. The nearest GP Dispensing Practice is Ballachulish in Glencoe, which is 15 miles the other side of Fort William. Spean Bridge and Roy Bridge are defined by the Scottish Government as accessible rural, however, due to traffic volumes they do not fit the definition of remote and rural. In the summer months it can take 30 minutes to drive to town and our borders do contain remote and rural settlements. Roy Bridge has the lowest rating on the Scottish Index of Multiple Deprivation for its geographical access and the Health Intelligence Report that you have points out that people living in the catchment are the most deprived in terms of local services in Scotland. Also, from that Health Intelligence Report we know that within our boundaries there is a population of approximately 1,700 people. 90% of this is concentrated in or around Spean Bridge and Roy Bridge, which is approximately 1,500. The Population Change Document shows that our population is growing so between 2011 and 2021 Highland as a whole showed a 4.4% increase, Lochaber a 3.5% increase but in our catchment area there is a 16% increase.

In 2014, the Lochaber Area Committee published a report documenting population change from 2001 to 2011. In this time, Spean Bridge showed one of the largest population increases in Highland, it increased by 23%. Highland as a whole only increased by 11% during that time. That means that since 2001, the population of Spean Bridge has increased by 39%. Then I had a look at the census data. The percentage of people over 65 is higher than the national average. In our data zone, the percentage of people over 65 is 19%. By comparison, only 16% are over 65 in Fort William. 25% of people over 65, live alone which is also higher than the national average. The Intelligence Report states that the over 65 group in Spean Bridge has increased by 66% over the last ten years. This is predicted to continue with the over 85 group increasing by 141% by 2030. So, we have an ageing population and a higher percentage of ageing population than the rest of Scotland. As the report states, an imminent rise in the number of retired people reinforces the anticipated need for increased expenditure on care of the elderly in the future. Numbers of prescriptions to be dispensed rises as the population ages, as does the risk of an adverse drug reaction. The trend to the ageing population in Spean Bridge means that prescription figures will continue to rise. Although they're not in our boundaries, Fort William and Caol provide the only pharmaceutical services for our populations. We've included them here because they have SIMD scores of two and four respectively, marking them as deprived areas. Fort William South has a health ranking of one.

The Lochaber Service Redesign Document states that these three data zones are the 20% most deprived in Highland. People in these data zones are denied equality of access because services are taken up by residents outwith their data zones as well as tourists to the area. Public Health Agencies very much recognize the importance of meeting the needs of the

travelling community. The travelling community has significantly higher rates of anxiety and depression and they experience difficulties accessing the GP. Gypsy travellers have a three times higher rate of poor general health compared to the rest of Scotland. The paper "Improving Lives for Gypsy Travellers" explains the needs of the travellers and how access to our community pharmacy can help to reduce health inequalities. Spean Bridge has one of only four permanent sites in Highland and has a total of 14 permanent pitches.

### Development.

I'm going to start by looking at the wider picture in Fort William because this has a significant impact on the existing pharmacies. The Pharmaceutical Care Plan 2016 highlights Fort William alongside Tornagrain, Alness and Muir of Ord as an area in Highland that will experience sizable developments. These sizable developments are now well underway and the Fort William Master Plan sets out the 2040 vision for this dynamic and growing town. 117 homes have already been completed for Lochaber housing at the Blairmore site near Caol. The plan is for 250 homes, a new hospital and a Centre for Science and Technology. 350 houses will be built in Lundavra and Upper Achintore in Fort William and Phase One has already started and the link group are underway with the first 80 homes. In total, over the next few years, that is 600 new homes built in Fort William area. The Alvanore aluminium recycling facility is also expanding and they are going to create at least 70 new jobs within the next year or so. There's also development in Spean Bridge.

The Health Intelligence Report states that continued small scale development is anticipated within our catchment. We have over 1,700 people living in this area already, so continued small scale development will have a significant impact on our population. The report also highlights that we have a very large capacity for house building here. The Lochaber Development Plan for Spean Bridge shows areas where developments are in various stages of build, planning approved and planning. In total, there are over 100 units over eight sites. However, in the last two years, there have also been 40 planning applications submitted for new private houses and over 20 pods and chalets. This shows what a desirable area the village is and its major capacity for growth. The site that has just been completed with 20 affordable homes for Lochaber housing has capacity for 96 people. That is a large increase to our population. I just want to mention the Coire Glas Hydro. It is a massive pumped storage electricity facility which is getting built near Spean Bridge. It is going to bring a consistent workforce of 600 people to the area over seven years which is 600 people who will need accommodation and services. The workers' accommodation is already built in Spean Bridge itself.

We also have the Nevis Range which is an all year round mountain resort only five miles from Spean Bridge so we would be the closest pharmacy. The new plan includes a 22 bedroom hotel, 24 bed bunk house and Forest Holidays have been granted permission for 50 eco-sensitive holiday lodges. It is a £4.4 million development which is well underway and expected to finish towards the end of this year. However, even before this planned development, the Nevis Range will see 100,000 visitors between June and September, and we have already developed links with Nevis Range where we give advice and support to the Nurse Practitioner there who provides medical care to the adventurers. As well as the Nevis Range we are also

working closely with Lochaber Mountain Rescue Team to supply medicines to ensure we have the correct stock and advice to offer for hikers and climbers who are staying in the area to try to help them stay as prepared as possible.

## Tourism

The Highland Fact Sheet shows tourism statistics, and it is safe to say that our population swells hugely throughout the spring and summer months. In 2019, 2.9 million people visited the Highlands. For domestic day visits this is an increase of 38%. Post-COVID we also expect to see more and more people staycationing and choosing the Highlands as a destination over abroad holidays. The Health Intelligence Report also highlights that most employment is centred around the tourism industry, and this huge volume of seasonal activity puts a massive demand on pharmaceutical services.

We are at the junction to Inverness, Fort William, Skye, Strathspey and the A9 and because of this Spean Bridge sees a huge volume of tourist coaches. The pharmacy is located next to the Edinburgh Woollen Mill and coaches from multiple tour operators stop each day. In June 2019 over 1000 coaches stopped outside the site of the pharmacy, which is a total of 28,000 passengers. We are also on two walking routes, Great Glen Way and East Highland Way and there are over 40 B & B's and a campsite with 50 units. The huge volume of tourist numbers will impact on us in several ways. First, they will help to ensure our viability. This massive volume of coach travel that we are seeing means that we could possibly maintain viability in travel sickness tablets alone. Tourists also routinely forget their medications. This puts a huge strain on existing pharmacies over the summer months. By its nature, dispensing an emergency supply cannot be planned for, it's an ad hoc service and prevents pharmacy teams from providing pharmacy care to their usual customers/patients. Emergency supply takes time, it involves a 'phone call to the patient's GP to get details of medication, accessing the emergency care summary, waiting for the patient to bring up the information on the 'phone. There are also language barriers, which will slow the consultation involving Google Translate and internet searches. When a supply is made, an entry is made in the prescription register. This is not accounted for in salary models which leads to staff levels in the multiples. As a private pharmacy we have already been providing private and emergency supplies for residents in the B & B's in Spean Bridge, people on coach tours and people who have been signposted here by the existing pharmacies when they feel unable to make the supply. As the letter of support from Tweeddale Medical Practice points out, this is an area that we could make a significant impact in reducing GP pressures.

The NHS Pharmaceutical Care Services Plan states that significant growth in the general population through planned housing development will necessitate corresponding planned developments in the provision of core and additional pharmaceutical care services. The migrant population and the significant growth in the elderly population will add to this requirement. We don't just have a growing population, we have one of the largest growths in Highland. We have an ageing population, we have a travelling community and we have planned for existing developments. Our population's access to community pharmaceutical care is impeded by large increases to the population. We have NHS documents directing us



to increasing pharmaceutical care in these situations, which is why we feel it is definitely desirable to grant us this contract.

I will now move on to difficulties that our population face in accessing pharmaceutical care. The residents of our neighbourhood are denied a quality of access to pharmaceutical services as a result of several factors. First and foremost, the neighbourhood does not possess a pharmacy, so residents require to travel to Fort William to access care. Fort William and Caol are ten miles away, Fort Augustus is 23 miles away, and Kingussie is 40 miles away. There are no pharmaceutical services within a 15 minutes drive time of Spean Bridge or Roy Bridge, and people certainly cannot access pharmaceutical care on foot.

### Public Transport

Stagecoach withdrew their bus service in 2018. Buses are provided now by Shiel buses. However, the city link Inverness to Glasgow Bus does stop at Spean Bridge but during the summer it's often full and it's only bookable on-line. Only five buses a day go directly to the Health Centre. It takes 23 minutes on this bus to get to the Health Centre and then it's another 15 minutes on a bus to get to Boots pharmacy, and the return journey from Boots back to Spean Bridge is 40 minutes. That's a total time of one hour and 20 minutes of just sitting on the bus. That doesn't include wait times or walking from the bus stop. A single ticket will cost £3.40.

There are three trains daily going from Roy Bridge and Spean Bridge to Fort William. A return ticket on the train is £8.95, but there is no train station at the Health Centre. The trains just go to Fort William town. We asked a resident of Roy Bridge. (This is not his actual photograph in the presentation) who needed a GP appointment, to let us know about his journey.

They 'phoned for their appointment on the 1st of April and given 10:30am on the 14th of April. To get to their 10:30am appointment, they had to catch the 8:15am bus because there is not a bus at 9:30am. They arrived at the Health Centre at 8.40 am, and then waited. The bus to town from the health centre, is every half an hour, but the appointment had overrun, so they got the bus to town (Fort William) at 11:46am. They arrived at Boots at midday and then Boots didn't have the prescription, so they were asked to return the next day. The return bus that day to get back to Roy Bridge was 12:30pm and they got home at 1:15pm in the afternoon. That journey cost £10.00. The journey on the following day to collect the prescription was a little bit easier. They left Roy Bridge at 4:10pm, got to Boots at 4:30pm, collected the prescription and got the next bus home and arrived home at about 6:30pm. It was a 2 1/2 hour round trip just to collect the prescription. So altogether to visit the GP, have the appointment and collect a prescription took 7 ½ hours using public transport.

I don't think either of these options are reasonable options for someone travelling to the Health Centre or to a pharmacy. Even without adding the GP appointment, a journey of over 2 hours is unreasonable. Having to rely on a friend or a neighbour to collect a prescription completely removes the person's independence. In order to retain independence if public transport is not an option due to mobility a taxi could be used. A taxi from Spean Bridge to Fort William costs £32 one way. It's not really an option for a regular or even an emergency journey. The rising

fuel costs are also very topical in the country at the moment. In December, 2021 33% of households in Highland were experiencing fuel poverty, compared to a national average of 24%. The cost of petrol has been increased. In 2016, it was 102 pence per litre and in 2022, when I wrote this, it was 163p. It was 187 pence per litre this morning.

Having a community pharmacy in Spean Bridge would mean that a District Nurse or Carer wouldn't have to drive back and forward to Fort William if they visited a patient and realized they didn't have a medication.

Another factor to consider in addition to fuel costs is the actual road itself. People having to rely on driving means having to contend with the traffic, the dangers that the A82 bring. The Traffic Scotland report shows that traffic increases from 3,000 cars a day in January to 8,000 in August, by comparison, traffic in Harthill on the motorway outside Edinburgh increases by only 19%, which is a 58% increase in traffic on our roads.

The Strategic Transport Study highlighted that there are health and equalities which are directly impacted by transport e.g. traffic can stop an ambulance getting through or cause people to miss a GP appointment. According to Traffic Scotland the Highlands have high levels of fatal and serious accidents and the A82 is often cited as Scotland's most dangerous road. It is not unusual for the road here to be closed for road traffic investigation. It was closed two weeks ago for over eight hours and two people sadly lost their life. Two local people, which has had a devastating effect on the communities.

I have two maps on the screen. The one on the left shows the location of the GP surgery. Where it says Tweeddale that contains three GP practices and the pharmacy in Caol and two pharmacies in Fort William. This also shows the north road to Fort William from the GP practice which is completely congested from May to September. Travel can take 40 minutes to go a distance of two miles. The map on the right shows Roughburn at the outer edge of the borders. This shows even without any traffic it's over 30 minutes to get to a pharmacy. Adding in congestion this journey puts people off accessing pharmacy services. These maps also show that Spean Bridge is on the same side of Fort William where the Health Centre is, although to travel to the GP the overall journey time would be significantly shorter if they didn't have to travel the extra distance to the pharmacy.

I have included the Scottish Government document relating to the 20-minute neighbourhood. The plan is to have residents of Scotland being able to meet the vast majority of their needs within a 20 minute walk. A pharmacy in Spean Bridge serving an ageing population of 1,700 people would be a huge step forward to helping the Scottish Government achieving zero carbon targets. The 20-minute neighbourhood has shown to improve outcome by encouraging walking. However, residents of Roy Bridge and Spean Bridge cannot even access services within a 20 minutes drive. Because of our growing ageing population, the distance involved in accessing pharmaceutical care the lack of public transport and the expensive and dangerous involvement of driving, we feel it is both necessary and desirable to grant the contract. However, we will have a look at the results of the public consultation and then the existing pharmaceutical services that are located ten miles away in Fort William.



## Public Consultation

335 responses were received, which I believe is one of the best responses to a consultation so far in Highland. I have done a graph to highlight the main findings. 97% of respondents support the opening of a pharmacy. 95% of people agreed it to be a positive benefit to the neighbourhood. 92% agree with the neighbourhood and they also agreed it was a rural area with distance and travel making it a challenge and 81% of respondents said that they would change the way they access pharmaceutical services. There were also a huge number of comments in the CAR report with overwhelming support for the application to go ahead. Many of the comments were very passionate and several of the comments were a little worrying regarding existing pharmaceutical services. Some of the concerns that they raised included the distance to Fort William, limited public transport, tourist congestion, queues outside the pharmacies and a ten days turnaround for repeat prescriptions. This last comment significantly impacts the GPs, as the letter from Tweeddale points out, the surgeries will send a request for repeat prescription back to the pharmacy within 48 hours. The delay in the pharmacy means repeated 'phonecalls to the surgery to enquire about where the repeat prescription is. It is very clear then that the public here support the pharmacy application and that is not least because of the difficulties they are currently facing accessing pharmaceutical care.

Fort William and Caol have a total of three pharmacies serving a massive geography which includes Glenfinnan, Corpach, Caol, Fort William, Spean Bridge, Roy Bridge, Roughburn, Clunes, Onich and Ardgour. The three GP practices are situated in Camaghael Health Centre which is just outside Caol and the practices have a combined list size of 14,500 people. 11.5% of this size is made up of people from our catchment area.

In 2019/2020 there was a decrease in prescriptions items in Scotland of 4% which is inconsistent with the last ten years when items increased by almost 8%. However, what I think is really excellent news is the services increased by 19.2% which shows that Scotland as a whole is embracing "Prescription for Excellence" and they can shift away from prescribing numbers and are moving towards provision of services in order to support the vision of making the pharmacy the first place to go. "Prescription for Excellence" has at its heart person centred care and safer use of medicines, care that is designed around the wishes of each individual person. I am just going to demonstrate why this is not currently the case in Fort William. The last three months of prescription data showed that the three community pharmacies dispensed almost 20,000 items each month. Boots averages just over 8,000 items a month which is much more than the 5,600 Highland average. Lloyds in Caol is also approaching this figure as in May this year, their items had increased by a 1,000 year on year to 7,600 items. Boots did a massive 9,194 items in December. These items are clearly impacting service because the pharmacy teams are not able to cope. Since the consultation analysis report the situation has deteriorated further and many patients have come to us and reported queuing of over 50 minutes, only for the patient to get to the front of the queue to be told that the pharmacy is closing because the pharmacist has to cover another pharmacy. They take random lunch breaks which causes patients to stress especially when they have travelled in from our area. Many pharmacies I know take a half hour or hour lunch break but they are documented on the

pharmaceutical list and on the pharmacy websites. None of our three pharmacies report a lunch break. However, they are reported closed for pharmacist lunch break on many occasions documented in the CAR report. Boots in Fort William also used to be open until 6.00 pm but it is now only open until 5.30 pm so it is not covering all the surgery hours. These lunch break closures and the Boots reduced hours happened prior to COVID so it is not just a pandemic issue, although clearly the pandemic has made an already troubled situation much worse.

I have made a graph, which looks a bit busy but the first thing I wanted to mention about service delivery was the provision of Pharmacy First in the area so Pharmacy First and Pharmacy First Plus are some of the best steps forward for community pharmacy for a very long time. Implemented correctly they can reduce GP appointments by up to 40%. The Core Services document that you have been given shows February figures for Pharmacy First and Highland average is 104 items a month, four GP referrals and 20 consultations. In February Boots did 121 items which is a lot and shows that they do have demand for the service, however, its service delivery is very inconsistent. In September 2021 they did four, in October they did 168 items, in November they did 27 and despite this, 121 items in February, Boots only managed one GP referral and two consultations. In February, Lloyds in the High Street did 13 pharmacy first items which is actually an improvement on December when they did 6 and they have had zero referrals and zero consultations. This lack of engagement will impact their salary allocation and it will lead to poor staffing levels. The pharmacies are in an awful situation and they are too busy trying to keep up with items to provide these services. There is also only one prescribing pharmacist in community pharmacy in Fort William and Pharmacy First Plus is very rarely used. This lack of engagement will impact patients. Our population needs to drive past our premises to get to a contract pharmacy and then if they are told that the service is unavailable that will cause them distress. The GP teams will also lose faith in the pharmacies and will stop referring patients. Nobody wants to travel all the way to a pharmacy for a urine infection to be told that the pharmacist cannot help them to then call the practice again and then try and get an appointment again. It means it will put people off trying to access the pharmacy as their first place to go. Our population are a group of patients who know very little about what pharmacies can offer them since they experience such inequality of access but no wonder Pharmacy First isn't getting used. In May the advertising of Lloyds was for a video GP. Pharmacy first wasn't getting show cased at all which means that Lloyds are pushing the English agenda they're using like a Lloyds Video GP which is not the direction that Scottish pharmacy should be headed. Advertising such a service actively discourages a patient from entering a pharmacy. Services such as the video GP completely bypass the pharmacist and this service surely goes further to remove people from the High Street pharmacy. The Video GP cost people money, so Lloyds are pushing a private service in an NHS Pharmacy where it shouldn't be required.

I just want to share this story because I think it shows quite poor service delivery. In April, a patient went to Lloyds on the High Street to ask for pain relief on Minor Ailments for her autistic child and she was told that the pharmacist is unavailable, it will be quicker just to buy it. Which is poor because Pharmacy First is an essential (core) service under the Scottish Pharmacy contract and if a pharmacist is unavailable to provide pharmacy first, it seems unlikely they're present enough to supervise a sale of medicine. And unfortunately, this is not the only story of this kind that we've been told in the last few months.

I'll move on to risk assessment and Care at Home. Boots only recorded one Risk Assessment in May, Lloyds recorded 6, the Highland average is 25. Considering they are claiming a lot of instalments each, this means that dosette box patients are not being risk assessed. It's also anticipated that due to our ageing population, people requiring managed support will increase considerably. I appreciate that the current Care at Home guidance is under review, but all patients requesting a dosette box, of which there are lots should receive a Compliance Needs Assessment and this should be recorded on the PCR sent to the patients GP and shared with relevant team members in Primary Care. This is not happening in Fort William. When I contacted the GP practice, they had not received any assessments and didn't know what I was talking about. There's only one ongoing patient requiring managed care in Fort William at the moment. The Care Teams are stretched and I'm sure that requests for MAR charts to help manage medication for people with incapacity are much more than this. This lack of service provision impacts patient safety. Dosette box medication needs regularly assessed to ensure continued suitability and patients requiring care need MAR charts to ensure the right medication is given at the right time.

I'll mention closures because it's topical. 65 unscheduled closures in the last year. Many of these are all-day closures and, on several occasions more than one pharmacy is closed. We do understand that closures are an issue everywhere. Locums are expensive and there are lots of factors relating to closures at the moment. However, this is a rural area and a closure here means a patient needs to travel over 53 minutes to the next pharmacy, which is Fort Augustus. In the wider picture, July 2021 showed 338 closures in Scotland, but 331 of these were owned by large chains. Lloyds itself accounted for 56.6% of closures in that July. Locums weren't accepting shifts due to poor working conditions, insufficient staffing levels and under-investment in premises. I do understand this. I've worked as a locum and sometimes it feels really scary without a well-trained team. It's very easy to become overwhelmed. This should be a fantastic time to be a community pharmacist. We have been given the opportunity to show we have the clinical knowledge to really make a difference to the long-term health problems of the population. However, the situation in Lochaber is far from this. Each of the pharmacies are struggling to open their doors let alone fulfil repeat prescriptions within five days. They have become prescription factories and we can see this by the lack of consultations and the lack of GP referrals.

The sheer volume of prescriptions shows how busy the pharmacies are compared to the Scottish average. And it's no wonder a locum doesn't want to come and check thousands of items in a high stress situation. Only Lloyds in Caol has an ACT. This means that when a pharmacist will come to work in Boots, they'll be checking upwards of 8,000 items, as well as provide essential services and provide services to tourists, which involves the additional steps.

The low service delivery in Fort William, coupled with the very high dispensing numbers shows that the area is not achieving excellence. Our neighbourhood population will not access pharmacy as a first port of call. In order to do this, they need to drive past the GP to get to the pharmacy, which shows not just inconvenience, but real inequality of access. The inconsistency of service delivery means that should patients be refused a service because the pharmacist is unavailable or the pharmacy is closed or the pharmacist does not provide the

service, they will lose faith in that service and revert to attending the GP first. The pharmacy teams here are doing an incredible job and they're working really hard. They do not deserve the abuse that they have reported from customers both within and outwith their pharmacies. So apart from helping our own neighbourhood by relieving the pressure of prescription items we will enable the pharmacies in Fort William to really support the patients in their own neighbourhood. So, I believe that we're necessary to ensure safer use of medicine and improve the quality of life of the existing pharmacy teams.

So how can more help, help support the NHS Pharmaceutical Care Plan and the Scottish Government vision for pharmaceutical care? Well, our pharmacy is located in the middle of Spean Bridge. It's next to the popular Woollen Mill and the Spar, which has recently undergone a £250,000 regeneration. There are four accessible car parking spaces outside the pharmacy. We have wheelchair access and a consultation room large enough for wheelchair users. And this picture really is the pharmacy and it's not a picture of a pharmacy inside Spain, much as it does look that way. The key commitments from "Prescription for Excellence" that can be actioned by Community Pharmacy are to increase care in remote and rural areas, increase access to community pharmacy as a first port of call, ongoing self-management, pharmacy-led clinics and people encouraged to live full lives in their own homes. As a brand new independent pharmacy based in Scotland with Scottish ownership, we can champion "Prescription for Excellence" and ensure that everything we do has patient centred care at its heart.

Firstly, enhancing access to pharmaceutical care in remote and rural communities. We are in the remote and rural community. People who previously had to drive a 20 miles round trip will be able to walk to access services. We'll deliver medication to people in their homes at a time that suits them. We'll have a healthcare trained delivery driver who will be able to advise on over the counter medication and use technology should the patient wish to speak to the pharmacy. On that note, we want to champion NHS Near Me in this area. So already massive progress has been made in Highland using Technology Enabled Care and the public health intelligence team have recognised that this, although it's a fantastic leap forward driven by the pandemic, does come with a couple of limitations. So this quote from the public health intelligence team :

*"Innovative approaches to the provision of remote and rural healthcare are required. Outpatient video appointments are increasingly possible in more rural areas of NHS Highland through Near Me that allowed patients to attend anywhere. However, the increasing employment of technology to deliver remote care raises issue of digital exclusion. Although Internet connectivity remains a challenge the NHS near me program aims to minimize access differences by engaging across population groups and offering the service in appropriately equipped clinic rooms in remote rural areas for people who cannot connect from home".*

We have an appropriately equipped clinic room in our remote rural area. Technology Enabled Care will not just help people connect to their GP surgery, but it can be used to help relieve loneliness. We can help people to connect with family or friends that are staying on a hospital ward. We can work with the teams in the Belford, ensure people unable to visit family can see

and speak to them. Our consultation room is also available free of charge to anyone that needs it, District Nurses, Podiatrists, Dietitians, anyone that asks.

How can we help with ongoing management of people with long-term conditions ? We want to help champion managed care. At the moment, very few assessments are being done in the area but by using our Accuracy Checking Technician, sharing best practice and working closely with Primary Care Teams we want to support the Care at Home teams. We want patients to benefit from quality Needs Assessments to make sure they receive the right support at the right time, whether that's a compliance aid or a referral for capacity. By supporting the Care Team we can make sure that MAR charts are used and understood to help improve patient safety.

### Community Pharmacy-led Clinics

I'm sure I made it clear I'm passionate about the direction of pharmacy is headed but if it's something the pharmacy can offer we will offer it. We are also keen to pilot, assist and be involved in anything new that comes along. We have an independent prescriber to provide a full Pharmacy First Plus service. As I said, we have been open since March. We already provide a full range of private services so emergency medication supply which will easily change to unscheduled care, the private common clinical conditions clinic will change to pharmacy first plus, travel vaccination clinic so we are already established to support the vaccine transformation programme and we have experience using TURAS because we were involved in the COVID vaccination programme. We will continue to offer private services to those who need access but we will be ready to support the NHS should the need arise in the future because we already provide earwax microsuction, hearing checks and phlebotomy. We will provide blood pressure and diabetes checks free of charge to anyone who requests them. Our ambition is to be a health hub and to exemplify using the pharmacy as the first port of call.

In order to support people live full and positive lives in their own homes we will be in a Community hub, being a place to walk to and elderly people to socialise. We have a lovely outside space with some benches, because as we have seen, it is always sunny in Spean Bridge. Medicines Care & Review is a core service and one that is lacking in the area at the moment. Using all resources available to us the emergency care summary and Patient Care Record, Pharmacy First referrals we can help to reduce this burden. Adverse drug reactions are a common reason for hospital admission. Medicines Care & Review if delivered correctly can contribute to a reduction in ADRs. The Royal Pharmaceutical Society vision for 2030 highlights person centred care as a core achievement. The focus should be on the person rather than the condition or the medicine. We should be having positive conversations with patients or their representatives using the Realistic Medicines approach. In order to have those quality conversations we need to move the focus away from prescription items. Recording risks on the PCR in consultation with Pharmacy First are such great leaps for pharmacy and these services should be offered by all pharmacies all the time. The safer use of medicines is one of the main aims of the Scottish Government and as a small community pharmacy employing local people we can really get to know our patients and be in a position to give quality advice on medication. This quote from the Royal Pharmaceutical Society really sums up that pharmacies should not be prescription factories. We need time to spend with



our patients. We want to keep our community safe. It's not just about convenience, it's about having equal access to safe medication. It's a holistic practice which aims to provide the right patient with the right medicine in the right dose at the right time for the right reasons to achieve right outcomes. Medicines should have an active indication and be as effective and safe as possible.

To that end, we also want to improve access to medications and try to help to reduce the out of stock burden in the area. We have already joined a buying group which gives us access to at least six different wholesalers and enables us to offer competitive pricing. As an independent we have a little bit more flexibility in the products that we can offer our patients. The buying group also means that we can order our over-the-counter meds at prices that rival the multiples. Patients wishing to pay for over the counter medications here and tourists will not be disadvantaged by the high local shop prices.

I just want to touch on some issues which are very topical in the country at the moment but are quite Highland and Lochaber specific. Firstly, mental health. There have been no significant changes to mental wellbeing since 2008. By being a health hub in the community we can address mental health problems such as loneliness and isolation. Quality adverse drug conversations will help improve adherence rates and antidepressants because 50% of people stop taking them prematurely. We are an LGBTQ+ supportive pharmacy and we have a safe space should anyone need to talk or just need a place to feel welcome. We have strong links with the local High School already and we want to ensure that our community is supportive and inclusive for everyone. We also know that rural areas experience higher rates of suicide, alcohol related disease and palliative care treatment. To that end we can offer physical health checks because people with poor mental health often suffer with poor physical health. Local mental health charities will be able to use our consultation room free of charge if they need to.

#### Continuing to make Lochaber safe and healthy.

“Equally Safe Scotland” is a campaign to help eradicate violence against women and girls. April to September 2020 saw an 8% increase in domestic abuse in Highland. Self-harm amongst females is highest in Lochaber compared to the rest of Scotland.

We want to work closely with mental health teams and undergo training to ensure we can offer support and a safe place to anyone that needs it. As a women owned business we are particularly passionate about this. We also have an aging population which comes with the high volume of carers. And it's very difficult for a full-time Carer to leave the house and travel a 20 miles round trip to collect a prescription or ask for advice. However, popping down five minutes to the local pharmacy will probably be an option for them. 8 out of 10 Carers say their health is worse because of caring responsibility. By being able to easily access Pharmacy First advice we can help to reduce their burden and ensure they're getting the support they need. The Public Health Scotland Key Facts explains that by 2031 there will be an increase of 25% on demand for health and social care services due to the increasing number of older people. This has led to the development and adoption of the reshaping care for older people guidance. This guidance shows that we should prioritize spending on preventative care. This is community pharmacy. We should empower communities and involve them in service design



and delivery. By taking action now and ensuring we have the infrastructure in place, we can ensure we can provide the services that people need as they become more and more frail. The key points are around accessibility to care and the aging people are less likely to be able to drive due to failing vision or loss of a partner that drives.

Allowing them the ability to access a community pharmacy on foot will improve equality. Not convenience, but equality. It also states that more equitable access to services will reduce demand for acute care services. The focus on person-centred care means a shift away from items and ensuring people live longer, healthier lives at home. Rather than trying to dispense huge volumes of prescriptions, we can all work together to ensure these quality conversations are happening for every single patient, every single time. There are no pharmaceutical provisions in our neighbourhood. We have some of the biggest growth in Highland in terms of population. We have planned for existing building works. We are not taking business away from existing service. We are providing access to people who would not have access to care otherwise. By addressing this unmet need, we will in turn relieve pressures on existing services and allow all pharmacies to provide excellent pharmaceutical services that model the Scottish Government vision. We have all the facilities and the hardware ready to start providing services immediately. We believe it is necessary and desirable to grant this contract to address the current inequality of access to pharmaceutical care that both our population and the population in the wider Lochaber area experience.

On a slightly personal note, I've lived in this area for over eight years now. When I lived in Spean Bridge I experienced first-hand what a vibrant village it is. There is a strong community feel here and a pharmacy will change the lives of many of the residents. Since we opened in March, we have been made to feel incredibly welcome and have been overwhelmed by the support from the local community. We are so passionate about establishing a pharmacy here in order to transform pharmaceutical care in this area. And we very much hope that you share our vision.

Thank you so much for giving me the opportunity to speak to you today.

Chair - Thank you, Jennifer.

Thank you for that comprehensive presentation and talking us through that. I'm now going to move to questions for Jennifer and I'll invite those from each of the Interested Parties in turn and then we'll go to questions from committee members. I'm going to move first to Catriona Brodie from the Area Pharmaceutical Committee.

### **3. Questions from the Interested Parties**

The chair invited question to the Applicant from the APC representative

CB - No questions from me

Chair - Thank you, Catriona. The Chair invited questions from John Fotheringham, Community Councillor.

JF – No, none at all.

Chair – Great, Thank you John.

#### **4. Questions from Panel**

The chair invited questions from the panel members.

IS - It was just really the one question because we've got a list of the unscheduled closures and I think in the presentation you referred to difficulty in recruiting or retaining local pharmacists. I maybe missed it because when I had the phone the audibility wasn't brilliant, but I just wondered what your cover arrangements for locums are that you're not going to enter similar problems that are alleged in the Fort William pharmacies ?

Applicant - I was a locum in Glasgow just before we opened. I was there for almost a year so I've got quite a network of locums that I can draw up on that are willing to come up and work here with us. We've actually been handed a few business cards since being here anyway. I don't believe there is an issue for us getting a locum and I don't think this is an issue that will be ongoing in the future. I think it is getting addressed at a wider level but I do have a lot of people that I can draw on at the moment and so going forward, we think we're a really desirable place to work, so potentially we can get involved with pre-reg or part time pharmacists. We can offer a really nice package here. It's a really nice place to learn. So, I'm not worried about the locums, I have a lot of them and I'm not worried about the future.

IS - That's fine. Thanks.

Chair – Thank you. I've got Jean next please.

JB – Yes, Thank you Gaener and thank you Jen for your presentation which was extremely comprehensive. Thank you and very interesting. I was actually going to ask the same question as Ian so I'm just glad of the opportunity to thank you.

Chair - Thanks, Jean. I'll move on to Catriona Sinclair please.

CS - Thanks Gaener. Thank you, Jennifer. It's good to hear your enthusiastic presentation, its much appreciated. Just to build on Ian's point in a way. With only 20% of pharmacists within Scotland actually being trained up to independent prescriber levels at the moment, it's a problem and a challenge for everybody to actually maintain a consistent service as you highlighted in your presentation about the fact that it's very difficult so with very very few locums being trained to that level because they would have to self-fund or have been trained elsewhere beforehand, can you ensure that your level of locum cover will ensure you have services every day that you're open? Because that would be a big challenge for any pharmacy, independent or otherwise, to do. And I also notice you're planning to be open nine to six and not closed at lunchtime and having highlighted the challenges of quality of life and service and quality of work life that is within an environment, how do you plan to make that manageable? Because that's a very long day with no breaks for a pharmacist. Thank you.

Applicant - Yes, it is a long day with no breaks for pharmacists. The nature of where we are and how we will operate, we will never be at a level of Boots doing 8,000 items a month with a massive volume of walk-in's. So, it's never going to have the same sort of pressure as that. With regards to locums being IP trained, I believe that more and more pharmacists are going to come out already trained because that is the future. In the meantime, the pharmacists that I do have as locums, a lot of them I was in university with and I am fortunate that they have trained as IPs but also had children, so they're willing to come up and cover holidays and long days. So I do have a lot of people ready who are already IP trained to come and work with me. And, going forward, I don't believe it will be an issue if people are coming out of university trained. I feel like we're also in quite a good position here because of our connections with the GP practices because what we're looking at now is pharmacists potentially taking other pharmacists through the IP course. Is that right, being the designated practitioner for the IP ? but even if that wasn't the case, the GP practices here are more than willing if we get a pre-reg, for example, or take on a pharmacist that isn't IP trained, they'll be the designated practitioner for them which will help to get them qualified in the meantime.

Does that answer the question or is it still...?

CS - It answers the question about the long-term rather than the short-term. Yes, because there are only 20% of pharmacists who are IPs at the moment, and we're all scrabbling about and as an IP myself, I know how difficult it is for me to get cover at IP level and as a DPP I know also yes, that there's people want me to be their supporter during training, but also that not everybody is able to get on the training because there's limited places at universities, so it's going to take until 2030 before everybody really has the opportunity to be. It's part of the workforce challenge for us all, isn't it? So, but thank you for the long-term ambition. Thank you.

Chair - Thank you. I'm going to bring in Mark and then Jean. So, Mark first please.

MF - Thank you. I, like Ian and Jean, was going to ask you about the closures issue because obviously you'd highlighted respective others, but you've answered that one. Thank you. I hope you're able to answer this question, but it may not be the case. Obviously, the locality is crucial in the winter months and I'm well aware of the fact that you've got snow gates in your area. Within your proposed neighbourhood, do you have an indication of what percentage of the total local population served at the current pharmacies are dependent on them for life saving medication things like methadone or medications which keep people alive as opposed to just make them less ill.

Applicant - I don't know the percentage of the pharmacy populations that are requiring life saving medications. No. I do know that each of the pharmacies here need to be palliative care stockists to ensure that we've got that covered because just having one pharmacy would mean that there was it wasn't enough.

So I do know that all our palliative care stockists, which we would like to be as well to increase availability, and having another pharmacy will certainly help that access to medications if everyone has stock because the methadone one, as you mentioned is a bit of a difficulty because if the day that all three pharmacies closed, I believe that there was quite a lot of chaos

and I'm not sure of the outcome, if they managed to get the medication, but at least having another pharmacy would mean that we could share that burden with them.

MS - Thank you

Chair - Thanks. And Jean next please.

JB - Yes. Mark slightly touched there on my question, which is will you be providing methadone services for clients ?

Applicant - We will be available to provide methadone services and needle exchange if needed, absolutely yes. We will provide every service that's on offer we wouldn't exclude anything.

JB - Having worked myself in addiction services, I know that it's more complicated than it sounds to provide needle exchange services, so you know, will people be appropriately trained for that ?

Applicant – Yes. I have worked in the Lloyds in the High Street and they did a Needle Exchange service, so I've worked with it there. I've worked with it in Glasgow and so I know all the different steps that are involved in setting that up.

JB - And naloxone training ?

Applicant - Yes, our ACT Gillian is already naloxone trained.

JB - That's good. Thank you. I've got one more question, but I forgot what it was so I may have to come back in. Sorry about that.

Chair - That's OK Jean, I'll come back to you.

JB - OK. Thanks.

Chair - I've got John next please

JM – Hi Jen. Thanks for the presentation. My question is regards to the neighbourhood in terms of prescription item numbers and viability. So according to your figures, there was about 20,000 prescriptions dispensed in the area including Fort William and about 15,000 people registered with those practices. Given that your population of the full area, broad spectrum is about 1700, I work it out to be about one and a third items per patient. So even if you've got all the prescriptions from within your catchment area, it would be about 2300 or thereabouts, which is less than half the average that you quote for, can't remember if it was for Scotland or Highland prescription numbers. My question would be if you were to expect that number to be higher than that would you not require to include Fort William in your neighbourhood?

Applicant - OK. Well, I think that we can be viable with say 2,300, which I know isn't the Highland average, but I think it's more than enough for a viable pharmacy. Fort Augustus has got 700 people and it does about 2,000 items a month. But importantly Fort Augustus last month or sometime in the last three months claimed £4000 in pharmacy services, whereas

Boots which did over 8,000 items claimed £1000 a month in pharmacy services. So even though they've got a huge footfall, they weren't making the claims that they could have made. There's also Conon Bridge, which has got quite a similar demographic. I think they've got about 2,000 people and they do 6,500 items a month.

JM - Yes, but most of them would be deliveries to a broader area, I believe and that was why they would have less services but just in terms of the neighbourhood, I mean you're saying there 6,000 names, if you're pharmacy was to get to that sort of levels, do you not think it would need Fort William from within their proposed neighbourhood?

Applicant - If it was to get to huge volumes of items, then I imagine that before we possibly would end up delivering to Fort William, but that's not in the plan that I want to have. I think we can be viable with just our neighbourhood. I think with the 1700 people in our neighbourhood, we can have a better ....

JM - If you got absolutely everyone in that neighbourhood, yes that would be.

Applicant – Yes absolutely but if we have to take people from Fort William, which even at half that level we could still be quite viable. We are viable now and we're not doing any prescriptions and we're staying afloat. We've got a huge volume of tourists that we provide for that give us quite a lot of income we are staying afloat so we've didn't even need to have our entire population. I don't think we need to include Fort William in it. If they wanted to come to us, I don't know if that would mean we'd have to include them in our borders right now, but I don't believe that we would need them to be viable.

JM - OK. Thank you, Jen.

Chair - Thanks. I've got Catriona next please

CS - Thanks. Just to build on what you're saying, because you are viable at the moment as you're saying and that is on private services and obviously if you're granted the contract there's going to have to be a transition between the core NHS services that you will be obliged to deliver and the private services and the nice to do services that you then can choose to deliver. How do you think you'll manage to keep the people who are now used to private services content that you could still deliver them whilst trying to ensure you deliver the core services?

Applicant - By the private services, we make money on them, but they're appointment based, so it's quite manageable. It's an unusual situation for me as a community pharmacy obviously I'm used to being so busy that I don't know what to do with myself. I just arrive, hit the ground running and go home before you know what's hit you. I feel this is unusual, and every day I think have we made any money and then we have because it's appointments that we can plan for them. The people that come in, it's a lot less people and it's enough money to keep you going, but it's definitely planned. You can definitely plan for it and the sales that we make ... I know that when I worked in other pharmacies we were doing something like 5000 items a month and taking sales of £400 or £500 a day didn't seem all that busy with walk-in sales. It just ticks over and £500 a day is tick-over sales, so I think that if we did core services, building up gradually to say the 2,300 items we can more than deal with that.

CS - Thank you.

Chair - Thank you, Jean. Sorry, I just wanted to come back to you if you had remembered your question ?

JB - Yes, I was just interested to know really what are the GP services that you would be working with in Spean Bridge ?

Applicant – The GP services ?

JB – The GP practices, I meant to say.

Applicant - There's Tweeddale, Glenmore and Craig Nevis

JB – Oh, there are three. OK, thank you.

Chair - Thank you. I think most of my queries have been covered and I just want to clarify, I think what I'm hearing is that you've been open already, you've been open since March and so you've had the chance to see what business might be like from a private sector point of view and it sounds like from what you've said that a high number of prescriptions isn't actually necessarily the type of thing that you want to be doing anyway as a pharmacist in terms of, there's a lot of value in those other services like the Pharmacy First and the pharmacy first plus and I guess I'm not quite sure how all the payment works, but there must be payments along with those that sounds like that you can claim for which are different to payments that come in terms of prescriptions and then there's the private side of the business and so it sounds like you've got a plan there and the viability as you had said seems to working. I suppose that's in the busier side of the season that you've been open from March when the Easter season kind of starts in terms of tourism. I know Spean Bridge well as I'm up and down that road quite often. In terms of winter, do you think you'll still have a viable service or are you able to balance the potential seasonality in the business and are you quite happy that that still leads to a viable option ? My other question was around your driver. You mentioned really briefly that you had a driver and the driver would be trained. I couldn't remember in healthcare of some sort and who also might be able to help connect customers to use a pharmacist through their mobile phone or something, and I wonder if you can explain a little bit more about the delivery and what might be the possibility there, because I noticed that in the CAR some of the information that we had delivery services by the pharmacies outside the neighbourhood were actually really quite poor in terms of doing that either at all, or maybe you will only be doing that one day a week, and I think as you explained with the type of population that you have an older population, predominantly as people get older, as you mentioned it, it might be more females and they might not have been the driver of the household, so they might have lost access to transport altogether, and how that driver will fit in, in terms of delivering services to your remote and rural clients ?

Applicant - OK. With the winter viability the summer would have to offset the winter and we would have to plan for that. It's definitely a lot quieter here in the winter than it is in the summer,



we would need to look at what we do in the summer and make sure that we could keep that going. With regards to prescriptions, if we're doing prescriptions in winter it would probably still be quite quiet for us, but I mean, it'd be very much more available for our population for advice and referrals. We would be able to have really good conversations. We would be able to do it all year, but especially in the winter we would have lot of time for them.

With regards to the delivery driver, I want to use technology as much as we can in whatever capacity that is. I obviously want to make sure that we're doing it correctly and that people always give their consent and we use the right technology and the right mediums. I believe that a lot of people, especially elderly people, once they've got an app on their phone that does, you know where the Zoom or Teams or whatever one they use, I believe that as long as they give me explicit consent, we can then have a chat. And yes, our plan was to have a healthcare trained part time staff in the pharmacy, and then once they were ready, they would go out to become our delivery driver having already had experience of what happens in the pharmacy, how things work and knowledge of the medications. If, when the patient asked them for information, they probably would know a little bit more than a delivery driver that's never worked in a pharmacy.

Chair – Can I move to yourself Alison ?

AM - Thank you and thanks very much, Jen. That was really comprehensive, and really useful to hear. I just wonder, you mentioned the travelling community and the fact that there is one of the four permanent travelling communities there. That's one of the disadvantaged groups in terms of providing healthcare. Had you any other thoughts about other disadvantaged groups and what particularly you might provide for that community?

Applicant - As in the elderly people here or ...? What other disadvantaged ?

AM – Disability, you've got the travelling communities. I'm thinking about teenage pregnancies, although that number is reducing across Highland. I don't know whether that's the case in Fort William. So just looking at those types of disadvantaged groups.

Applicant - Well, we very much hope to be a safe space for any group really. We do have our wheelchair access and we've got parking spaces directly outside the pharmacy. So that works for a whole range of disadvantaged groups because they can drive right up to the door, there's no need to travel down the High Street or to find parking, or people that don't have anybody else. There's a lot of people that mental health problems which I already touched on that a little bit because we are quite passionate about that here. We have some quite high profile, especially young people with mental health problems here. There's a high profile shinty case that's quite prevalent in this particular village, so the village is quite passionate about helping groups like that, that need care and sometimes just having something accessible in your area can really help you seek that help when you wouldn't have before. So many groups like the traveling community or other disadvantaged groups, would likely come and see us, they don't need an appointment to come in here. You don't need to, like if you live in the village, you don't need to have a friend or rely on a bus to get you somewhere you can just come in. We've got a very private consultation room and like I say, we've got quite good links with the High School.

If there are any other groups that that need our support the High School can point them in the right direction.

AM - Have you had much contact with the travelling community as yet?

Applicant - Yes, we've have been out there and to say what we were doing and if it was a service that they would like. The head person of the travelling community when we were there was saying that, can they please appear at this Hearing today - they felt so strongly about it, they wanted to make representation.

AM - Excellent. Thank you

Chair - Out of interest for accessibility to this committee, Jen do you know why the travelling community weren't able to come today ?

Applicant - I believe that was it them or was it the Council ? Because I think they wanted to come in capacity of a local councillor. We already have one but I think that was all. I think they were quite keen to make representation towards part of their own Council but we didn't think we could have two.

Chair - The chair confirmed that questioning was complete at this stage, thanked all participants and convened a 15 minute break (14.50 to 15.05), following which the Interested Parties would be invited to present to the committee in turn.

On return, the Chair invited the representative of the Area Pharmaceutical Committee to speak.

## **5. Presentation by APC**

CB - Thank you very much. And again, just to say thank you, Jennifer for your comprehensive and excellent presentation. I would like to preface the statement by saying that I can only comment on what the Area Pharmaceutical Committee discussed at our latest meeting together. Therefore, I can't provide any individual comments myself on matters of inquiry. As well as that, what I would like to say in advance of the statement is that our discussion was based around the application and the core pharmacy contract and the NHS pharmacy contract, not including private services or services that are at the pharmacy's discretion, such as delivery services or the extras so that was not included in their discussion that was not considered to be part of our remit. So, it's just to let you know that our statement as follows was that we discussed the proposed boundaries and felt the North East and West boundaries reflected the natural boundaries of the region with it, while the South boundary reflected that of the local Council Board boundary.

Following discussion around the boundaries, the committee voted a majority that the neighbourhood boundaries as proposed by the applicant, reflect the likely users of the proposed pharmaceutical service. At present, the resident population within the proposed neighbourhood access the majority of services, including medical and pharmaceutical and

neighbouring Fort William, which lies outwith the proposed neighbourhood while public transport allows sufficient access to services, the demographics of the population may benefit from the provision of pharmaceutical services within the proposed neighbourhood, as the current pharmacy contract does not require pharmacy to be within close proximity to medical services.

The APC noted increased recent national pressures with regards to number of pharmacists and pharmacy technicians within the workforce. This is being monitored and expected to improve. Given these pressures the APC recommends the PPC takes this into account while considering the effects of a new pharmacy on ongoing long-term viability of all pharmaceutical services.

In conclusion, the membership of APC is in agreement that it is desirable that application for MhorHealth Pharmacy is granted and I'm here today to reflect that view. If there's any further questions.

The Chair invited questions from the Applicant to the APC representative

## **6. Questions from the Applicant**

Applicant - I don't really think so. With regards to the pressures that you've mentioned with the ACTs, for example for the technicians do you know what's being done nationally to help with that?

CB - This wasn't something that was discussed at APC. I believe there is national work ongoing and that was discussed, but we as a committee are not privy to the individual detail of that, but there is a recognized effort being made nationwide to try and address that.

Applicant - OK. I just wasn't sure I did think that was the case because the GP surgeries had approached us to ask if we would take technicians that were employed there, if we ever did get a contract, if we did take technicians working there as cross working. And so we've got technicians that would be part GP, part community. I just wasn't sure if that was something you're referring to, but thank you very much.

Chair - Thank you.

## **7. Questions from Other Interested Parties**

The Chair invited questions to the APC from John Fotheringham.

There were no questions.

## **8. Questions from Panel**

The Chair invited questions from the panel to the representative of the APC. There were no further questions. The Chair thanked the APC representative.

The Chair invited the representative of the Community Council to present.

## **9. Presentation by Community Council**

Unfortunately, the planned Power Point was unavailable, however, Mr Fotheringham was able to provide a verbal presentation.

Spean Bridge, Roy Bridge and Achnacarry Community Council area at 965 square kilometres is the largest by area in the Highlands, and we believe the largest in Scotland but has one of the lowest density at 1.6 persons per sq km.

The villages are famous for their cultural heritage, particularly the iconic Commando Memorial and viewpoint as well as the Mulroy historic battlefield. The Great Glen Way from Inverness to Fort William passes through our area so does the West Highland Way from Fort William to Aviemore. The Leanachan Forest immediately south offers a wide range of tourist activities. The area is also famous for its geological significance including the Parallel Roads of Lochaber Site of Special Scientific Interest.

Over the last 22 years it is the fastest growing community in Lochaber with a population increase of four times the national average and five times that of Lochaber.

In the last West Highlands and Islands Local Development Plan there were 90 units available for housing in Spean Bridge and 20 in Roy Bridge and in the past year 20 flats and 6 bungalows have been completed in our village and 20 flats nearing completion. At the same time over the last 20 years there have been 162 planning applications in Spean Bridge and wider area outwith those identified in the local development plan since.

Forestry and Tourism are the principal current employers in the area with the recently refurbished Commando Memorial. The problem with the Commando Memorial Viewpoint is it doesn't have any toilets and the nearest toilets are in the Woollen Mill Car Park adjacent to MhorHealth premises. There has been a significant increase in planning applications to site pods, or chalets in our district with 90 planning applications in the last eight years, most coming since the pandemic as more and more people decide to holiday at home.

The Coire Glas Hydro Pumped Storage Scheme 12 miles north of Spean Bridge on the shores of Loch Lochy which gained Scottish Government approval in 2020 will have a massive impact on our community.

During the seven years construction phase of the largest construction project in the Highlands for a generation, over 600 workers will be employed directly. Many more will be needed in support and service roles. Our Community Council area will benefit enormously both with high paid jobs and Community benefit but it will come at a cost with increased disruption.

Preparatory works are due to start in October, and we have been notified that a planning application for a 72 en-suite bedroom modular complex with canteen within the SB01 site to the south of Spean Bridge on the A82 to accommodate workers will be submitted to Highland Council within the next few weeks.

At present our community suffers from a lack of local services. We have one shop and sub-Post Office, a pharmacy, a woollen mill, two cafes and a number of restaurants, two churches and two primary schools although one is scheduled for closure but for everything else it means a journey to Fort William, ten miles away from Spean Bridge or 60 miles to Inverness. Roy Bridge is the terminus for five local bus services daily except Sunday, and Spean Bridge is on the Citylink Coach Service between Glasgow and Skye, and Inverness and Fort William. We also have four stations in our area at Corroul, Tulloch, Roy Bridge and Spean Bridge on the West Highland Rail link with three trains daily in each direction. However, only the local bus service goes to the medical centre every two hours.

Access to a car doesn't necessarily improve the situation. Trips to Fort William are never routine and in the peak summer months it is not unusual to have to queue from the Road to the Isles Roundabout all the way to Torlundy on the A82 or beyond and the A82 is noted to be Scotland's most dangerous road.

Currently our Community is experiencing many of the issues besetting NHS Highland. Simple medical procedures formerly undertaken at the Belford Hospital are now done at Raigmore meaning long and difficult extra journeys. Changes in the dentistry service have meant that Fort William Medical Centre have drastically reduced their staffing complement in the service they provide. Getting an appointment at the GP surgery can now take up to three weeks where formerly you could often get it almost immediately and the community pharmacies in Fort William and Caol are clearly over-stretched and at breaking point.

The last year has been particularly difficult, and our residents have noticed a worrying and increasing trend of unscheduled pharmacy closures. Boots was closed on the 8<sup>th</sup> and 9<sup>th</sup> July, and Lloyds opened Caol for 2 hours in the morning and Fort William for the same time in the afternoon. We calculate there have been 62 unscheduled closures in the year to 9<sup>th</sup> July 2022, and if you have travelled by public transport from Roy Bridge to the GP surgery and then to a pharmacy it could take up to six hours in an area known for high rainfall.

As only three customers are permitted in Lloyds pharmacies at any time you have to queue outside and at one time on a Saturday there were 20 outside, and 10 were still waiting when the pharmacy closed and dispersed them. I am sure you will understand and sympathize with those who were unable to collect their prescriptions. Recently a notice has gone up at Caol advising customers it will take five days to process repeat prescriptions and we believe that Boots is ten days and the pharmacy at Caol will be closed for an hour, not to have lunch but to clear the backlog. None of the pharmacies actually offer a rural delivery service I believe there is one, but no-one's ever offered it to me.

The Community Council sincerely hopes that the Scottish Government's initiative in trying to progress the 20 Minute Neighbourhoods will bring significant benefits to our community. It is a method of achieving connected and compact neighbourhoods designed in such a way that all people can meet the majority of their daily needs within a reasonable walk, wheel or cycle (approx. 800m) from their home. The desired outcomes of 20-Minute Neighbourhoods include decreased health inequalities, improved local economy, climate action, improved liveability of place and quality of life and the ability to age well in place.

As a first step having a community pharmacy in Spean Bridge will help considerably and reduce the pressure on both the surgeries and pharmacies in Fort William and Caol. The

response from our rural community council area was quite outstanding. 335 replies and 92% in favour. It clearly illustrates the strength of feeling within the community on the subject. The charity that the Community Council set up are currently undertaking a Community Consultation exercise to draw up a Community Action Plan, and to be honest we might struggle to get a comparable response rate. Until MhorHealth did a presentation to the Community Council we were generally unaware of the range of services a community pharmacist could provide. We know that tourism brings its own healthcare issues with forgotten medication and minor ailments and having a practitioner able to resolve these without undue reference to the GP surgery will bring immediate and long-term benefits.

We understand having researched previous rural applications and we are larger than two successful ones in Fort Augustus and Newtonmore that the PPC used two criteria in determining whether to grant a pharmaceutical licence namely neighbourhood and adequacy of existing service.

In the application by Lloyds Pharmacy, for the provision of general pharmaceutical services at Fort William Medical Centre on 12th August 2008 it was agreed that Spean Bridge was outwith the Greater Fort William neighbourhood. In that case Spean Bridge, Roy bridge and Achnacarry must be a neighbourhood on its own, and since we currently don't have a pharmaceutical service, it cannot be adequate as defined by Lord Drummond Young.

As we pass both the criteria there is no compelling reason for MhorHealth not to be granted the required Licence. Thank you.

The Chair thanked the councillor and invited questions from the applicant to the councillor.

#### **10. Questions from the Applicant to the Community Council**

There were no questions.

The Chair invited questions from the representative of the APC to the Councillor.

#### **11. Questions from Other Interested Parties**

There were no questions.

The Chair invited questions from the panel to the councillor. There were no further questions and all were thanked for their contributions.

The Chair described the procedure for summing up from the parties present. Interested Parties will be asked in turn to sum up their cases. This will be done in reverse order to the one which the statements were given, remembering that no new evidence can be given at this stage. The order would be the Community Council representative, followed by the APC representative and finally the Applicant.

#### **12. Summary from Interested Parties and Applicant**

The Chair invited the Community Councillor to present their summary



## Community Council

JF - We are a growing rural community which will continue to expand. Our only current access to services is to use the A82, Scotland's most dangerous road. As the principle of neighbourhood has already been determined and we are out-with every other neighbourhood that has a pharmacy and as we don't have a pharmacy, we can't deem this as adequate. We feel there is no compelling reason for them not to be granted a licence. Thank you.

The Chair thanked the Community Councillor and invited the APC representative to present their summary.

## Area Pharmaceutical Committee

CB - It's short and sweet and I would like to say that we are in agreement that is desirable to grant that application for inclusion in the pharmaceutical list of NHS Highland. But the PPC must take into account the long-term viability of the pharmacy. Thank you.

The Chair thanked the APC representative and invited the Applicant to present their summary.

## Applicant

Thank you very much. In summary, we would just like to thank everyone that was involved in helping us pull this together, especially given that the date was almost a month earlier than planned. Thank you and thank you to Catriona for representing the views of the APC. I want to say thanks to John from our Council for coming along and presenting today, I think that his presentation shows very clearly the passion that he and the Community have for the granting of this Application. I do think that the neighbourhood is clearly defined and there are no pharmaceutical provisions within the neighbourhood and provision out-with the neighbourhood is not adequate. Our population is continuing to increase and there is planned and existing house building which will add to further growth.

Furthermore, our growing population is an ageing population and we have barriers and inequality of access due to distance, difficulties with public transport and a large transient increase in population due to tourism numbers. The Consultation Analysis Report shows overwhelming support from our population. The residents here have been unable to benefit from the full range of pharmacy services since the provision out-with their area is poor and inconsistent. They are more than not just unhappy, but angry with the service they're receiving and the letters of support from the GP's highlight the lack of confidence that the practices have in the existing services.

There's good engagement with Pharmacy First and Pharmacy First Plus, Care Home and Medicines Care & Review. Pharmacies are firefighting to try to keep up with the dispensing volume and the pharmacy teams themselves, they're fantastic, they work really hard and they don't deserve the abuse that they're receiving because they have a backlog, a backlog that will not be able to clear if this continues. As I said, our new pharmacy will provide all the core NHS and extended services. We've already created our pharmacy and I think we've shown how we can be viable. We've already funded the creation. We want to give our residents their pharmaceutical provision that they deserve. We want to choose our experience and expertise

to create the health hub. A place to get quality advice, place to get treatments or connect with loved ones. A pharmacy that people feel safe, feel welcome and may leave happier and healthier than when they arrived. I think it is necessary and desirable to grant this Application to afford our residents this opportunity, and I ask the panel to please grant the Application.

Thank you very much.

The Chair thanked the Applicant.

The Chair then asked for the matter of record, if everyone felt that they've received a fair Hearing today, which received confirmatory responses from all parties.

Chair - Thank you to everyone for attending this virtual Hearing today and thank you, John, for coming and giving the community voice. That's really important to hear. Thank you, Jen, for taking us through your Application. And thank you, Catriona for coming on behalf of the Area Pharmaceutical Committee. I think it's also very important for us to hear their viewpoint.

The Chair requested the Applicant and Interested Parties, Observers and Board officials to withdraw to enable the application to be discussed with the panel so only the members of the Pharmacy Practices Committee, panel members and myself can remain in the room.

All parties were thanked for coming and taking the time to come and speak today.

The Chair thanked everyone for giving up their time today and closed the Hearing at 3.15 pm.

### **13. Decision**

#### **13.1 Neighbourhood**

The panel agreed that the neighbourhood should fall within the boundaries of the Spean Bridge, Roy Bridge and Achnacary Community Council as identified in the Health Intelligence report and the community council boundaries document linked to below. These boundaries are described as: North – from Letterfinlay to Braeroy Forest , East – to Moy, South – to Corroul Station and West – to Strathan in Glen Dessary. The neighbourhood consists of a shop, a Post Office, an ATM, Community Centre, Primary School, places of worship, B & B's, big campsite with 50 pitches. Members of the local population considers themselves to be neighbours and describe this as their neighbourhood. The transport infrastructure also links across this area to the main population at the closely placed settlements of Spean bridge and Roy Bridge. Furthermore, the NHH Area Pharmaceutical Committee, the local community and the Spean Bridge, Roy Bridge and Achnacary Community Council also agree with the stated boundaries for the neighbourhood..

Evidence :

[https://www.highland.gov.uk/downloads/file/4430/spean\\_bridge\\_roy\\_bridge\\_and\\_achnacarry\\_community\\_councilpdf](https://www.highland.gov.uk/downloads/file/4430/spean_bridge_roy_bridge_and_achnacarry_community_councilpdf)

Survey responses to the CAR were received from 335 people. Important points relating to the neighbourhood in the feedback were as follows:

Q1. MhorHealth Pharmacy proposes to open a new pharmacy at Spean Bridge and states the neighbourhood as indicated on the map below. The boundaries of this neighbourhood are noted as :

North – from Letterfinlay to Braeroy Forest

East – to Moy

South – to Corrou Station

West – to Strathan in Glen Dessary

Q1. Do you think the area, outlined in black below, describes the 'neighbourhood' where the proposed community pharmacy will be situated.

Yes – 308 (92%), No – 8 (2%), Don't know – 19 (6%).

Most responders agreed the boundary describes the neighbourhood, with agreement this is a rural area; distance and travel being a challenging aspect for the residents currently.

Q2. Do you live within the neighbourhood?

Yes – 263 (79%), No – 69 (21%), Don't know – 3 (1%)

Population :

The proposed neighbourhood covers the settlements of Spean Bridge, Roy Bridge and sparsely populated areas of the Great Glen and Nevis Range in Lochaber. The area currently has 1,700 residents with nearly 90 percent of this population living in the environs of the near neighbouring settlements of Spean Bridge and Roy Bridge. The neighbourhood has areas of planned future development opportunities, the cumulative effect of which will inevitably increase the population. The neighbourhood has an ageing population above the national average who would be expected to have an increasing dependency on pharmaceutical services. In addition, there is an above Scottish average of single person households within this neighbourhood. As is the trend in many of our Rural areas the PPC has drawn the conclusion that these are older members of the population who would be expected to have an increasing dependency on pharmaceutical services and may have more difficulty in accessing these services as they age.

The neighbourhood can be described as Rural with its population living in a mix of accessible and remote areas as defined by the Scottish Government Urban Rural Classification measures. In addition, work on the proposed Coire Glas pumped hydro storage scheme is due to start within the neighbourhood with an estimated construction time of 5-6 years and will bring in an estimated 600 workers who will be accommodated within the local area and will need access to local services.

Evidence :

As evidenced from the demographic data in the Health Intelligence Report the main population of the new neighbourhood is centred around the settlements of Spean Bridge and Roy Bridge.

The Scottish Government Urban Rural Classification defines this neighbourhood as a mix of accessible and remote areas:

<https://www.webarchive.org.uk/wayback/archive/20150218121113/http://www.gov.scot/Topics/Statistics/About/Methodology/UrbanRuralClassification>

The Coire Glas pumped hydro storage scheme will bring a large number of workers and supporting service roles into the neighbourhood increasing the population:

<https://www.coireglas.com/project>

The NHSH Pharmaceutical Care Services Plan 2016 states that significant growth in the general population through planned housing development will necessitate corresponding planned developments in the provision of core and additional pharmaceutical care services. This neighbourhood is identified within local development plans for growth.

### **13.2 Adequacy of existing pharmaceutical services**

Currently there are no pharmaceutical services within the neighbourhood. Existing services are provided from the adjacent neighbourhood from 3 pharmacies, 2 in Fort William and 1 in Caol.

#### **Reason:**

This Application attracted one of the highest responses to a CAR that this committee has seen. The local community, within the described neighbourhood, did not think their current services were adequate. There was overwhelming positivity towards the establishment of a new pharmacy in Spean Bridge. The Community wanted to see an improved service with greater accessibility and one that is more fitting for the current and future demographic.

Strong representation was made from the Spean Bridge, Roy Bridge and Achnacary Community Council on the inadequacy of the current services from the current Boots and Lloyds Pharmacies in the adjoining neighbourhood. Moreover, the committee received written representation from the local GPs that voiced concerns around the adequacy of the current pharmaceutical provision in the adjacent neighbourhood.

#### **Evidence :**

In the CAR and the representations made at the PPC hearing it was highlighted that the population of the neighbourhood had inadequate provision of pharmaceutical services to the neighbourhood from existing pharmacies. Issues affecting access to services included, poor public transport provision with few services throughout the day and long waits for buses/trains with long travel times; long travel distances; seasonal traffic congestion causing journey times to increase to an unreasonable level; the unpredictability of travel in winter; long waiting times/queues outside the existing pharmacies in the adjoining neighbourhood; long waiting time to obtain repeat prescriptions from the existing pharmacies in the adjoining neighbourhood; concerns about limited services for the elderly and young families at the existing pharmacies in the adjoining neighbourhood and concerns about the inconsistency of the services offered from the existing pharmacies in the adjoining neighbourhood.

Given this, the PPC did agree with the view expressed by the local population of the neighbourhood that existing services were inadequate.

This is a local Community with a higher than average elderly demographic who would be more likely to have an increasing need for Pharmaceutical services. Furthermore, the neighbourhood is home to one of the four permanent caravan sites for use by Gypsies and

Travellers in the Highland Council area. Located at Spean Park, Lochaber, this site offers 14 pitches. Evidence suggests that this group has a higher than average level of need for pharmaceutical services and that they bear the burden of numerous health inequalities.

On balance, the PPC was not convinced that the provision of core service from the adjacent pharmacies in Fort William and Caol was meeting the population level of need for these services.

As outlined above the population of the proposed neighbourhood, did not think their current services were adequate.

#### 14. **Equality**

The committee considered issues of inequality highlighted in the reports and evidence presented to it. Evidence suggests that there is a lack of affordable and regular public transport to access the current pharmacy services in the adjoining neighbourhood. In this PPC experience a lack of affordable and regular public transport is consistent with a Community that is more heavily dependent on travel by car. With the rising costs of fuel, fuel poverty may come into play in reducing the access of the population to pharmaceutical services outwith the proposed neighbourhood. In addition, the neighbourhood is home to one of the four permanent caravan sites for use by Gypsies and Travellers in the Highland Council area. Located at Spean Park, Lochaber, this site offers 14 pitches. Evidence suggests that this group has a higher than average level of need for pharmaceutical services and that they bear the burden of numerous health inequalities. Better access to local pharmaceutical services for this group would start to address some of the inequalities that they face. The proposed new pharmacy is already operating in a private capacity and has engaged with the travelling community LGBTQ+ community and people with disabilities within the neighbourhood. The new premises currently are fully accessible and have disabled parking spaces at the shop front.

Transportation issues arose throughout the Hearing. The SIMD data presented to the PPC does outline a lack of access to services within the neighbourhood. Responses to the CAR and the presentation from the Spean Bridge, Roy Bridge and Achnacary Community Council highlighted the specific access difficulties that some residents had.

#### Reason:

As demonstrated in the Applicant's evidence supported by the Spean Bridge, Roy Bridge and Achnacary Community Council and the responses in the CAR, this is further supported by the evidence of high level of unscheduled closures among existing services in the adjoining neighbourhood and the sharply increasing then sharply decreasing levels of supply which is indicative of an inconsistent service.

Therefore, the PPC take the view that the current delivery of services does not meet the population need for pharmaceutical services.

#### Evidence :

The conclusions of wider than expected variability from the data regarding monthly dispensing and current core service provision by existing pharmacies outside the proposed neighbourhood were that the services were not consistently able to provide the services and that services were under strain.

Core services report -

Core Services Report																								
MINOR AILMENTS SERVICE					CHRONIC MEDICATION SERVICE														PUBLIC HEALTH SERVICE					ACUTE MEDICATION SERVICE
February 2022					May 2022														March 2021 to Feb 2022					February 2022
					Pharmacy Care Records				Claims		High Risk Assessments & New Medicine Interventions		Gluten free		Smoking Cessation				EHC	Fusidic acid	Trimethoprim	Gluten free	NRT	Quality & Efficiency Payment Percentage achieved
Code	Name	Items dispensed	GP Referrals	Consultations	Registrations	PCR Records	Records as % of Reg	Risk assessments	Records assessment complete	Claims	Target	Actual	Open	Closed	Open	Complete	Quit starts	No of 12 weeks	No of items dispensed (PRISMS form type CPUS/PHS)					% Claimed Electronically
7007	Boots, High St, Fort William	121	1	2	731	1124	142%	1	942	322	51	44	2	3	52	96	130	19	88	8	65	204	96	92.18%
7053	Lloyds, High St, Fort William	13	0	0	931	1430	144%	6	1305	399	71	105	3	16	1	120	121	27	39	4	53	136	69	95.70%
7119	Lloyds, Caol	63	6	15	736	1151	145%	48	1029	346	45	57	4	9	4	256	260	64	36	5	93	406	87	98.17%
	NHS Highland AVERAGES	104	4	20	601	880	146%	25	718	17730	32	53	2	12	11	141	146	25	40	5	38	209	114	95.77%

Survey responses to the CAR were received from 335 people.

Important points relating to the provision of adequate pharmaceutical services to the neighbourhood from existing pharmacies in the feedback are as follows:

Q3. Below is a list of services currently provided by other community pharmacies in the surrounding area (with attached explanations of each service). Do you think the current provision is adequate?

NHS Prescriptions – dispensing:

120 'Yes', 178 'No', 32 'Don't Know', 5 did not answer. Medication: Care & Review:

77 'Yes', 136 'No', 60 'Don't Know', 62 did not answer. Pharmacy First Service:

73 'Yes', 137 'No', 64 'Don't Know', 61 did not answer. Acute Medication Service:

60 'Yes', 129 'No', 76 'Don't Know'. 70 did not answer. Gluten Free Food Service:

54 'Yes', 79 'No', 131 'Don't Know', 71 did not answer.

Public Health Service: Smoking Cessation, Emergency Hormonal Contraception, Health Promotion:

60 'Yes', 100 'No', 100 'Don't Know', 75 did not answer. Advice to Care Home:

47 'Yes', 72 'No', 140 'Don't Know', 76 did not answer. Buprenorphine Dispensing & Supervision:



42 'Yes', 61 'No', 150 'Don't Know', 82 did not answer. Methadone Dispensing & Supervision:

36 'Yes', 57 'No', 159 'Don't Know', 83 did not answer. Needle Exchange & Substance Misuse:

34 'Yes', 65 'No', 157 'Don't Know', 79 did not answer. Care at Home:

54 'Yes', 92 'No', 108 'Don't Know', 81 did not answer. Palliative Care:

53 'Yes', 79 'No', 124 'Don't Know', 79 did not answer. Medication Compliance Device (Blister box):

49 'Yes', 77 'No', 129 'Don't Know', 80 did not answer. Unscheduled Care: Urgent Supply of Medication:

53 'Yes', 119 'No', 82 'Don't Know', 81 did not answer. Hepatis C Drug Dispensing:

41 'Yes', 52 'No', 160 'Don't Know', 82 did not answer. Prostate Cancer:

44 'Yes', 51 'No', 154 'Don't Know', 86 did not answer. Stoma Care:

44 'Yes', 56 'No', 152 'Don't Know', 83 did not answer. Disposal of Patients' Unwanted Medicines:

68 'Yes', 94 'No', 96 'Don't Know', 77 did not answer.

Q4. Do you or your representatives experience any issues or challenges accessing a community pharmacy?

Yes – 219 (65%), No – 95 (28%), Don't know – 21 (6%)

Of the 335 responses, 175 of the 219 (52%) reported travel related issues. 23 of the 219 (7%) reported issues with waiting times in the other CPs currently available to this particular area. 4 of the 219 (1%) reported car parking issues.

Q5. Comments

There were many comments suggesting an alternative to the current local pharmacy would be welcome, particularly offering a wider range of services. Although some comments suggested an ample sufficiency in the area, the lack of local support for elderly was highlighted on several occasions.

175 (52%) of the YES reported travel related issues

23 (7%) of the YES reported issues with current waiting times 4 (1%) of the YES reported issues with parking

Q6. If a community pharmacy opened at these premises, would it change the way you currently access NHS pharmaceutical services?

Yes – 273 (81%), No – 33 (10%), Don't know – 29 (9%)

81% of responders felt that if a community pharmacy opened at these premises, it would change the way they currently access NHS pharmaceutical services.

## Q7. Comments

61% of the YES felt it would change the way they currently access NHS pharmaceutical services due to current access related issues. There were mixed responses relating to the services already provided, future needs and care of the elderly. Some responders felt there was sufficient provision.

Q16. Do you support the opening of a new pharmacy in Spean Bridge?

Yes – 324, No – 6, Don't know – 5

Q17. Free text

If YES, of the 97% that were in favour, 18% felt that it would improve access to pharmaceutical services, with particular mention made of enhancing the overall healthcare services for the growing area including the increase in the elderly and young family populations. 13% felt it would ease travel issues to the current nearest community pharmacies.

Q18. Free text

If NO, comments included putting primary care services at risk, distance from local surgeries and potential for too many pharmacies in the area.

The Pharmaceutical Care Services Plan (PCSP) for NHSH envisages a person-centred partnership approach to pharmaceutical care. The new neighbourhood, in this application, are calling for an improvement in the pharmaceutical services delivered to them.

The PCSP states:

*“In areas where an improvement in pharmaceutical services is suggested, the Board’s first and most cost-effective option would be to address this through the enhancement of services provided by the existing network of community pharmacy contractors.*

*The Board will also consider applications for inclusion in the Board’s Pharmaceutical List from applicants who believe that services are inadequate in any specific neighbourhood which they define.”*

The PPC has been persuaded that the existing services provided by pharmacies in the adjoining neighbourhood are inadequate for this newly defined neighbourhood.

The demographic data in the health intelligence report describes the new neighbourhood as having a higher than average elderly demographic who would be more likely to have an increasing need for Pharmaceutical services. In addition, because of the settled nature of occupation across the neighbourhood the proportion of older people will most likely increase. This population is known to be more dependent on pharmaceutical services thus this would indicate a higher than average level of need for pharmaceutical services in this neighbourhood now and in the future. The Health Intelligence report states that ‘The area has a population in comparatively good health. However, it should be anticipated that, along with the rest of

Highland, the general epidemiological picture will be one in which chronic conditions related to old age are prevalent and multi-morbidity common.'

Scottish Government analysis of the 2011 Census data showed that when compared to the 'White: Scottish' group, Gypsy/Travellers were twice as likely to have a long-term health problem and were three times more likely to report 'bad' or 'very bad' health. In fact, the analysis showed that on every indicator of what is required to live a happy, productive and fulfilled life, Gypsy/Travellers were worse off than any other community in Scotland. (see <https://www.gov.scot/binaries/content/documents/govscot/publications/corporate-report/2015/12/gypsy-travellers-scotland-comprehensive-analysis-2011-census/documents/gypsy-travellers-scotland-comprehensive-analysis-2011-census/gypsy-travellers-scotland-comprehensive-analysis-2011-census/govscot%3Adocument/00490969.pdf>)

Some of the inequalities experienced by the Gypsy/Traveller community are:

1. A higher suicide rate than the general population -six times higher for Gypsy/Traveller women and almost seven times higher for Gypsy/Traveller men.
2. Poorer mental health - often linked to poverty, social exclusion, stigma and hate crime. In a recent study one Gypsy/Traveller described experiences of hate crime as 'as regular as rain'.
3. Barriers when accessing health services -These included difficulties registering with GPs, poor staff attitudes and lack of trust of services because of previous experiences.
4. Lower uptake of preventative health services -Including antenatal and postnatal care, childhood development assessments and dental services, and missed routine appointments because of lack of postal address.
5. Living in unsafe environments -Little or no access to basic amenities due to lack of adequate site provision can often lead to families living next to busy roads or waste ground.

This identifies another group living in this neighbourhood that has a higher than average level of need for pharmaceutical services within the neighbourhood.

As outlined above the proposed neighbourhood, did not think their current services were adequate.

Core services are being provided by the adjacent pharmacies in Fort William and Caol but service users may be unaware of what these are or unable to access these due to unscheduled closures and a lack of Pharmacist time. A lived experience example given to the PPC suggested that on occasion customers have been told that the Pharmacy First service was not available due to a lack of qualified staff to deliver this at that time. This is contrary to the vision of the Pharmaceutical Care Services Plan (PCSP) for NHSH. Furthermore, evidence given to the PPC showed inconsistent levels of supply of pharmaceutical items in the adjacent pharmacies indicating a level of inconsistency of service at some times.

The level of unscheduled closures within the adjacent pharmacies in Fort William and Caol was very concerning to the PPC. The level of unscheduled closures reported to the PPC is contrary to the vision of the Pharmaceutical Care Services Plan (PCSP) for NHSH.

Written representation from the local GP's also highlighted the provision of the current core services was not meeting the population level of need for these services.

Given the above, the PPC was not convinced that the provision of core service from the adjacent pharmacies in Fort William and Caol was meeting the population level of need.

The NHS Pharmaceutical Care Services Plan states that *“Across NHS Highland not all deprived people live in areas that would be recognised as deprived,”*

From the data outlined in the Health Intelligence report relating to the Deprivation profiles of data zone areas in the catchment area of the proposed pharmacy in Spean Bridge, we can see that the population are among the least deprived areas in Highland with individual domain ranks indicating population health and material wellbeing scores that are equal to or above national averages.

The exception to this picture are the access domain scores. People living in these areas are among the most access deprived in terms of local services in Scotland.

The area deprivation measures suggest that socio-economic disadvantage will operate at an individual or household level in these communities.

The PPC also noted that from the public transport information provided that there was very poor public transport provision to allow the population to access the adjoining neighborhood pharmacy services by this means. This is typical of such a rural location.

The PPC noted that from the public transport information provided, there was very poor public transport provision in the proposed neighbourhood. This is typical of such a rural location. Currently these Pharmaceutical services can only be accessed out with the proposed neighbourhood. Within the CAR issues affecting access to services included, poor public transport provision with few services throughout the day and long waits for buses/trains with long travel times; long travel distances; seasonal traffic congestion causing journey times to increase to an unreasonable level; the unpredictability of travel in winter; long waiting times/queues outside the existing pharmacies in the adjoining neighbourhood; long waiting time to obtain repeat prescriptions from the existing pharmacies in the adjoining neighbourhood; concerns about limited services for the elderly and young families at the existing pharmacies in the adjoining neighbourhood and concerns about the inconsistency of the services offered from the existing pharmacies in the adjoining neighbourhood.

## **15. Securing adequacy of provision for the future**

The PPC considers that the % of the population within the proposed neighbourhood area would be relatively small (approx. 10-15%). Therefore, only a small % of the Population currently served by the 3 existing pharmacies in the neighbouring neighbourhood would be likely to use services in the new proposed neighbourhood. There is no suggestion that this change in volume across the 3 existing pharmacies in the adjoining neighbourhood is likely to be sufficient to cause any of the existing pharmacies to close. In addition, there was no objection from Lloyds to the opening of this new pharmacy and the objection from Boots was subsequently withdrawn. In the original letter of objection from Boots the company did state that this would affect their business but did not say in what way and the main argument in the letter was that of questioning the viability of the proposed new pharmacy. The evidence presented in core service provision from the local pharmacies indicate an inconsistent picture. Oral evidence presented of wait times for repeat prescriptions, confirmed by written representation from the GP practice, would indicate existing pharmacies are stretched beyond

their current capacity to deliver services and a reduction in pressure in their service requirement may be beneficial to overall service provision.

Given this the PPC came to the conclusion that any possible reduction in service provision which might occur is unlikely to be sufficient to cause any existing pharmacy to close. Furthermore, the PPC are not aware that the proposed Spean Bridge, Roy Bridge and Achnacary Community Council neighbourhood was included in the applications for any of the 3 existing pharmacies in the adjoining neighbourhood.

Therefore, the PPC concluded that the provision of existing services will not be prejudiced by granting this application.

The PPC did not feel they could make comment on whether any current unmet need for pharmaceutical services which if this were to be addressed would generate additional income for the existing pharmacies as the existing pharmacies did not send representative to the PPC hearing, nor did they provide written evidence.

The new pharmacy in the proposed neighbourhood does expect to deliver both core and other non-core services to the population of the Spean Bridge, Roy Bridge and Achnacary Community Council neighbourhood. Some services are already currently being delivered by the new proposed pharmacy in a private capacity and no known effect on the existing pharmacies in the adjacent neighbourhood has been reported to the PPC.

Evidence :

Population across 3 GP's practices is approx. 14,300

Population of the new neighbourhood is approx. 1700

% Population currently served by the 3 existing pharmacies in the neighbouring neighbourhood likely to use services in proposed neighbourhood is approx. 12%

The objection letter from Boots Pharmacy which was subsequently withdrawn and contained no detail or evidence pertaining to potential adverse impact.

This application attracted one of the highest responses to a CAR that this committee has seen. Important points relating to the impact on existing services in the adjacent neighbourhood in the CAR are as follows:

Q6. If a community pharmacy opened at these premises, would it change the way you currently access NHS pharmaceutical services?

Yes – 273 (81%), No – 33 (10%), Don't know – 29 (9%)

81% of responders felt that if a community pharmacy opened at these premises, it would change the way they currently access NHS pharmaceutical services.

Q7. Comments

61% of the YES felt it would change the way they currently access NHS pharmaceutical services due to current access related issues. There were mixed responses relating to the

services already provided, future needs and care of the elderly. Some responders felt there was sufficient provision

Q.14. Do you think the intended Applicant's proposed pharmacy will impact others such as GPs, community nursing, other pharmacies, dentists, optometrists or social services?

Yes – 133, No – 134, Don't know - 68

Q15. Free text

Of the 133 (40%) of responses that submitted 'Yes', the comments submitted included easing the pressures of current GP service, additional support to Home Care/Elderly, improve access and ease pressure of the current community pharmacies in the area. Only 1 respondent felt that the additional provision of a community pharmacy would not ease pressure on GP services.

## **16. Sustainability**

The PPC considered the proposed pharmacy is unlikely to close at a future date.

Reason :

The new pharmacy will serve a new neighbourhood of approx. 1700 people. There is projected short term and longer-term population growth within this neighbourhood. The Applicant has been trading since March 2022 and some services are already currently being delivered by the new proposed pharmacy in a private capacity to the population of the neighbourhood. This would suggest that the Applicant's current model is viable and is sufficient to be sustainable.

This Application attracted one of the highest responses to a CAR that this committee has seen. The community did not think their current services were adequate. There was overwhelming positivity to the establishment of a new pharmacy in Spean Bridge. In addition, the applicant has been trading since March 2022 and some services are already currently being delivered by the new proposed pharmacy in a private capacity to the population of the neighbourhood.

Evidence :

There is no standard as to the number of people that should be served by a pharmacy but Table 2 in the Pharmaceutical Care Services Plan for NHSH shows that there are some differences in the average population served by each pharmacy in the different areas of Highland ranging from on average around 1,900 to 4,600 residents per pharmacy.

The impact of being able to deliver Pharmacy First and the opportunity for delivering a Pharmacy First Plus service together with the move to payment for the delivery of services rather than a reliance on the number of prescriptions dispensed were evidenced as opportunities for the newly proposed pharmacy.

This application attracted one of the highest responses to a CAR that this committee has seen. Important points relating to how many people the pharmacy is likely to provide services to and if this sufficient to be sustainable, in the CAR are as follows:

Q6. If a community pharmacy opened at these premises, would it change the way you currently access NHS pharmaceutical services?



Yes – 273 (81%), No – 33 (10%), Don't know – 29 (9%)

81% of responders felt that if a community pharmacy opened at these premises, it would change the way they currently access NHS pharmaceutical services.

#### Q7. Comments

61% of the YES felt it would change the way they currently access NHS pharmaceutical services due to current access related issues. There were mixed responses relating to the services already provided, future needs and care of the elderly. Some responders felt there was sufficient provision.

Q9. The Applicant additionally wishes to provide the below services. Do you think the provisions, outlined in Q.3 along with the additional services outlined below would be adequate?

All of the services outlined in Question 3:

91.1% 'Yes'. 2.4% 'No'. 6.4% 'Don't Know'

Pharmacy First Plus Service: 86.3% 'Yes'. 2% 'No'. 11.7% 'Don't Know' Travel Vaccinations – 90.3% submitted 'Yes'. 2.3% submitted 'No'. 7.4% 'Don't Know'

Blood Profiles: 86% 'Yes'. 4.3% 'No'. 9.7% 'Don't Know'

Vitamin B Injections – 84.4% submitted 'Yes'. 2.7% submitted 'No'. 12.8% submitted 'Don't Know'

24 hour prescription collection vending machine:

86.3% 'Yes'. 5.5% 'No'. 8.2% 'Don't Know'

Women's Health Clinic:

89.3% 'Yes'. 2.4% 'No'. 8.3% 'Don't Know'

Q10. Are there any other NHS services you think the intended Applicant should provide?

Yes – 31 (9%), No – 102 (30%), Don't know – 202 (60%)

#### Q 11. Free text

Out of the 31 respondents (9%) that answered 'Yes', 16% submitted 'Flu Vaccination Service'. 10% submitted 'Blood pressure monitoring'. 6% submitted 'Ear Irrigation'. 6% submitted 'Medication Delivery Service'. Other requested services included 'Near Me' Consultations, Sexual Health testing, Men's Health Clinic, Optometry services, Chiropody service, Nutrition advice and cortisone injections.

This application attracted one of the highest responses to a CAR that this committee has seen. Important points relating to the support of new pharmaceutical services to the neighbourhood in the CAR are as follows:

Q6. If a community pharmacy opened at these premises, would it change the way you currently access NHS pharmaceutical services?

Yes – 273 (81%), No – 33 (10%), Don't know – 29 (9%)

81% of responders felt that if a community pharmacy opened at these premises, it would change the way they currently access NHS pharmaceutical services.

#### Q7. Comments

61% of the YES felt it would change the way they currently access NHS pharmaceutical services due to current access related issues. There were mixed responses relating to the services already provided, future needs and care of the elderly. Some responders felt there was sufficient provision

### **17. Necessary/Desirable**

The PPC decided to grant the application as necessary to secure adequate provision.

#### Reason :

As described previously, all of the evidence put before the committee was supportive of the application to provide new pharmaceutical services to the neighbourhood of Spean Bridge, Roy Bridge and Achnacary Community Council. In coming to its decision, the PPC gave due consideration to both the Pharmaceutical Care Plan and the CAR; considered whether the provision of pharmaceutical services to the neighbourhood from existing pharmacies outwith the neighbourhood was adequate and gave due consideration to the prejudice test.

#### Evidence :

Data on a growing population from local community plans and existing new developments and the Highland PCSP direction that this growth should have the pharmaceutical services needs initially met by expansion of the Community pharmacy network. The fluctuating data picture from current service provision from out with the neighbourhood was indicative of inconsistent service provision and the CAR and letters from local health care professionals indicated an unmet service need which was adding pressure to other health professional services delivery within the locality as identifying the unmet need for pharmaceutical services.

Given the decision that the new pharmacy was necessary to secure adequate service provision to this neighbourhood, the PPC the application was also Desirable.

In coming to its decision, in addition to all of the evidence cited above presented to the PPC prior to and on the day of the Hearing, the PPC gave due consideration to both the Pharmaceutical Care Plan and the CAR; considered whether the provision of pharmaceutical services to the neighbourhood from existing pharmacies outwith the neighbourhood was adequate and gave due consideration to the prejudice test.

### **18. Decision**

#### Neighbourhood

The panel agreed that Spean Bridge is a separate community with its own identity. The panel agreed with the Neighbourhood suggested by the Applicant.

#### Adequacy of Existing Service

There is no pharmaceutical service currently provided from within the identified neighbourhood. It was considered that the provision of pharmaceutical services to the neighbourhood from existing pharmacies outwith the neighbourhood was **inadequate** now and for the future. The panel considered the difficulty that some residents had accessing services outwith their local area as a result of poor public transport links and the ageing population contributed to making service provision **inadequate**. The Pharmaceutical Care Services Plan identifies the increased need for pharmaceutical services with demographic changes. The local plan highlights increased building for homes and the Highland Information Services information on population demographics highlights an ageing population which will have increased needs of pharmaceutical services. The high number of CAR responses highlighting a desire for greater service provision deemed this Application **necessary** for the area now and into the future.

#### Necessary and/or Desirable

Following the decision that current service provision to the neighbourhood was deemed inadequate for the reasons stated, the PPC considered whether the application was **necessary** and/or desirable.

The neighbourhood hosted a sub-Post Office, two primary schools and two places of worship as well as a local convenience store. The local community's high response to the CAR identified a desire for a local pharmacy service, accessible, proactive and responsive to the needs of the population and this was supported by the Community Council for Spean Bridge area. The application was necessary to secure consistent pharmaceutical services to the neighbourhood to meet current identified need. The Application was **desirable** in order to secure the adequacy of provision of pharmaceutical services into the future within the neighbourhood, as defined by the Committee to take account of increasing population, and ageing population with increasing health needs and to overcome the challenges of accessibility to services currently experienced.

The PPC did not think that any existing pharmacy was likely to close at a future date as a result of this Application being granted but would enhance the current service being provided. They considered the number of people the pharmacy was likely to provide services for and felt this sufficient to be sustainable. They explored the population numbers and service income which can support the viability of a business and it was deemed that current proof of viability since the premises opened earlier in the year was sufficient to consider its ongoing viability and this Application would not endanger the viability of the other pharmacies within the area of Fort William.

The Chair invited members of the Committee to vote on the Application by Ms. Jennifer Moncur to provide pharmaceutical services at MhorHealth Pharmacy, Invercauld House, Spean Bridge.

The Committee unanimously agreed to **Grant** the Application. The Hearing was then closed by the Chair.

The Board member was advised that the Application had been granted.



Signed : .....

Date: 5<sup>th</sup> September, 2022

**Gaener Rodger**

**Chair, Pharmacy Practices Committee**