Minutes of the Newtonmore PPC Virtual Hearing

Friday 9th October, 2020

PANEL MEMBERS

Gaener Rodger	Chairman (Non-Executive Director NHSH)
Mark Sutherland	Lay Member
Ian Gibson	Lay Member
Caroline Morgan	Contractor Pharmacist
Jennifer Lumsden	Non-contractor Pharmacist
Joanna McCormack	Solicitor, Central Legal Office
Alison MacRobbie	Professional Body Representative

BOARD MEMBERS IN ATTENDANCE

Jackie Agnew	Head of Community Pharmacy & Controlled Drugs Governance
Fiona Riddell	Community Pharmacy Business Manager

OBSERVERS

Nil	

APPLICANT & INTERESTED PARTIES

Alan Horsburgh	Applicant
Scott Jamieson	Scottish Partnership Pharmacy Manager, Boots
Fiona McFarlane	Pharmacy Support Manager, Boots
Graeme Fraser	Newtonmore and Vicinity Community Council

1. Chairman's Address

On account of the current COVID pandemic regulations, the PPC previously arranged for 29th May was re-arranged for 9th October, 2020 and to allow for the required social distancing was held via Microsoft Teams. The site visit was pre-filmed and circulated to all prior to the meeting to allow members sufficient time to view the tour.

The Chair welcomed everyone present to the meeting of the Pharmacy Practices Committee where they were asked to consider the Application for the provision of pharmaceutical services relating to the dispensing of medicines and supply of drugs, and of listed appliances as specified in the Drug Tariff from premises at Ashdown, Main Street, Newtonmore PH20 1DM.

The Chair confirmed the appropriate people were present in the right forum for this application and informed everyone present that the meeting was being recorded and reminding all attendees of MSTeams interaction etiquette. She invited all present to introduce themselves, giving a little bit of information about themselves. Confirmation was sought that everyone was in receipt of all documentation required for the Hearing.

Caroline pointed out that she had not accessed the documentation until that morning but confirmed she was familiar with the procedures having participated in previous PPCs and was catching up with the documentation now.

The Chair checked that all parties were happy that the correct procedures had been followed thus far in the run up to the Hearing. All confirmed they were satisfied. She asked that in the spirit of openness and transparency she would receive declarations of interest. She pointed out that her own personal interests were raised with the CLO and confirmed that her being a non-executive member of NHS Highland Board and Board member of the Cairngorm National Park Authority did not prevent her from chairing this Hearing. She stated that members of the panel were previously sent a Declaration of Interest form for completion prior to the proceedings today. Ian Gibson had previously declared himself as a resident of Newtonmore but had no financial interest at all. The Chair sought clarification from the CLO representative present that due process had been followed prior to proceeding with the Hearing. This was confirmed.

The Chair informed the attendees of the process she intended following; this was to be a formal process, however, encouraged as much openness and transparency as possible whilst being mindful of the guidelines to be followed. She stated that the panel had been asked to determine the Application from Mr. Alan Horsburgh for premises at Ashdown, Main Street, Newtonmore, PH20 1DN to be included in the Pharmaceutical List to be considered by the committee as set out by the Regulations as set out in 2009, amended 2011 & 2014. The Regulations state that 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. She enquired if everyone was happy with that to which all responded that they were. She then went on to explain that this virtual Hearing was the first Application to have gone forward using video conferencing in Scotland. She explained that the Applicant would be invited to make his presentation in support of his Application which would be followed by questions from the Interested Parties. There being two representatives from

Boots today, she confirmed only one would be permitted to speak. Questions would then be invited from the committee. Next, each of the Interested Parties would be given a chance to give their presentation following which questions would be raised by the Applicant and other Interested Parties. Questions would then be invited from the committee. All present would then be asked to give a summing up of their presentations, at which point, no new points would be allowed to be introduced. The summing up would take place in reverse order to that in which the statements were given. Finally, for the matter of the record she would ask if everyone felt they had received a fair hearing. At this point, the Applicant and Interested Parties would be asked to leave the virtual room, enabling the professionals to answer any questions by the lay members before subsequently leaving, allowing the lay members to discuss the application to make their decision, which would not be announced today, but conveyed in writing at a later date.

2. PRESENTATION BY APPLICANT

Thanks very much for today. It has been a long time coming unfortunately because of the pandemic we are all going through at the moment. When I first applied to be honest I didn't think I would be sitting doing it whilst wearing a pair of slippers so it is very interesting. I am also a professional talker so it has hurt me a lot to try to reduce and make it as concise as possible, so I will try not to go into too much detail with all the various documents I am presenting. I will try to skip over them.

Neighbourhood & Demographics

The neighbourhood is easily and clearly defined in the map supplied in the CAR document and the NHS Highland Intelligence Report, it is the area of land in the valley of Newtonmore including the communities of Laggan and Dalwhinnie and the rural lands between, I have included these areas as these remote and rural communities are more likely to use the services from Newtonmore rather than Kingussie.

There are no pharmaceutical provisions in the neighbourhood. There once was a pharmacy that closed due to retirement in 1985 and there was an unsuccessful application a few years ago.

The population is approx. 1,618, with 1,244 in Newtonmore itself.

From the census and the NHS Highland Intelligence Report there are some broad statements that can be made about the area.

The population is elderly with a notable and significantly higher percentage of people in the 60, 65, and 75+ age groups than both the Highland and Scotland averages, probably 5% higher. The older the population is the more demand on health care services. Again, from the census we can see that population of individuals over 65 living alone is 18% in Newtonmore compared to the Highland average of 13.5% and Scotland which is 13%. That is a given that we can all agree on.

We can also see there is a higher percentage of car ownership - I put forward now that this car ownership is not an index of wealth or mobility but is due to the absence of adequate public transport and the remote and rural nature of the neighbourhood. Cars are not a luxury

or a convenience here. Due to the large distances involved, poor and infrequent public transport they are a lifeline to many, an expensive lifeline which can be taken away with age.

This is a remote and rural landscape sitting amidst the Cairngorm National Park and Newtonmore is classified as a strategic town in the Cairngorms Local Development Plan along with Kingussie and Aviemore. Kincraig is an intermediate settlement with Insh, Laggan and Dalwhinnie being rural settlements. This means that Newtonmore is recognised as an important economic centre for services and the park identifies the need to increase economic opportunities here.

The Cairngorm Local Development Plan mentions the historic lack of housing in our area and has identified several areas for building from 2020 to 2030. Newtonmore has 120 homes planned on a site being built by Tulloch Homes with the detailed planning for the first 20 affordable homes being approved on 12.10.18. I believe another 61 is in the immediate pipeline.

Kingussie has 300 homes planned, and has for quite some time, however, the first 20 affordable homes received planning approval for Albyn Housing on 2.10.20. Kincraig has a 40 home development awaiting a decision from April 2020

Aviemore is growing so fast, a new town for 6,500 homes is planned at An Camas Mor to accommodate this growth albeit significantly in the future.

At this point I disagree with the NHS Intelligence Report. The report says the growth is small and limited and yes is only 120 homes in Newtonmore, however, over the next ten years for a small population this will be a 21% increase in the number of households. That is actually a huge change in such a small community. In Kingussie, once 300 are all built it's a 40% increase in households.

I would expect time for all these houses to complete, however, the beginning of the build is imminent, it's starting now.

- As people age their need for pharmacy services grows.
- As people age the number of medicines they take increases and so does their risk of adverse effects as pointed out by Age UK's document "More harm than good". It demonstrates how pharmacists are ideally placed to reduce polypharmacy, hospital admissions and cost.

From the Dispenser Payments and Prescription Cost Analysis it can been seen that last year saw a 3% increase in dispensing, with a 16% increase over the last 10 years, this increase will be even greater with such an increasing elderly population.

In the NHS Highland Pharmaceutical Care Services Plan we see the purpose of the plan is to "find any gaps in the current service and to identify where there are needs to develop services". This document provides following clear direction to the Board —

I paraphrase :

"growth in population through planned housing developments will necessitate a corresponding planned developments in the provision of core and additional pharmaceutical

care services…… in order to ensure parallel developments in pharmaceutical care plan, the significant growth in the elderly population will add to this requirement"

This means, as population grows and as it ages more services are required and should be provided.

So, we have an old and ageing population, with average income, with significant housing planned due to start imminently, coupled with a 16% increase in dispensing volume, evidence that pharmacists can prevent adverse events in elderly populations and we have a health board document directing us to provide more services in such a situation.

Therefore, to meet these standards it is clearly desirable to grant the contract.

At the minute provision is out with the neighbourhood. Boots operate two pharmacies, Kingussie and Aviemore. Patients from the neighbourhood have to travel out with to Kingussie to access them. How do they do that?

Not by taxi, as currently no service is operating in the area. We know the bus is very poor. Newtonmore to Kingussie is every 90 minutes with long waits for the return journey. No bus from Laggan or Dalwhinnie.

At the moment there is a train service which runs from Newtonmore to Kingussie, very poor, twice a day only taking a few minutes - four minutes with a four hour wait for the return journey. 09.30 or 13.15 at £6.20 return. Dalwhinnie fare slightly better 15 minutes, £12.20, four trains a day 90 min to wait for return. No train from Laggan.

It means most people get about by car. It is clear that public transport is very poor and hence the heavy reliance on cars. The Highlands suffers from a phenomenon known as transport poverty, I have provided document 17 which explains this in more detail. The take away message here is "…people on low incomes living in rural areas are 'forced' into car ownership and is particularly pronounced in rural areas where lack of public transport means that people can be forced into running a car even if it puts real pressures on their budget and finances."

People could walk from Newtonmore to Kingussie. I did it and I am reasonably fit and it took me 50 minutes. I reckon most people could do it in about 55 minutes. However, we have to bear in mind from 25th October sunset is at 4.47 pm and pitch black at 5.26 pm. It is a long rural road between Newtonmore and Kingussie, and it will be darker every day until right before Christmas with sunset at 3.35 pm and pitch black at 4.24 pm like this until March. The weather can be arctic, the roads icy and the footpaths on occasion can be impassable for a few weeks. Not reasonable either to walk from Laggan or Dalwhinnie.

Having a pharmacy in Newtonmore will significantly reduce the inequality of access to services.

Please do not confuse convenience with equality of access, it is not the same. Convenience is having a choice of pharmacies and popping into the one which is easiest at that moment, so if in town pop into Superdrug, or Tesco, Inshes when doing your big shop, or Boots Retail park when out shopping for clothes, that's all convenient.

Equality of access is removing barriers such as distance, lack of public transport, transport poverty and making it easier for the population to get to the pharmacy.

Therefore, I feel it is necessary to grant the contract.

Public Consultation

The Consultation analysis report was very clear, the population of the neighbourhood clearly demonstrated without doubt that a new pharmacy is desirable.

1. A huge 129 responses were received along with many, many comments and suggestions, I believe that is one of the best responses to a consultation so far
2. 90% agreed on the neighbourhood. They also raised the distance and travel being highlighted as being a challenging aspect for residents currently.
3. 92% felt the location was suitable for the neighbourhood. They felt it would benefit the elderly- remember Newtonmore is an aged community
4. 85% supported the proposed hours. It was noted that the current pharmacy does not match the surgeries current opening times.
5. 81% felt that the current provision was not adequate - overwhelmingly the respondents demonstrated that they need a new pharmacy in order to provide adequate provision.

The respondents expressed their views and were very much in favour towards the Application and this reflected feedback from young people with families as well as the elderly population.

Their comments, and there were a huge number of them, included the positive impact on the community, negating the need to rely on public transport, the imminent closure of the local hospital, frequent double journeys required to drop off and pick up prescriptions, tourists, easing the burden on adjacent pharmacies.

I ask you as a panel to read and consider these comments in the CAR report, I won't read them out as there is so many but to sum them up. I would say they:

- Suggest that a pharmacy would benefit the elderly
- Would reduce barriers to access services
- Extended hours will cover GP opening times and cover those who commute
- Raise concerns over mistakes, safety, lack of trust, poor reliability and poor service
- They feel Boots do not provide all the core and additional services and provision is inadequate
- It would give choice

That's clear- the public support it and they demonstrate more than enough evidence that it is desirable.

Current Service Provision

I put forward that service from Boots, Kingussie is inadequate and does not meet the needs from either neighbourhood. It is so inadequate and has been for such a long period of time that it is necessary to grant the contract. First of all there is a lack of ostomy service.

From the Pharmaceutical List we can see that Boots Kingussie does not provide appliance supplies, almost every pharmacy in Scotland does this.

Gargask and Kingussie practices issued 30 stoma items in June so where were they dispensed? Aviemore? It's a 31 mile return journey and takes 45 minutes. Laggan is a 46 mile return journey and takes 1hr 5mins and Dalwhinnie is 56 miles and takes 1hr 5min return.

That is not acceptable, and I notice this looking through the old Pharmaceutical List that has been a long-standing issue for several years. A new pharmacy is necessary to provide this service to the neighbourhood as Boots has had plenty of time since the last Application to provide this service.

The Kingussie pharmacy does not match the Medical Practices opening times. The practice is contracted from 08:00 to 18:00 and operates an emergency clinic each evening from 17.30 to 18.00, yet the Boots pharmacy is only open until 17:30. This has been the way for quite some time. This clinic is busy, where do these people go? Wait until the following morning or drive to Inverness in an emergency? I was talking to the Practice Manager yesterday and he was telling me that the clinic is busy and emergency folk have to drive to Inverness when something is really urgent or wait until the following morning. This is not acceptable.

It has not changed since the last contract application and it is necessary to grant a new contract to overcome this major gap in service provision especially as Boots has had quite some time to correct this.

It is a failing pharmacy. I put forward that Boots, Kingussie is not engaging nor is it providing the core services of the contract and this can be seen from the results in the CAR report. The failings in Kingussie can be viewed by simply comparing it to the activity of its sister pharmacy in Aviemore and the similar Lloyds pharmacy in Grantown-on-Spey. They are very similar rural locations, they currently serve similar populations e.g. Aviemore dispensed 5,070 prescriptions a month and Kingussie 5,278, albeit Kingussie serves an older population.

Aviemore dispenses 800 items more than the average Scottish pharmacy and provides just an average engagement with services. It's just ticking the boxes, doing what it needs to do, no more no less.

So then, why is there such a discrepancy in service provision between Aviemore and Kingussie. Me personally, as a Newtonmore resident I would go to Aviemore for services as Kingussie is not providing them.

<u>Just in Case Medicines (JIC)</u>

Palliative Care is an important part of what we do, ensuring people at the end of life receive the best of care. We record our interventions and the bare minimum we need to do is record how many JIC meds are dispensed. Kingussie recorded no JIC medicines from January 19 to October 19. I have to ask why is that? I would expect an average pharmacy would do one or two per month especially based on the practice list of elderly population. It's not doing that. I believe that Aviemore recorded 26 JIC medicines over the same year, which is what I would expect from that sort of demography. The only possible answer is they are not providing this service, they are not doing the work.

Care at Home Service

The latest figures are very low, only three ongoing patients, this is worrying as from document 12 we can see they are dispensing 950 instalments a month, it's not methadone or Nursing Homes. I believe that instalment is from dosette boxes. This then leads me to believe that they have many patients on dosette boxes. But only three of these have had an assessment? That is not good. Activity is significantly below Highland and it is downright dangerous to not risk assess dosette boxes. I'm not going to dwell on this but in light of a very high profile incident that occurred in the pharmacy, I would have thought based on that, this would be an area where the utmost care is taken. In itself that is not a reason to grant the contract, the error, but I find it concerning that there is no evidence of care. The pharmacy has had years to double down on this.

Minor Ailment Service (Pharmacy First)

Where to begin with this; there is a serious long-standing under-provision of this service from Boots, Kingussie. The activity of Kingussie is abysmal compared to its peers. 60% less activity than Scottish average, 55% less activity than its sister pharmacy Aviemore - in an almost identical demographic 40% less activity than Highland as an area.

The level of provision is so poor and has been noticeable for quite some time that it was used as evidence in the previous application some years before and has not been addressed since. We did some mystery shopping. We presented a 69 year old female at the Kingussie pharmacy on several occasions and asked specifically for something for indigestion. On no occasion was the Minor Ailment Service offered. It was sold as a "P" or "GSL" medicine.

We then presented a 35 year old male asking for something on the Minor Ailments for a verruca. On no occasion was Minor Ailment offered. We were told on two occasions that the pharmacist could not do the Minor Ailments and was offered "P" medicine.

I find this cause for concern. Why was a pharmacist not able to provide a core service on 26th and 29th May of this year? Why were we not referred to the nearest pharmacy that can provide the service? The pharmacy is neither offering nor providing this service even when explicitly asked for and I would ask how often is this happening?

Smoking Cessation

Again, it can be seen when comparing Kingussie to its peers and sister pharmacy that it is not performing:

- Less than 50% of the Scottish average quit starts
- Almost 60% less than Aviemore
- 45% less than Grantown-on-Spey

Something is wrong. The pharmacy is not engaging in this service. If you wish to stop smoking patients were advised to travel to Aviemore because they have twice the chance of reaching week 12 simply by travelling to Aviemore; that's not acceptable.

In a similar vein the following services are not reflecting engagement

a. fusidic acid, virtually 0.
b. trimethoprim is 20% i.e. 1/5th of what happens in Aviemore.

This lack of engagement and under-provision of core services is crystal clear, it has been ongoing for some time and can now only be addressed by granting a new contract.

Dosette Boxes

While not a core service provision, can be a gauge of capacity in a pharmacy. We contacted the pharmacy on several occasions and asked if our relative could have medicines dispensed in a box. We were unable to arrange this. This gives an insight into the capacity the pharmacy is willing to run at; they are not prepared to take on more work.

Script Numbers

I wish to address the script numbers in Kingussie. Since being taken over from John Allen in 2006ish the script numbers have slowly declined. We can see this trend particularly over the last four years. When purchased, the pharmacy was doing approximately 8,000 items per month and is now down to around 5,400. There are a variety of reasons for this. There are reasons why it doesn't seem to be growing like other pharmacies in the Highland area. First of all, the Nursing Home scripts have been removed and are processed centrally. Both surgeries only issued monthly prescriptions in the past and over the last 10 years they have slowly moved to 2-monthly supplies and I believe there is a mixture of monthly and 2-monthly at the moment. The noticeable drop from item numbers in the last four years is due to the surgery embracing MCR (CMS) and systematically moving to 8-week instalments. However, by looking at the gross payment to the business you will see that this is not in decline as shown.

The other thing I wish to address is the number of untrained PVG checked pharmacists. Each pharmacy must have Standard Operating Procedures in place to ensure that pharmacists are PVG checked and that they have received suitable training in order to provide the core elements of the Scottish contract. However, there is now wide evidence to show that this is not happening in Boots stores on a regular basis throughout the Highlands and in Kingussie and Aviemore Branches.

This Hearing was originally scheduled for 29th May. On this very week Boots had employed a pharmacist who is not PVG checked or trained to provide MAS, CMS, EHC, Impetigo, UTI or smoking cessation; he travelled from England with no experience of Scottish pharmacy. I spoke to him and he confirmed this lack of knowledge of core services. He also confirmed that he travels to this area a lot for Boots. Document 14 has a list of days that was only offered to English locums and not offered to Scottish locums.

We mystery shopped on each of the days this week and as you can guess each service was refused. We asked for MAS, EHC, and smoking cessation and trimethoprim. We asked for them all on multiple days, but most worryingly, not the fact they couldn't do it but no provision was made for us to access services elsewhere… They should have 'phoned an alternate pharmacy or GP and arranged something not just say 'No' and say 'Sorry and asked to come back next week.

I wrote to Boots on the 4th June and requested a list of the pharmacists who had worked in Kingussie and Aviemore Since January 2019, their PVG reference and if they were trained to operate the core elements of the Scottish contract and, surprisingly, received no reply.

Unfortunately, that week wasn't a one-off emergency week. We could clearly see there were a huge number of block bookings only advertised south of the border - advertised by Team Locum who only operate down south.

My understanding is that concerns have been raised to the Scottish Parliament by a group of Scottish locums, called "Pharmacy Cognitive" who have had very little work since the pandemic and have found it galling that untrained pharmacists are travelling throughout Scotland during that time. My question would be how often does this happen? How often are the residents of the neighbourhood disadvantaged by this practice? We will ask this of Boots later.

I know that was all a bit doom and gloom. Let's talk about what we are going to do with this new pharmacy. The good news is we are going to address this under-provision and plug this significant gap.

The proposed pharmacy will be on the High Street in the centre of the community in Newtonmore.

We, as a company, have an outstanding record in providing healthcare in rural and remote areas using innovative technology. For example we were amongst the first pharmacies in the country to use apps for the ordering of repeat prescriptions, we offer a fully trackable delivery service. We are the first pharmacy that I am aware of to use Zoom and What'sApp for remote consultations as long ago as 2011. Before COVID we provided domiciliary visits, up to twelve housebound patients per week.

We have a policy that we only employ pharmacists who are either independent prescribers or willing to train to become one. We currently have two, one each in Conon and Fort Augustus, and our latest pharmacist hopes to start training once his funding is approved. We see that as being the way forward.

Our success is simple, we offer all services to all our patients all of the time. We have no targets, no stress, we just do it. This has allowed us to specialise in the delivery of services within remote and rural communities and hope to bring this to the neighbourhood.

The premises are large and spacious, and it lends itself well to pharmacy provision, ample space for a large dispensary and front store. We intend to provide two consultation rooms and a Post Office. We will be at the centre of the community.

I am anticipating that one of the objections by Boots will be the sustainability of two pharmacies and they will argue that one will have to close; either we won't make it or won't be sustainable. Boots have never closed a pharmacy after a new pharmacy was granted. They diversify the branches which do not provide the income they desire but never close them.

What is true is that patients will migrate through time to Newtonmore, I expect to reach 2,000 scripts per month within six months of opening and then to slowly balance out over the following year to approx. 2,500 per month. Yes this will affect Boots and they will not make as much profit as they would like to, but I believe that Stefano Pessina's private plane will be safe! So, my challenge to them is to minimise this by stepping up and providing a good service. I have submitted my accounts of how I think our pharmacy will perform in the first

two years and then you will see from that the pharmacy will be very profitable and will do well.

The proposed hours up to 6.00 pm will cover the shortfall in provision. In addition, subject to planning, we intend to be amongst the first to install a prescription collection robot that will allow the collection of repeat prescriptions from 7.00 am until 9.00 pm seven days a week.

We will provide all the core services. We will provide them fully and we will offer them to all. I think we have done to death the lack of services, so I won't go over them again other than to say ....Pharmacy First, AMS, MCR, smoking cessation, PHS consider it done. We will deliver this, we will deliver it well and we will deliver an outstanding service as proven by our two pharmacies already.

In addition to the core services we also intend to provide many other health and ancillary services.

We will allow the surgeries in Kingussie and Gargask the full use of consultation rooms as and when they need them. We will forge close working relationships with the medical practices and nursing staff as sadly this appears to be missing. Some of the services we intend to provide are audiology and much needed podiatry, physiotherapist, cosmetic medical practitioner, weight management and passport photos, Post Office within the pharmacy and will also do private clinics. We have a huge number of private clinics in our other two pharmacies and provide 80 plus treatments. I won't go through them all there are so many but at the moment we do:

Winter Health Clinic – flu vaccination, pneumonia vaccination, Strep A swabbing and treatment, influenza a b test and treat, COVID testing, otitis externa diagnose and treat.

Minor Ailment Clinic - nausea, gastritis, back pain and period delay.

<u>In Summary</u>

My application is simple, there is no provision in the neighbourhood. Provision out with the neighbourhood is not adequate for the current population and the strong robust evidence has demonstrated a shockingly low ongoing engagement with services; it is significantly underperforming against its local peers creating an imbalance of care in the region and its pot-luck if a pharmacist is even trained to help patients out. Therefore, it is necessary to grant a contract.

There are planned housing and when combined with a much older ageing population who demonstrated a strong response to the consultation and a clear desire to have a pharmacy it is therefore desirable to grant a new pharmacy contract. Thank you.

The Chair thanked the Applicant for his presentation and invited questions from the Interested Parties in turn.

3. <u>Questions from Interested Parties</u>

<u>Boots</u> – There was a comment made in the questionnaire pack from one of the local residents. "As the owner of the property directly above the proposed site, I am deeply

concerned about the suitability of the building...” It goes on to talk about security concerns and he mentions that the property is in a boundary dispute and this is likely to end up in a lengthy legal battle. My question was could you give us any more information on the potential boundary dispute and what would you do to address any security concerns of the local residents?

Applicant – First of all, the pharmacy is not open yet and I’m pretty sure all your Boots pharmacies are all secure. You have to secure a pharmacy. When the pharmacy goes into a contract we will look at security measures. I’m not going to open up a pharmacy with no security at the back door just as we wouldn’t expect any of the Boots pharmacies. As for the boundary dispute, I must be honest I don’t know enough about it. The first time I heard about it was also in the CAR report. I have spoken to the Landlord and my understanding is it’s simply a boundary issue, it will not affect the pharmacy as we are only renting the building, we are not renting any of the grounds.

Chair – Scott has that answered your question? Do you have any other questions for Alan?

Boots – Yes. No further questions thanks.

Chair – Can I invite Graeme from Community Council

CC – No questions thank you.

4. Questions from Panel

Ian – Towards the beginning of your presentation you mentioned the increase in prescribing over the past ten years and the figures I have in my pack are over the last five years and I see a reduction of 7.5%. Are both right?

Applicant – I believe they are both right. It was document 7.

Alison – The documents Alan refers to in his presentation have not been sent out to the panel. We can only go on what he has reported in the presentation and the information we have provided from Information Services at the Board. So we don’t have sight of these documents you are referring to Alan.

Ian – What I was referring to was the information given by the Information Services and it gives the volume for Kingussie, Grantown-on-Spey and Aviemore, and it showed the dispensing in Kingussie reduced from 67,265 to 64,804 over the last five years.

Applicant – I have not seen that to be honest. I was reading from the prescribing cost analysis published in September 2020 which states 16% increase in the last ten years over the whole of Scotland. What I would say is that if prescription numbers have come down they are also as likely to go up again.

Ian – You mention that your Business Plan was looking at building up to a couple of thousand and two and a half thousand in a particular period of time. Just for my ignorance as someone not involved in running pharmacies, if you’re unable to reach that, what is the minimum level that providers a viable business?

Applicant – Every community will be different so there is not one straight forward answer to this but I believe from my experience from opening a pharmacy from scratch in Conon Bridge and also from having a very small rural pharmacy in Fort Augustus that we would be able to make a very healthy living from between 1,400 and 1,600 items. That is significantly less than what I think we would do.

Mark – You were talking about the proposed new housing development in the area, which end, the north Kingussie end or the south Dalwhinnie end?

Applicant - The side near the train station, so the south.

Mark – Am I correct that there is no taxi service?

Applicant – At the moment, there is no taxi service. I know that is something that could change. I know someone was doing it briefly in the middle of last year but it seems to have tailed off again and at the moment there is no taxi service.

Mark – So public transport is either the train link to Kingussie and Aviemore or the bus service to where it exists.

Applicant – At the moment, yes

Chair – I just wondered, so obviously that whole area relies very heavily on tourism. I just wondered if you had any idea of what the population might change in terms of peak season, and taking into account this year is a very different year from other years, how that might impact on a new pharmacy or existing pharmacies.

Applicant – I tried so hard to find information and how much it will increase but I can't find a definite thing. It seems to give roughly for the whole area and not just for Newtonmore when I have looked at it. My guesstimate could be in Aviemore region anyway where it is double to triple but how much of that filters down to Newtonmore is another story. I have not based our figures on what I think we will do, predictioned on the tourists. If we have any tourists it will be an additional benefit for the pharmacy but it is not something we are building into what we expect to happen. We will make provisions for tourists by opening full-day during the summer season until 5.00 pm on a Saturday in order to cover them but at the moment my experience of Fort Augustus is that, on a daily basis the population can be up by four or five times and we manage that very well in Fort Augustus. I don't think for a second Newtonmore will get anywhere near that level but we will manage it and as I have shown in Fort Augustus we can manage that increase.

Chair – Thank you and just while we are on the topic of Fort Augustus, I just wondered if you could give us an idea of the population of Fort Augustus?

Applicant – 1,400 approx going by the practice size.

Chair – And at the moment for you in terms of sustainability that is something you brought up in your presentation that is a perfectly sustainable pharmacy for yourself?

Applicant - We have actually. Now there are no tourists we are actually making money, more profitable without the tourists and just having more time to do the services than what we were last year.

Chair – Thank you, and you did say in your presentation in terms of sustainability, you thought your pharmacy would have some impact on Kingussie, outlined a number of areas there and I guess looked at the service provision there and some of the gaps you perceive are there.

In terms of car use, you talked a little bit about transport poverty. My understanding from looking at some other rural areas I guess is, one scenario would be that women tend to live longer and maybe tend to not have been the drivers in the population, and so it may be more difficult sometimes for older women in rural areas to access services of all types of area. I just wondered in terms of number of car owners do we know anything around the demographics of that. Do you know if it will particularly impact a section of the population?

Applicant – I can't find figures to break it down by age, I had tried before coming today. All I can tell you is that Newtonmore has a relatively low number of houses that don't have a car. I think it is 30.9% compared to the Scottish average. Laggan and Dalwhinnie has even more – it's a lifeline but what I can tell you is that in many areas as people age, they do give up their cars and they don't drive. This area, because it's such an elderly population it is telling you that they still have cars, someone has to own the cars – I know that is somewhat of an extrapolation from that but there is certainly elderly folk who have no choice but to drive.

Chair – You talked a lot about the Pharmacy First service and I guess that also goes hand in hand with the new GP contract, when it seems that a number of avenues it follows the Pharmacy First model and I guess people are directed towards their pharmacy first to take the pressure off the GPs and the GP will be doing other things, I guess working with patients who have more complex needs. You talked a little bit about how that affects the footfall in the current pharmacy in Kingussie. Can you just go through again how much you think the new GP contract and the Pharmacy First service that replaces the minor ailments, how that might impact both the new pharmacy and the pharmacy in Kingussie?

Applicant – Greatly would be the words. What we have done in Fort Augustus and Conon Bridge we actually went to the local GP surgeries and we did a workshop for the reception staff and in that workshop we went through the basics; what we can prescribe for, similar to the minor ailments; we explained to them we should be the first call for someone for trimethoprim for UTI; get them to contact us first so we can filter their people out and to signpost as many as possible. We have seen in Conon Bridge our number of consultations is in the region of 180 consultations for the month, which is significantly above the average for Scotland. We did a similar sort of thing in Fort Augustus. It is a relatively quiet pharmacy but we did more than half the Scottish average, more than 20% over the Scottish average in terms of consultations and I would expect that to happen in the new pharmacy.

Caroline – You are saying about the ostomy service that Kingussie provide or don't provide. Do you not see from your other two pharmacies that a lot of the ostomy products are now delivered directly? We are a very busy community pharmacy and we do very little ostomy service. I'm just surprised that you would pick that one as a specific example of a poor service because most patients get them delivered directly.

Applicant – Ostomy service isn't just the bags though; it's also creams and stuff so our average for Conon Bridge pharmacy every month for the ostomy service is about 27 items a month. Fort Augustus, being a lot quieter, we do about four or five items a month. It just

shows people need to have a choice, they are perfectly capable of doing the service, but for whatever reason they are not doing the service. People should not have to be directed to go to an ostomy supplier. Pharmacy is there, there is no reason why they are not doing it. It should be done.

Caroline – I quite agree with you but I find it strange that you picked on that one as it is predominantly given out by the other services now.

The other one was palliative care generally, I'm not sure if Kingussie is registered as a palliative care supplier.

Applicant – Yes, it is, for advice and stock.

Caroline – I wasn't sure and was quickly trying to find it out but couldn't manage that. I just wondered if that was why their numbers were so low. Also, your trimethoprim numbers, Newtonmore and Kingussie being relatively more older population you would be expecting them to be out with the trimethoprim PGD so going by their numbers, I thought it again a bit unfortunate you picked that. Is it similar with Fort Augustus? Is it an older population?

Applicant – No, it's a younger population in Fort Augustus. In terms of average, Fort Augustus does OK but I think if you compare the two pharmacies, Kingussie and Aviemore, similar demographics between them both. They should be doing similar numbers but the difference is striking. No two pharmacies are going to be the same, every place is slightly different but you would expect some parity in the numbers there but they are not even similar.

Caroline – I presume you will do a collection and delivery service for prescriptions from the surgeries, is that in your plans?

Applicant – It is indeed. We plan to do a daily collection service from Kingussie and we plan to do it from Laggan. We haven't decided how often we will do it from Laggan. My understanding was that when Boots took over the pharmacy many moons ago, there was a daily collection and delivery service to Laggan and I believe that is now weekly. We intend to do that much more frequently. We need to get in and find out what the demand is before we do that.

Caroline – Your floor plan. Would that be fixed? Are you going to change that in the light of the COVID regulations?

Applicant – That will have to be changed. This was all drawn up in time for March so that will have to change and it is a very basic floor plan.

Caroline – The collection robot, I have seen them up and working and they are very effective. That would be taking away all of your window space I presume at one side?

Applicant – It won't. There is an additional small unit to the left of the building. If you look out the building it is to the left, or to the right if you look at the building. All subject to planning.

Alison – There is a lot being talked about in terms of transport and public transport. The GP surgeries are out with the boundaries of the neighbourhood proposed and I'm just checking

that the population would be expected to travel out with the neighbourhood for their general shopping potentially but also for their GP services.

Applicant – Yes. I totally agree, they have no choice but to go to their doctor surgery out with their neighbourhood but we have proven in Conon Bridge, which is similar distance away from Dingwall which has a Boots and a Lloyds, it has a small population of 2,000 and yet last month we did nearly 6,500 prescriptions. Not only are they prepared to come to use it within the neighbourhood and go to their GP and come back to us, people are actually driving past other pharmacies in order to come and get prescriptions from our services as we, in my opinion, provide a great service.

Alison – Additional community transport services, I note there is nothing included in the pack e.g. 'Dial a Bus Service' or anything else that is offered to pick up the business gap.

Applicant – There is a transport service. I don't know how it is accessed and I don't know if it is on the go at the moment.

Alison – So it is a kind of community based service but that is helpful to know particularly as you have identified the elderly population within that.

We already talked about the transient population but in terms of tourism, obviously there are a lot of language differences. If we do get to the point where we attract tourism across the year, do you have any particular plans in place to support those with language difficulties or in fact other difficulties in communication.

Applicant – We will follow the same method we use in Fort Augustus. Fort Augustus pharmacy is in one of the most popular visited tourist attractions in Scotland at the bottom of Loch Ness, and on any one day, I am not exaggerating, it is like the United Nations in the pharmacy. Until I took on that pharmacy, I didn't know there were four languages in China. We have got to become very adaptable to dealing with this so in Fort Augustus we have an ipad and it is permanently on 'Google Translate' so whatever they put in it will come out in English. In addition, most pharmacies nowadays have the hearing aid loop, it is available. We also have access in Fort Augustus to an interpreter service. I must be honest and say we have only used that twice in the three years that we have run Fort Augustus but that service is available for us.

Alison – Looking at the CAR, the consultation document, there was a number of different themes coming through from some of the comments in the population. Some of them were around waiting times within the existing pharmacy services. How do you currently manage waiting times and how would you try and address that issue?

Applicant – From my own personal experience, people want to come into the pharmacy with their prescription and at the same minute they hand it to you they want to take the goods in the hand. That is what people want. It is not possible but I would say, with our collection prescriptions we get in Conon Bridge, and we are very busy in Conon Bridge, it is about a four hour turn around so whatever we get at 9.00 am is ready for 2.00 pm, whatever we get at 2.00 pm is ready by 6.00 pm. What we then do for people who walk in, we treat them as a priority, so anyone who walks into the pharmacy is done straight away and everyone else's prescriptions have to wait. But we also manage our repeat prescriptions. We use two services; one is the MCR service, the Chronic Medication Service which it used to be known.

We give people a date when their medicines are due and we actually have them ready five or seven days in advance. Also offer a managed repeat service which means that we have the prescriptions ready again five or seven days. We find that in Conon Bridge it is about three quarters of our workload which is managed that way and we find that because we manage it so well, we have very few people who actually wait but you always have some who wait and we deal with them straight away.

Alison – One of the other things that was identified as a theme within the CAR was around the number of times people had to go back because they only got part supply. Do you have a sense of how often this is happening and whether you can influence the ability to supply full supply first time?

Applicant – This is an issue that I have tried not to press because this affects every pharmacy to some degree. Boots are not by any means the only people this happens to, this happens, and I hate to admit it, happens to us in Conon Bridge occasionally. There are a few things e.g. items which are transient, stock issues at the moment, main items in and out of stock all the time, there are also items which are now a special supply; only get from one supplier and you have to have a copy of the prescription to get it, but what we do is whenever we owe somebody something we make it very clear when it is going to be in, we take their 'phone number, we 'phone them and let them know. We also offer to deliver all of our balances as well to try and minimise that but for us, the main thing we use is an App called "Healthera" App – it means when people order their prescriptions for their list of core items or whatever, at the time they order that we order the items to make sure we have enough items in stock so even if it takes two days for it to come, by the time the repeat order goes to the doctors and comes back again, we then have the items in stock. We do have balances, every pharmacy has balances but we keep that to about 2-2 ½% in Conon Bridge which I think is really good considering the amount of out-of-stock at the moment.

Alison - Yes, you're right it is a challenge across every pharmacy for that.

One of the other things that was noted in the CAR and I'm just trying to get a sense of whether this is a current thing or where it is maybe historical memory, as people kind of hang on to things, is the number of mistakes that are recorded in the pharmacy and every pharmacy has to record the number of errors that were made, and I just wonder if you have a sense of what these are in your current pharmacies ?

Applicant – I do. Nicola 'phoned me immediately about two minutes before coming today. All our errors are on the hard-drive at work and none of the staff have access to that only I have access to that so I'm going to guesstimate for you today. In Fort Augustus the last error we have recorded that I can remember is May 19 and think in the last five years somewhere between 5 and 12 errors. That is off the top of my head and I know that can be wrong but very low numbers. In fact the numbers are so low in Fort Augustus and so few near misses that on the suggestion of the pharmacy Inspector, we actually do a mock exercise to show we know what to do, so we do that at Fort Augustus. At Conon Bridge, being a significantly busier pharmacy we know that since the latest pharmacist Barry took over two years ago, there has only been four errors in that two year period and I think for the three years previous running on locums, we think in that period there was possibly 12 give or take, and I appreciate that's the sort of numbers we are talking about.

Alison – Thank you, that is helpful to get a sense for the panel within that.

I'm also picking up, you talked about remote consultations which obviously within COVID times is becoming a bigger issue, with the GP practices largely working from remote consultations now, how do you see this linking in with the community pharmacy service and are you planning to be registered with "Near Me" if the pharmacy was to be granted.

Applicant – Yes, definitely. We do intend to do that but what I actually find is that patients want to use Zoom because that's what's on their 'phone, that tends to be what happens. What I can say is what happens at the moment and we are seeing huge numbers of this by either Zoom or Near Me is a different story but we are getting lots of bar coded emailed to us so the doctors will email the bar codes because they have already seen the patient, but it will just come straight through to us but the patient just comes straight to the pharmacy so they are not even going to go to be assessed and receive their prescription and coming back, they are just coming straight to the pharmacy. I'm seeing that more and more. It used to be quite a rare occurrence before March time, now it is every day we have between five and ten of these prescriptions coming into Conon Bridge. It doesn't happen so much in Fort Augustus, the doctors do them, print them out and put them straight in the bag but certainly in Conon Bridge this is becoming more and more. It is at the point, the staff instead of checking the emails every now and then, maybe once a week, they are now checking emails every half hour to hour because prescriptions are coming through so often.

Alison – Just on the remote consultation side, you will be aware of the concerns around the use of Zoom and I totally pick up the patients actually prefer this because they are familiar with it. Do you provide a "warning" to the patient about the confidentiality aspects of that?

Applicant – You have to. Even when it clearly says on the Facebook page not to do it, patients still will message their full name, bank account details even though a message automatically tells them not to do it, and they still do it. A lot of folk are not aware of the dangers out there. We do tell everyone.

Alison – How do you record the salient details from a remote consultation within the pharmacy system?

Applicant – We record it as a consultation so in Proscript it is simply - go into their file and note it as a counselling. It takes two seconds, we do it as we go along.

Alison – You talked about mystery shopping and the request for a dosette box. You will be aware that there is a policy within NHS Highland whereby we are trying to minimise the provision of dosette boxes unless they are assessed as being necessary and appropriate for an individual patient. Do you feel that a personal request for a dosette box .., how do you normally handle that within your own pharmacies?

Applicant – It is very simple. First of all you have to establish why you have been asked, you don't just say 'sorry', you have to find out the reason behind it. Very often when you start asking questions from a daughter or carer, it tends to be "the nurse recommended it" or "the doctor said" and then it is time to go down the assessment process. I think just to say 'No' is not really acceptable. We should be saying 'yes we can do it providing you meet this criteria' that's fine or they should be saying 'no we can't do it because you don't meet that criteria'. I think that is what should be happening not just a blanket 'No'.

Alison – I think there was a real challenge and I think it was something NHS Highland always supported that each pharmacy is different in terms of its demographic and capability for providing these services, and because of the intense concentration that monitored dosage systems require we always said that every pharmacy was responsible for assessing the safety criteria of the limit of the number of boxes provided. Do you think there is a safe limit to the number of boxes provided by a pharmacy?

Applicant – Me personally, providing you have the space I don't think you can put a limit on it. If you need more resources, you put the resources in. You can only do so many boxes on the staff that you have so it may well be that Boots have a limit and that means they are doing as many as they can, it may not be safe to do any more whereas the view I would take would be if someone needs one, I would put in more staff hours to cover that. That's what I personally think should happen.

Chair – The App you said that you were using in your current pharmacy. Is that something that the public use?

Applicant – Yes, they download it from the NHS Apps library and it's called "Healthera"

Chair– In terms of an older population, have you any idea, you mention that in Fort Augustus it was a younger population; do you have a feel for how the older people would use the App?

Applicant – Use varies. First of all they need to have a Smart phone. Even though most people have a 'phone these days not everyone has a Smart phone. We also find the main demographic is 30s to early 60s now and very few people over that age use it but the people who are now 60 will be using this sort of thing as we move forward.

Chair – Do you know if there are currently pharmaceutical services to Care Homes provided from pharmacies or GP practices ..... (at this point the screen froze) we have the Wade Centre and Mains House, I wonder if you could clarify, are either of the GP surgeries currently dispensing practices or not ?

Applicant – **The applicant reported trouble with the screen freeze at this point**. None of the doctors there are dispensing practices.

Chair – My query was around the interaction between the current pharmacy and the Care Homes – The Wade Centre and Mains House. I don't know, you alluded to in your presentation that was something you would like to take forward. I wasn't sure. Maybe this is not for you to answer whether the current pharmacy does have a relationship with the two Care Homes.

Applicant – My understanding is it is serviced from Boots, Eastgate Centre at the moment. That is my understanding but Boots would give you more of an idea on that. I don't specialise in Care Homes, it is not that we don't do them or wouldn't take them on, there is a lot of work involved in a Care Home and I would be delighted to take them on especially as we are just getting going but I'm not sure what the relationship is with Boots.

Chair – My final question is to Jackie. In the CAR there was a lot of support for a new pharmacy and there were a number of times when people had talked about mistakes and I think Alison brought that up already, whether they may be historical or recent. In terms of NHS Highland's viewpoint on that, in the documents we received, there were no complaints

put in around those and I understand it is sometimes very difficult to get people to make complaints but from NHS Highland point of view where do we sit in terms of the safety of that service relating to these mistakes at this point in time.

Jackie – At this point in time I have no concerns about the service being provided from Boots in Kingussie. I am aware that in the previous errors that had come up, the company worked with me to ensure that training was put in place and therefore from a NHSH point of view we have no current concerns.

Alison – Just a couple of follow-up questions – one picking up on the issue around Care Homes you are saying Alan that you don't really specialise in Care Homes and I know it is really much a Care Homes choice who they allocate their dispensing load to. In terms of a professional principle how do you feel about the separation of the chronic long-term prescription supply of medicines to Care Homes maybe being done from a central base and the acutes, more urgent need, which is probably separated and provided more locally ?

Applicant – That's dangerous. You need to know or have access to somebody's file. That goes without saying I think. You really need to know what some people are on. In Conon Bridge until the middle of this year we have actually done three small Care Homes in Inverness and one of the most common problems we had was that we would issue the MAR chart along with the monthly items and because we were in Conon, they would quite often say to us that so 'n so is missing whichever item. Nobody told us about it and because they had been getting done at a pharmacy which is nearer to the Home and nobody told us about it, it was quite a common issue we had and I think it is something that you need to be careful about. You need to know what people are on.

Alison – You gave a bit of information about locums and obviously you don't know the locum policy for Boots and I will probably follow that up with them, but how do you go about yourself ensuring that your locum staff are appropriately verified and able to provide the breadth of services currently required in the Scottish contract.

Applicant – It's simple, before engaging in any new locum we ask for their GPhC Pharmacy number, PVG number, copy of their insurance and then we have a checklist for them for all NHSH services. We ask them to complete that and send it back to us. We have had people come from the central belt who are not trained in the local suboxone so we make it a point that they have to read x, y & z before coming and also the local PGDs for chloramphenicol and fluconazole. They need to sign up for each Health Board and make sure they are signed up before coming in. On some occasion, it has happened if it is an emergency people have come and we make it very clear that if someone comes in for one of these services, they have to read it and , get themselves up to date, ask the patient to come back later that day. It can be done. There is no reason to send people away.

The Chair thanked everyone for their questions and suggested a ten minute break

On their return the Chair invited Boots, Interested Party to make their presentation by Scott Jamieson.

5. Presentation by Boots

Our position is that the existing pharmacy provision adequately meets the needs of the local population and persons within the neighbourhood of the application.

Should the application be successful, and the pharmacy go on to open, we believe that the proposed pharmacy will not be viable and that it will have a detrimental effect on the existing pharmaceutical provision within the area.

I would like to come to the neighbourhood. We would wish to challenge the neighbourhood definition proposed by the applicant.

The applicant has defined the neighbourhood as Newtonmore and areas to the south and southwest. This is an area that covers over 300 square miles, but it does not include Kingussie which is only three miles to the east of Newtonmore. We suggest that Kingussie is within the same neighbourhood as Newtonmore for the following reasons:

Newtonmore is dependent on neighbouring towns and villages; The amenities in Newtonmore are limited and residents look to Kingussie or Aviemore for a wider range of amenities and services such as GP, opticians, dentists etc; Newtonmore is within the core catchment area of our pharmacy in Kingussie; 50% of the dispensing activity of our pharmacy in Kingussie comes from the proposed catchment of the new pharmacy. The majority of the population of the proposed pharmacy are patients of the Kingussie Medical Practice and there is a school in the village - Newtonmore Primary School – which is one of the six primary schools associated to Kingussie High School. Children over primary school age that live in Newtonmore must leave the neighbourhood daily to access secondary education in Kingussie; the 'Commuter Flow Map' produced by the Scottish Towns Partnership shows a strong commuter flow from Newtonmore to both Kingussie and Aviemore; both villages sit within the Badenoch and Strathspey Ward

Should the panel not agree with our view and choose to adopt the neighbourhood definition proposed by the applicant either in full or part, then for these reasons we urge the panel to consider and give weight to the services provided to the neighbourhood from pharmacies out with.

To look at housing developments within the area:

- There is small-scale development of housing outlined within the local plan, with the phasing of the building over a long period of time.
- There are no housing developments of a sufficient size proposed for Newtonmore in the foreseeable future.
- The Local Development Plan suggests ten houses a year may be built in Newtonmore between 2018 and 2022.

According to the Highland Council website, in the last five years a small number of planning applications have been submitted for single 'in-fill' dwellings in Newtonmore, along with an application for eight dwellings proposed at Ridewood Grove in 2017, and an application for 20 houses in 2018 between Perth Road and Station Road.

As mentioned before, there was a previous application for a pharmacy. The previous application in Newtonmore made by Mr. Gerard Samson-Dekker was refused by the Board in August 2010 when the panel concluded the application was neither necessary nor desirable.

It states within the previous decision that:

- Taking all these points together the Committee is agreed that the defined neighbourhood population currently travelled to Kingussie to access pharmaceutical and other services and complaints had not highlighted any inadequacy. Possibly, current provision was not conveniently on the doorstep of the residents of Newtonmore but the provision of pharmaceutical services currently in place were adequate.

- The Committee was unconvinced that the applicant had given proper thought to the sustainability of the pharmacy. It would not be in the interests of the public to open a pharmacy which could not secure, in the medium or longer term, the provision of pharmaceutical services to the population.

- Any application in Newtonmore, in future, would need to present a more robust and explicit business plan, taking into account the specific needs of residents in a rural community.

We are not aware of there being any significant, material changes since the time of the previous decision that would lead to the Committee reaching a different conclusion.

I would like to move on to viability. Consideration should be given by both the viability of the proposed pharmacy and the effect it would have on the existing pharmacies**.**

> The 2014 amendment to Regulation 8, Schedule 3, of the Regulations states amongst other factors that :
>
> '*in considering an application to which regulation 5(10)(a) applies, the Board shall have regard to: the likely long-term sustainability of the pharmaceutical services to be provided by the applicant' - (para 3(1)(g)).*

Furthermore NHS Guidance Circular PCA (P) (2014) states:

> *Applicants should be reassured that NHS Boards will not seek access to their business plans. This is commercially sensitive information and should be recognised as such. However, the sustainability and stability of local NHS pharmaceutical services, in urban areas as well as remote and rural areas should be among the key considerations for PPCs in looking at pharmacy application under this new provision.*

We question the viability of a pharmacy at this site.

From the briefing paper provided by the Health Intelligence Team, we can see that Newtonmore is a small settlement of 1,100 inhabitants, a near neighbour of Kingussie which has a population of 1,400 people. Table 1 of the briefing paper also shows that almost 73% of the catchment population are registered with the Kingussie Medical Practice.

The average number of patients per pharmacy in Scotland is approximately 4,360.

The Health Intelligence Team briefing paper confirms that the number of people in the catchment area has been stable over the last 10 years. The population has therefore changed little since the previous decision.

The data contained within the table at Figure 11 of the briefing paper shows that our pharmacy in Kingussie dispenses 94.4% of the items of the catchment population and this accounts for approximately 50% of the items dispensed by our pharmacy.

We believe that one pharmacy is viable across two settlements. A pharmacy located in Kingussie, the larger of the two villages and near the main GP for the area, is the logical place for a pharmacy serving both villages to be situated.

If a further contract is granted at least one pharmacy is unlikely to be viable and it is likely that one pharmacy would go on to close.

The 2011 census data for Newtonmore shows that:

- The population of the village is generally older than average
- Levels of general health better than the national average and fewer people have a limiting longer-term health problem or disability
- Levels of car ownership amongst households in Newtonmore to be higher than the national average
- The data also shows a high level of home ownership and fewer residents living in rented or social housing and lower level of index of multiple deprivation. There is a higher percentage of the population in the older age groups, but they do not seem to benefit from better levels of health and lower levels of a limiting disability. The data also shows higher levels of home and car ownership which altogether suggests a relatively affluent, mobile and healthy population.

To move on to adequacy, there currently is no pharmacy within the neighbourhood defined by the applicant, however it is not sufficient to say that if there is no pharmacy within the neighbourhood pharmaceutical service provision must be inadequate; You can see from the Community Pharmacy Dispensing figures that there hasn't been a significant increase in the number of items dispensed by each of the pharmacies in the last five years. The information from the Board indicates that there were no reported complaints for the period given.

With reference to services:

Our pharmacies in Kingussie and Aviemore provide all core services and an extensive range of additional services. In addition to this our pharmacies provide a range of both NHS and private services.

Regarding core services our pharmacies provide:

NHS Pharmacy First Service and I checked the service since going live on 29th July, the pharmacy has treated a number of patients and provide that service. They also offer Medication Care Review Service; Public Health Service; Acute Medication Service and Gluten Free Food Service.

In amongst the national services:

Medication Compliance Support Service Device (blister pack) and having checked that, the pharmacist at Kingussie, in the last six months has completed ten compliance assessments and put in place. We currently have no restrictions and able to take on new people for that service if appropriate for them. We also do Unscheduled Care which is Urgent Supply of Medication; Hepatitis C Drug Dispensing; Prostate Cancer Dispensing is available too; Disposal of Unwanted Meds. The ostomy service that was mentioned earlier, we have currently had no demand for the service but absolutely if we did, would look at it, and the service is available at Aviemore with delivery too.

The local service we provide are Advice to Care Homes; Care at Home; Buprenorphine Dispensing and Supervision; Methadone Dispensing and Supervision, and we do provide a palliative care service too.

We do not currently provide needle exchange but it is our understanding that the Board chooses the pharmacies and locations for the provision of this service based on need. We have not been asked to provide this service but again if there was a need to do so we would be willing to do so.

There was the introduction of a Pharmacist Prescribing Clinic. We would be looking to introduce the service through the Pharmacy First Plus in Aviemore shortly and support our pharmacists who work locally if they want to go on to do the independent prescribing qualification to offer that service.

Both our pharmacies are signed up to Just in Case Service (palliative care). The report provided at appendix 4e shows Boots Aviemore has supplied a number of Just in Case Medicines.

Both pharmacies also provide the Care at Home service which is provided at the request of the patients GP or social care provider and our pharmacies supply Boot Medisure dom pack to patients after carrying out an assessment to ensure supply of medication in a daily dosage system is the most appropriate way of helping the patient with compliance and as I said the pharmacist completed ten of those in the last six months.

The applicant is not proposing to offer services that, if not already provided, could not be provided.

We do operate a prescription collection service from the surgeries so our Kingussie pharmacy provides a Prescription Collection Service from the surgery in Kingussie and Gargask surgery in Laggan. Repeats can be collected from the surgery by the pharmacy two days after ordering. It may take a little longer for repeats for Gargask surgery to come down to Kingussie Surgery for collection by the pharmacy.

Therefore, we allow two days for the surgery to produce the repeat. We then collect the prescription and order the medication on that day ready for the patient to collect the following afternoon.

Regards opening hours, the Kingussie pharmacy is open from 9.00 am until 5.30 pm Monday to Saturday and Boots Aviemore is open 9.00 am – 6.00 pm Monday to Friday, 9.00 am until 5.30 pm on Saturday and from 11.00 am until 4.00 pm on Sunday. Our pharmacist does meet up with the GP surgery in Kingussie and has a good relationship just to spend

time with them in the store too and at no point has it been raised that the hours don't meet the need provided by the pharmacy.

- During the current COVID pandemic, our Kingussie pharmacy team have managed to keep the pharmacy open for the normal trading hours, closing only for lunch on a few days at the start of the pandemic to allow them to catch up with extra demand coming through with prescriptions but since then the pharmacy has been open throughout the day.

- We have permanent pharmacists in place in both Kingussie and Aviemore with a fully trained pharmacy support team. Both pharmacy teams consider themselves to have a good working relationship with the local GPs.

- Both pharmacies are DDA compliant so have step-free access, hearing loop and assisted doors.

- We submit that the existing pharmacies provide an adequate level and range of pharmaceutical services to residents.

<u>The Pharmaceutical Care Services Plan.</u>

There are no statements within the NHS Highland Pharmaceutical Care Services Plan 2013/14 of an unmet need either in core or additional services that would suggest a further pharmacy contract is required.

In terms of access, car ownership in Newtonmore is high with 85% of households having access to one vehicle. There is car parking in Kingussie and Aviemore for patients who wish to access services by car. Bus services and community transport are available for those who don't have access to a private vehicle and concessionary bus travel is available for those who are eligible.

With regard to delivery we do offer a free delivery service. Currently that is offered half a day per week. We did open up to a full day but we didn't really get the demand from patients for the service, however, if the demand is there and the patients need that service we will absolutely open that up. The delivery service is free of charge. On the occasions where patients require medication urgently then a member of staff will drop that off and we do our best to make sure we look after that patient.

In summary there have been no significant, material changes to the area since the previous decision to refuse an application for a new pharmacy in Newtonmore. We question the viability of the proposed pharmacy and believe, should the pharmacy contract be granted and go on to open, it would significantly affect the stability of existing level of provision, and the applicant has failed to provide any evidence of an inadequacy in the existing pharmacy provision in the area nor any evidence that the existing pharmacies will be unable to meet any future increase in demand for such services. The applicant has not identified a need for a service that cannot be met by the existing contractors. Just with reference to some of the points raised I know there was some conversation with regards to locums. We do have a permanent pharmacist in Kingussie but use locums for day-off cover or holidays. We would open that up and offer it to local or locums who live locally. We would access that first and then if we were unable to fill any of those positions that would be offered up to our national

locum agencies. All of our locums would be PVG checked or the equivalent and certainly we would endeavour to ensure that any locums who did come up from England had the appropriate training and Fiona, who is joining us today, works very closely with those locums to ensure that training was in place, and if there was any problem would support them to get that training done as quickly as possible.

In summary we submit that the existing pharmacy provision is adequate and that the proposed pharmacy is neither necessary nor desirable to secure the provision of pharmaceutical services in the neighbourhood in question.

We respectfully ask that the members of the PPC refuse this application.

6. Questions from the Applicant

The Chair invited the panel to put their video screens back on and moved into questions from the panel.

Applicant – You are suggesting it's all one neighbourhood. I would just ask you, if you were from Newtonmore where would you say you lived, which neighbourhood?

Boots – I would say within Newtonmore if you lived in Newtonmore

Applicant – You talked about viability and how it will affect the viability of Kingussie. I would like to know over the last five years there have been 30 or 40 pharmacies opened, how many pharmacies has Boots closed because of reduced viability?

Boots – To my knowledge we have closed three pharmacies in Scotland.

Applicant – How many of them are due to a new contract opening?

Boots – I don't have that information in front of me.

Applicant – Script numbers have remained the same or slightly declined. I have checked the figures through our interlude, have you a reason? Why do you think the script number of prescriptions has remained the same or declined?

Boots – Those figures are the prescribing figures so the fact that GPs are prescribing less....

Applicant - So you think there are less prescribed. The figures correlate quite well. In the last four years with an increase in prescriptions and the local doctor surgery has moved from on many occasions from monthly to 2-monthly prescriptions. Would you agree that would account for the prescription numbers not being up or declined slightly.

Boots – Regards MCR, we have fully participated in that and the prescribing intervals is that what you are referring to 28 day to 50/60 day prescribing I don't have any information on that for the local area I'm afraid.

Applicant – Would you agree that the payment from the Health Board hasn't come down as the prescription numbers have come down? It is the same volume overall that is dispensed. Would that be correct?

Boots – Our numbers are relatively static I would say in Kingussie over the last few years.

Applicant – You do your Nursing Home centrally. What other scripts do you send away centrally to be done by other contractors such as appliances?

Boots – None that I'm aware of.

Applicant – Since Boots have taken over the pharmacy which services have you withdrawn?

Boots – None that I'm aware of.

Applicant – Are you aware there was a daily collection service from Laggan?

Boots – In terms of delivery that would not be part of a national contracted service so we wouldn't consider that.

Applicant – Do you plan to withdraw any more services in the future?

Boots – No

Applicant – There is quite a big difference in service provision between Aviemore and Kingussie were you surprised by that difference?

Boots – No, I will say the pharmacies provide this service based on demand from the patients and that would be reflective of the service provision

Applicant – You weren't aware there was an inequality of provision?

Boots – I wouldn't agree there is an inequality of provision

Applicant – Going back to locums can you confirm on 25th May the pharmacist had a PVG check or that he was trained to work in Scotland to provide the core services in the Scottish contract?

Boots – All pharmacists who work in Scotland would have the appropriate checks done and if there was any pharmacist who wasn't able to provide the service provision that would be unusual if that happened but if that did happen it would be reported to us, we would flag that up and get the pharmacist supported to get the necessary training on the same day if possible, we would ask them to do it that evening.

Applicant – Do you know what was so special about the 29th May?

Boots – I don't have the detail for the 29th May.

Applicant – That was the day of the original Hearing and I just find it incredible on that week that you hired an individual who was not PVG checked nor was able to provide services. Would you agree?

Boots – I would disagree with the fact they were not PVG checked because certainly our systems in place would ensure that they had been and if there was someone who was unable to provide the services, that would be really unusual it happened and we would do everything we could in order to make sure that situation was rectified as quickly as possible.

Applicant – How many other days have you had untrained pharmacists in Kingussie?

Boots - Again, I would dispute untrained pharmacists. All pharmacists would be trained pharmacists with the GPhC.

Applicant – I will rephrase that. Somebody who is trained to provide the Scottish contracted services?

Boots – To my knowledge we haven't had any.

Applicant - What about the fortnight in July?

Boots – I don't have any information on that. Our teams would work locally if we were aware of that information.

Applicant – Which days in January?

Boots – I wouldn't have that information in front of me.

Applicant – A fortnight in November last year?

Chair – If I could interject Alan. I don't think Boots have that information to hand at the moment.

Applicant – I'm sorry. I probably pressed that too far. The next question I was leading to was, you said it was an unusual occasion for it to happen but there is evidence it actually happens quite regularly. Would you agree with that?

Boots– I wouldn't agree with that. I don't know where you have got your information from so therefore I can't say I agree with that.

Applicant – You have known for quite some time this Hearing was coming and it has been postponed. My question is, you have had all this time to increase all the services and I'm just wondering why haven't you done anything about it during the time of the application.

Boots – As covered in the presentation we offer the full range of services based on demand so if we have a demand the service is provided, and fully participating in NHS Pharmacy First and so if the demand is there for any other services we will do so.

7. Questions from Other Interested Parties

CC – No, I don't think so as we were largely worrying about the Applicant if you like rather than the provision of the existing services.

8. Questions from Panel

Ian – You referred to a delivery service. Who is eligible for the delivery service, those who are in need of it, for mobility reasons etc, couldn't get to the pharmacy but there is no exclusion criteria attached to it?

Boots – We don't put any restrictions on it really, we target the service to those who are in need of it, therefore for mobility reasons or those who couldn't get to the pharmacy, but there is no exclusion criteria attached to it.

Ian – Is that theoretically available to someone who lived in Laggan

Boots – Yes

Ian – Linking that into reading the responses on the consultation, how was that delivery service advertised? How would people know the service was available because that doesn't come through on the consultation? It is about having to get a friend or a neighbour or I can't get a bus or I don't have a car so I just wondered how it was advertised at the moment.

Boots – We don't overtly advertise it in terms of marketing materials that we would promote the service in the pharmacy but certainly if any patient requested that from us then we would offer the service.

Ian – For clarification, because I think some words got mixed up in the presentation for those who don't live in the village – there was reference to houses in Ridewood Grove 2017. I think that probably should refer to Lodge Park because Ridewood Grove was actually completed in 2003/04 and Lodge Park is a development of three or four houses done for the area in the last two years, and as people said there was a site down Station Road at the south of the village which was originally for about 30+ houses but the developer didn't do anything for a number of years but has recently re-submitted an application I think for ten. It was just for clarification of that.

Mark – On the question of the delivery service I'm sure when Ian and I sat on the Tornagrain panel last year your colleague advised us that there was a charge for the delivery service. The number of £6.00 seems to come into my head. Is that the case?

Boots – No, not now. There would have been a charge in place previously but that has been withdrawn by the business and our delivery service is free of charge.

Mark – You have also, as is your perfect right, questioned why Kingussie hasn't been included within the proposed territory covered by the applicant on the application. From the top of your head, since you are from Boots, do you know when the Conon Bridge application was considered, did it include the town of Dingwall with a population of 5,500 people?

Boots – I don't have any information on that I'm sorry.

Mark – Chairman is that something that Fiona or Jackie could clarify for us at some point?

Chair – We may be able to, I guess what I can draw, I sat on the Cradlehall panel, now obviously those neighbourhoods were very much closer together than the neighbourhoods we are talking about at the moment. Boots was involved as an Interested Party in that application. It is a very different scenario in terms of the whole population who could access those different shops. Jackie would you like to come in on that?

Jackie – The regulations are quite clear. Every application should be taken on its own merits. That geography should play a part but identifying on individual factors in each neighbourhood and each application mean that you can't really draw comparisons between one application and another although the knowledge from previous applications builds on your experience it's difficult and it's not recommended to say that a population the size of this area as included in one neighbourhood and therefore it should be considered as being done in another neighbourhood So I think we need to be careful that we are looking at the merits of this particular population, this particular geography, its rurality compared to urban etc and taking a decision, a kind of wholesale decision rather than drawing on comparisons from other applications. I just wanted to be quite clear to the panel that you are allowed to take a decision based on your own thoughts on what is occurring in this application and not to feel that you must follow the example of a previous application in terms of its geography. I hope that makes sense Chairman?

Mark – It's clear to me. I just wondered because of the fact that the communities in question are roughly about the same distance apart Newtonmore to Kingussie, Conon Bridge to Dingwall and I just happened to wonder whether the distance involved that Dingwall only being 2 ½ to 3 miles from Conon Bridge was considered to be included or excluded because I know in the Tornagrain one we did, in our deliberations, move the boundary because we took into consideration representation from Boots on the location of communities and it would have been helpful for me to think about what might be different. Obviously I live in the seaboard and we have a very rural pharmacy in Balintore but thank you for the clarification

Chair – Just to reiterate each of these applications is taken on their own merit within the circumstances and we didn't have to refer to a previous application in our deliberations.

Jennifer – In the CAR there were a few mentions of mistakes and errors, this happen unfortunately and there should be no apportion of blame. How do you learn from them and stop them happening. What things do you have in place if an error happens? How do you learn from them?

Boots – I completely agree, if errors or potential risk to patients we would see that as the biggest priority when running a community pharmacy. It is the most important things for us and we've really worked very hard with the team locally to instil a learning culture. I make sure there is no fear there around reporting, I would make sure all of our team members record everything from any near misses through to any incidents so I think that would be the first thing we would work to make sure we have in place is a really open reporting culture within the pharmacy.

If there is an actual incident that happens and a wrong medication goes out to a patient then as soon as we are aware of that we will obviously correspond with the patient and make sure they are OK and anything we can do to look after them, and inform the GP but we would do our full incident review of that which would involve going through what happened, when did it happen and not just really look at operational processes within that.

One of the things that we have worked with our teams is that situational awareness so actually as a pharmacist, what was going on for you at that particular time? what time of day was it? How busy were you? Were there a number of distractions going on? So that they take a real holistic view of everything that has happened, not just processes and then the teams would then identify what actions could they put in place on the back of that. Those actions would then be implemented and they would then be reviewed.

We have a patient safety review which happens every month so even if there hadn't been an incident in the previous month which we would hope there wouldn't, that would capture any near misses so that everyone would know what a near miss is, that would be if a dispenser had dispensed the medication that the pharmacist had picked up that there was maybe something incorrect on it or if the dispenser themselves was doing their self-check before handing it to the pharmacist. They would also log that in the near miss log, and all of that would be analysed at the end of the month, and see what trends we could pick out from that, and again what actions could we put in place? The pharmacist would very much lead that with the team and make sure all team members were involved in that patient survey review process and having visited the pharmacy myself and been though their patient safety review, I was very satisfied with how that was led by the local team.

We have a new computer system going into our pharmacies at the moment and will go live in Kingussie in the next couple of months which does involve scanning of the individual packs and again what we have seen on the back of this is that it has improved our patient safety even further from an operational side of things.

Caroline – You seem to think that if the Newtonmore contract is approved then your own Boots business will not be as viable. You're basing that on the fact that perhaps 50% of the prescriptions would go over but the point that Mr. Horsburgh is making is that your services from Kingussie are not up and as a community pharmacy a list of our payments are based on services now. Have you any plans to improve this in light of these figures that have been produced today?

Boots – Absolutely, if there is any shortfall at all in terms of the service provision, then we will do a review of that with the team. The feedback I'm getting from the team from our pharmacist based in the store is around the demand for the services but absolutely, it gives us an opportunity to look at engagement of the team and make sure that all the team members are fully engaged in the services we provide and make sure patients can access the services. I still think that the volume of prescription reduction that Alan spoke about

1400-1600 items at the lower end of what I maybe would expect and the upper end was round about 2.5,000. Our figures wouldn't show anywhere near those kind of levels even at the lower end so I would still question viability of it based on the items.

Caroline – What does your team comprise of in Kingussie?

Boots – We have our base pharmacist, pharmacy support staff in place and all of our team members in that size of store would be pharmacy trained so at least an NVQ2 qualification, some would have done NVQ3 qualification too so they would all be pharmacy trained.

Caroline – And what numbers are you working with?

Boots – I would need to check the numbers in the pharmacy but will get back to you with those figures.

Caroline – Just wondering if that would be relevant to the services that are not being taken up by the customers and the patients especially in the last six months when you have been, when there has perhaps been a different footfall during COVID times.

Boots – We have our budgeted salary allocation for the store. The pharmacy is actually over-resourced to that allocation. It is well staffed is what I would say. We are over-resourced in that store by comparison the budget in place.

Jennifer – One of the statements you made was regarding demand for services but sometimes the patient doesn't know the services and you have to inform them e.g. Pharmacy First. A lot of people wouldn't know that they can go to the chemist and get an item for free. What does the store do to promote all these services and how do they go about telling people how to access this?

Boots – We do offer the full service provision within Kingussie so the services are available there and we provide a good level of services from Kingussie. Our pharmacist would ensure that any of the team members were trained on the services that were available and any of the local training packs that were relevant for team members to do, they would have undertaken the training to provide that so we would fully engage, and train and ensure our teams are fully engaged and trained to provide those services. We would certainly go back and just make sure that everybody was fully aware from the feedback from Alan today, not that I agree with all of the evidence that Alan has put forward for that but in terms of just making sure that we provide the best possible service to our patients, we would want to make sure that we covered everything, and I will certainly go back and follow that up with the team locally today.

Chair – You talk about the engagement of staff in order that they know which services they can promote. One thing that we are very up on in the Highlands, particularly in our rural communities is engagement with the community, engagement with our customers and the patients that would maybe use these services in the community, and also we have Graeme here from the local community council – I just wondered going forward, does Boots have a plan for engagement with communities so they can advertise those services they can access. You have spoken a lot about from the staff perspective, I just wonder from the community perspective?

Boots – We would take every opportunity to highlight the services we can offer to our patients when they come in to access the services and the best way of engagement is conversation directly with the patient at the time, once you understand what the individual needs are, how we can support them with that. Also, we would work very closely with the GP so I mentioned earlier that Jen our pharmacist at Kingussie has good relationships with the GP. It is really important that the GP team, including the receptionist, support staff are aware of the services so that they can highlight that to patients and refer patients across to

us. We are working really closely with the GP practice so NHS Pharmacy First would be a good example of that and having checked our participation in the services, I can see that Kingussie is doing well in terms of the provision of service to patients, and supporting our GPs by making sure that we can treat the minor ailments and the UTIs, and impetigo and things like that, and they can concentrate on some of the more complicated stuff.

Alison - Following on from that, you mentioned several times during your presentation and response to questions that effectively it depends on patient demand so you are talking about a demand-led service here. What I'm interested in is what pro-active actions have you taken? We have just discussed advertising, but what pro-active actions have you taken particularly in Kingussie to ensure that you are maybe going above and beyond?

Boots – I think I would reference my answer to the previous question there so making sure team members are fully trained, aware that they proactively have those conversations with patients when they come into the pharmacy, making sure there are other healthcare staff informed and meeting with GP surgery so that they can appropriately refer.

Alison – Is there any particular innovations that have been taken recently that you would like to share with us?

Boots – In relation to engagement around services?

Alison – Just generally in terms of service provision

Boots – Nothing that comes to mind

Alison – One of the things that has been mentioned is the late night clinic that happens at one of the GP surgeries. Do you know what the demand for prescriptionsis which is generated from this clinic and what the requirement would be for that particular night?

Boots – I don't have any information to hand. I would go back to our pharmacist meets with the practice on a regular basis. Nothing has been highlighted to us that there is a demand that has not been met but certainly on the back of the meeting today that is certainly something we will look into just to make sure that if there is any demand there we will see what we can do to meet that.

Alison – Thank you, just that there has been mention of the clinic but we don't know really what impact that has had. Talking about the access and remoteness of the neighbourhood, you mention about car parking in Kingussie and I am aware that the car parking is free on the main street outside the premises. However, having frequently visited the area by car I have rarely managed to get parked on the main street anywhere near close and have frequently had to be quite some distance away from the pharmacy. Is this an issue you are aware of for the residents locally using the pharmacy?

Boots – Visiting the pharmacy myself I have managed to get parked on the street parallel to the main street but I can imagine there is a bit of an issue on parking but we do offer the delivery service as an alternative.

Alison – It may be that patients aren't really aware of the delivery service that you are providing because it is not advertised as you have indicated. With the change and I appreciate this post dates the CAR with COVID many more of the GP consultations are now being provided remotely, the figures that we have are a few months behind just because of the way the data is collected - are you aware of any changes in the pattern of accessing the pharmacy over the last few months in comparison to the trends that we have seen previously ?

Boots – Is this in relation to virtual consultations and telephone access? We have probably seen an uplift in telephone consultations. We are fully supportive of NHS Near Me, which is the virtual service you referenced earlier. That is with our legal team at the moment and we would hope to have that service up and running shortly. However, anecdotal feedback from other contractors is the demand for that has been lower but is certainly something we would want to be fully supportive of and introduce.

Alison – In terms of going back to the CAR again, there was the issue I asked earlier about partial supplies and there was quite a bit of comment about frequently only getting part supplies. Likewise I am conscious of the current requirement and shortages etc but I just wondered how the pharmacy dealt with that?

Boots – The majority of our patients are prescription collection patients, which I referenced earlier so what that does mean is that from a service provision point of view, we will get the prescription and order the stock ahead of the patient coming into collect which would normally be the following day, the stock comes in we would dispense it and we would text them to let them know that the prescription is ready to collect. So that has greatly reduced that impact and helps make sure the patient collects all their medication at the one go and it would only get down to where there are specific supply issues that we couldn't source that product from the wholesaler and then we would work to find out what timescale that would be and if it was too long a time for the patient to wait or insufficient medication to see them through, we would speak to the GP to find an alternative but we classify that as owing so that would be part supply and owe, and the percentages are very low for Kingussie I am glad to report.

Alison – Going back to the issue also in the CAR about errors and you talked about the processes that the pharmacy have put in place to manage and limit these. Do you happen to know what your figures are for errors over the last year, just to see if the mention in the CAR is historical or more current?

Boots – The incident rate is low. I don't have the exact figures to hand but we monitor all of our pharmacies incident rate each month through our governance teams and if anything was giving concern that would be flagged and the appropriate teams would be in for support. So I can confidently say that the teams are not flagging it as a risk in any way, shape or form, and having visited the pharmacy myself and gone through the patient safety culture I was very satisfied with what I could see in place.

Alison – Care Home patients where their regular prescriptions are supplied at one pharmacy and acute supplied at another. Could you give me some thoughts on what professionally you feel about that and how you mitigate against the challenge raised by that approach?

Boots – The company policy on this would be not to do it so if providing for Care Homes and Nursing Residents on a monthly basis then you would do all of their interims. The only real exception to that would be in an emergency situation where for a particular reason, the store which provides the monthlies couldn't do it for any particular reason. That would come down to an individual professional decision for that pharmacist to weigh up given the circumstances that they have in front of them at that time and we would ask them if they were to go ahead and do that to contact the pharmacy that does the monthly supply and make sure they have a copy of the MAR chart/medication chart, but those would be in exceptional circumstances that would happen and not the norm.

Alison – You talked about disability access in your presentation but your Kingussie pharmacy is based in an area of high tourism and, as I asked the applicant, how do you manage with language barriers and communication barriers for these patient groups?

Boots – Similar to what Alan said in terms of translation sites to help support that, we would work with any means possible to support the patient.

You did ask about innovative services and something else has come to mind which is in relation to Aviemore not Kingussie but we do have an independent prescriber pharmacist based in Aviemore who works locally with the GP surgery there and will be participating shortly in the Pharmacy First Plus service.

Chair – I wanted to go back to the fact of disputing the neighbourhood. It is of interest that the population of Kingussie is about 1,400 people and Newtonmore 1,100 so very similar sized villages, and indeed we have other rural areas where there are quite small populations that have pharmacies associated with them. In terms of the neighbourhood and its boundary, I guess this comes in conjunction around a question of the business plan and we chatted a little bit before about how would you meet the challenges given that you have two similar sized villages and I appreciate at the moment about 50% of the dispensing from Kingussie goes to people who live in what we would describe as the new neighbourhood, and the other thing I suppose to take into account, I'm assuming when the Kingussie pharmacy was opened the idea of neighbourhood was very different to the one we have at the moment and so it is really difficult to define what is your neighbourhood what is the other neighbourhood but if it happened that a pharmacy did go ahead in Kingussie how would you meet the challenge of that to keep yours stable and it goes back to the business plan and the fact we can't see that and obviously you don't want to give any confidential information over or sensitive information around that, but it was to try to get some sort of insight how a pharmacy works in terms of relying on the pharmacy and the NHS contract part the other part of your sales. Is there anything you can tell us about the percentage or how much you might be able to diversify the business in Kingussie should another pharmacy go ahead?

Boots – We would obviously have to work within the parameters of the pharmacy contract. Caroline pointed out there is a shift on the proportion of funding as that moves from items to services. The vast majority would still be from prescription items at this precise moment in time so that would be where the main bulk of our money would come through but we would certainly have to focus more as our services provision. I mentioned there is the NHS Pharmacy First Plus service which is an independent prescribing pharmacy-led service to treat common clinical conditions. That would be one potential avenue which we haven't got set up at the moment but we would obviously need to look into. That would be our main approach but in terms of the main footfall drive coming into the store, the vast majority of patients are coming in for their prescription so it is a fundamental part. It's much harder to offer a range of services if half of your patients have left. The point I'm making is that you have half your patients that you can offer those services to opposed to the patients we have at the moment so therefore although we could offer the Pharmacy First Plus service it is economically difficult for us to make that pharmacy viable or could be very difficult to make that pharmacy economically viable.

Chair – Just to clarify, the payment for pharmacies that come from NHS is that payment on prescription items or is it an average of prescription items taken over a number of years?

Boots – It is three months in arrears; so for October we would be looking at July, you would be paid for the prescriptions done in July and some of the service would come in a little bit quicker than the three months but predominantly looking at what was done in the last three months would be paid for.

Chair – Obviously this is an area where tourism is quite an economic driver. Do you find you get peaks and troughs, again taking into account this year is probably different from other years, but historically have you had peaks and troughs of footfall?

Boots – Yes definitely, I would see peaks coming through in the summer. Although probably again this is feedback from visiting the store team, more so in Aviemore than Kingussie definitely less of an impact on Kingussie than some surrounding areas.

Chair – Just touching on Aviemore you have talked a lot about the Kingussie store and also the pharmacy in Aviemore. How much of a co-dependency is there between those two stores? Thinking about the conversations was that there are services delivered from Kingussie but for some things maybe people would have to go to Aviemore so as well as having the support for staff between the two premises it sounded a bit to me that some of the dispensing might happen from one store or another so I suppose I'm trying to get a feel for how much of the time can the public get what they need from Kingussie and how many times do they have to go to Aviemore?

Boots – All dispensing would absolutely take place in Kingussie so there wouldn't be any transfer of that so provision of prescription services and provision of our core services would be from Kingussie so I think what was pulled out, the ostomy service Alan referenced; that is one service that is available in Aviemore but is available with delivery however feedback from the store has been that the demand hasn't been there for that service and absolutely if the demand was there we could look into providing that, so ostomy would be one and I have mentioned the fact that Aviemore the pharmacist there is an independent prescriber trained and therefore there is a new service that has just been introduced last month. I have reference it a couple of times, the independent prescribing common clinical conditions service or Pharmacy First Plus. Because the pharmacist in Aviemore has done the relevant training we will be able to open up that service in Aviemore quicker than in Kingussie. It will take us a little bit longer to get our pharmacist trained but we are actively looking at recruitment campaigns to bring independent prescribers into the business and obviously we would need to look at our people and their development plans and when we could get that service set up but that is certainly something we would look to do in the future, but that service has only gone live last month and very much a medium to long-term strategy of the Scottish Government to establish that independent prescribing service through community pharmacy across Scotland so we certainly wouldn't be alone in that fact it will take a little bit longer to get that set up across multiple locations.

Chair – As a business, would rural and remote locations be as high a priority as more urban locations trying to set up themselves. You have talked a lot about providing services as they are demanded.

Boots – There are two parts to this really. Where do we have the people who have the necessary skills? and how do we match that with where there is a demand? So Aviemore is a perfect example where we have both and able to do that pretty quickly and get that up and running. We would then look at where do we have the biggest demand for Pharmacy First services coming through and work to get their locations set up as quickly as we could but absolutely the other thing that would be concurrently happening with that is we would be recruiting people into the business and depending on where they live locally, we would want to get those services set up in as many locations as we can. Interestingly enough, the payment mechanism is the same across all stores so it is not paid for demand by that service; we are not paid for demand of providing that service so we would want to set it up in Kingussie as much as we would in Inverness.

Chair – I can see that would make business sense. If the payment was as you describe. I'm just trying to get a feel for the current store in Kingussie. How that sits in terms of your other Boots pharmacies in other rural areas. People have talked a lot today about scripts about the types of service that people are providing the number of staff the capacity that you have. How does it compare with other similar rural locations? Is it a front runner? Is it at the bottom of the pack? Kind of in the middle? Where is it sitting?

Boots – As I mentioned earlier, Kingussie is well resourced, It's a high priority store for us. I suppose what I would say is given and it's been referenced anyway, the patient safety incident previously. The store is a high priority for us in making sure we deliver great care to our patients in Kingussie and surrounding areas. Not that we value any one over any other, they are all really important to us but making sure we have a base pharmacist employed in that store. Jen lives nearby, has great relationships with the GPs, we employ the staff locally in the area so over a large organisation we are employing people locally and we provide the full range of services there but making sure we show up well is really important for us as a business so I would be proud of what the store do the relationships they have and they provide to their patients.

Chair – Given the new GP contract and what was said about the Pharmacy First service, how do you think the new GP contract is about, again keeping on the complex cases and trying to divert many of them to pharmacies beforehand. I guess that would guide what sort of service you would want to set up and deliver in the future so what impact do you think this is going to have on your flow and footfall? I am asking about the two scenarios, one without having another pharmacy in Newtonmore and one with another pharmacy in Newtonmore.

Boots – If the status quo were to continue we would have a viable business there which we can build upon and extend its range of services. If the application is successful that will undoubtedly become more difficult for us to do that. Taking it back to the footfall, you need those patients to be coming into the pharmacy to access the services and based on the figures we had if we were to lose 50% of the business coming through that would make it very difficult for us to keep that pharmacy viable

Chair – Building on that, I live in Inverness so if I go into my local Boots store here it is obviously a massive store, the pharmacy is only one component of it. Can you give me a feel for what that looks like in terms of Kingussie e.g. at Christmas time I can go in and buy lots of Christmas presents, some are toiletry based, some are cosmetic based, what does it look like in Kingussie because I haven't been into the Boots store recently?

Boots – The retail business is very small; it has a small shop floor. That would account for a very small proportion of our business. If you looked at it I would estimate about 80% if not more of that revenue would be pharmacy related. A very small part would be retail based.

The Chair thanked Scott for his presentation and answering the questions.

9. Presentation by Newtonmore & Vicinity Community Council

The Chair invited the representative from Newtonmore & Vicinity Community Council, Graeme Fraser, to provide the panel with any information he wished on behalf of the Community Council.

Graeme - I will give you some background information. We invited Alan Horsburgh to come and speak to the Community Council about his proposals so the public did get an opportunity to attend and he duly answered their questions then left and the Community Council themselves considered their views on what they had heard, and took the view from the comments that we were supportive of the application. I think we were not in the position to question business plans but he clearly wouldn't go ahead with the proposal if he didn't think they could make it viable. So I think it was an opportunity for more competition, greater convenience for people, one has to admit it would help to bring some more vibrancy to the village which has seen a demise in shops over time and clearly for the range of services

more convenient for the residents. I am aware that when the previous application was made, I think that had followed a time when a way back in the past, the Post Office had acted as a conduit for prescriptions for Laggan and I think that stopped not long after Boots took over the pharmacy in Kingussie, and at the time of the previous application I think there was also a feeling by some of the residents that the Boots shop in Kingussie was not satisfactory in terms of queues that were in the shop etc. I think there is only one service desk but at times there are two people trying to use the till so it was a bit slower then.

I think in terms of transport there is the community transport company, but I gather that since COVID it has not been undertaking any transport for locals because of the COVID restrictions; if drivers are not prepared to take potentially COVID patients in, and it hasn't been able to operate so you can't really have car sharing or the likes. You are dependent on the goodwill of the people and certainly during the lockdown when it existed we had set up arrangements in Newtonmore to pick up prescriptions on behalf of people in Laggan as well, pick them up and deliver them and as far as I am aware we were completely unaware that Boots had a free delivery service so even if the service did exist it was not necessarily widely advertised.

I think in terms of housing just to update, the site at Newtonmore that has planning consent is for 80 houses although none of those have been started yet but the planning permission is valid so the 80 houses could start at any time, so yes there is the potential for the population to increase and it is difficult to challenge what the mix of the population would be but I would imagine that most of the houses would be probably three people in the household, although there is a number of houses that will be affordable in that. I think in the community, I have not heard that anybody is against the application. I think there was disappointment before that the previous application did not succeed for whatever reason, maybe the case was not made sufficiently, I don't know but certainly the Community Council fully supports the application, thinks it is good for the village and I would argue that people should not be worried about competition because if the person is prepared to feel that a potential business is viable that's their risk and not the community's risk and they must, in my opinion, enhance the provision of services rather than detract from it. Thank you.

The Chair thanked Graeme for his presentation on behalf of the Newtonmore & Vicinity Community Council and invited questions from the Applicant, IP and panel members.

10. Questions from Applicant

Applicant – No questions.

11. Questions from Other Intrested Parties

Boots – No questions but would like to emphasise the point that the delivery service isn't a contracted service as of yet so in terms of .....

Applicant – Could I interrupt, I don't think you are allowed to speak at the moment, I think you have to ask a question. Would that be correct Chair?

Chair – It is time for questions but given that Graeme spoke about the delivery service in the presentation so Scott, yes if you have a question I would be prepared to take a comment as well.

Boots – Just to say that delivery is not part of our pharmacy service commissioned by the NHS so we provide it as a free additional service but it is not part of the core contract

Chair – Thank you for that clarification.

12. Questions from Panel

Chair – (Graeme) You are on the Newtonmore & Vicinity Community Council? I just wanted to double check is there a Kingussie Community Council?

CC – Yes, there is and there is also a Laggan CC so you have three CCs effectively within interest plus also Dalwhinnie and you have Kincraig as a separate one, so in Badenoch you actually have five Community Councils.

Chair – So picking on your local knowledge, in terms of looking at the neighbourhood, does that roughly sit within the community council areas of Newtonmore, Dalwhinnie and Laggan?

CC – Yes, predominantly that is correct.

Chair – You have given us some information there about the transport with the community bus I believe that is a VABs bus?

CC – No, it is not VABs it is "Lucky to be Here". It's Aviemore Transport Group that runs it and certainly since COVID they have effectively suspended operations doing the car transporting bit because of the regulations. I think one thing I just add on that, perhaps is that the public transport provision is probably worse than it was ten years ago with the previous application because the bus service seems to continually be declining and even in the COVID situation, it has been even less reliable with services not turning up when predicted, which re-emphasises the reliance on having to use transport to either go to the surgery or go into Kingussie to get prescriptions.

Chair – Thanks. I was going to ask what the feeling was in the community about the transport situation re access?

CC – Certainly the train I would write off as being a feasible way. I think I worked out there was only one train you could get to Kingussie and back within about an hour and a half, otherwise you have to spend half a day in Kingussie.

Alison – Thanks Graeme that is really helpful giving us a bit of the background there. I am trying to get a sense of the tourist capacity within Newtonmore. Obviously this year has been a bit different and the focus of questions was around summer tourism but I am thinking there is probably a bit of a peak around winter tourism and how do you find that within the Kingussie and Newtonmore area?

CC – I'm not sure there really is a winter peak, I think the winter peak is more focussed in Aviemore/Glenmore to be honest. I think what you are seeing now is probably a change to what people are travelling on their own in groups and being in the area will not change whether it is summer or winter holidays. Difficult to say so I don't particularly think there is a winter tourist peak in our area, I think it is predominantly summer. One could say largely driven by the likes of the Highland Folk Museum, Wildcat Centre, which is close by is really a spring/summer/autumn business if you like. There are people around but I don't think there is a great winter footfall.

The Chair thanked everyone for their questions and stated that she was going to move to the summing up, in reverse order, first of all from the Interested Parties and finally the Applicant, reminding all that no new evidence could be given at this stage.

13. Kingussie & Vicinity Community Council

CC – I think it is generally a supportive statement with the community, we would be welcoming of a new pharmacy outlet there. This should provide additional services to what is currently provided and locally.

14. Boots

Boots – In summary there has been no significant material changes to the area since the previous decision to refuse a new Application for a new pharmacy in Newtonmore. We question the viability of the proposed pharmacy and I believe will significantly impact the existing level of provision. The Application has failed to provide any evidence of any inadequacy of the existing pharmacy provision in the area nor any evidence that the existing pharmacies would be unable to meet any future increase in demand for such services. The application has not identified any need for a service that cannot be met with the existing contracts so in summary we submit that the existing pharmacy provision is adequate and that the proposed pharmacy is neither necessary nor desirable to secure the provision of pharmaceutical services in the neighbourhood in question and we respectfully ask that members of the PPC refuse this application. Thank you.

15. Applicant

Applicant – In summary, I would like to thank everybody for putting this all together and particularly Fiona and Nicola, they have at the very last minute been putting this together and also to thank Graeme from the Community Council for coming along today.

I feel the neighbourhood is clearly defined. It does not have any pharmaceutical provision and the provision out with is not adequate. There is a small imminent planned increase in population, although small, but is proportionately large to a small community. The ageing population makes a pharmacy more desirable and needed more than ever, as directed in the PCS plan. There are barriers and inequality to access due to distance, lack of public transport and the area suffers from transport poverty. The CAR report supports the demand from the local population. The residents believe there should be new pharmacy provision, they highlighted the lack of services, poor service and repeated trips. The provision out with the neighbourhood ranges from poor to non-existent and there has been good strong evidence today. There is a lack of choice so it is Boots or Boots. There is a lack of confidence highlighted in the CAR report, strong evidence of long-term failure, providing services that go beyond the first application. There is no Minor Ailment, no JIC medications, Care at Home is not listed in the documents, under-performing NRT. Boots have regularly hired pharmacists who are not PVG checked and who are not trained to do the Scottish contract.

The new pharmacy will be large, have two consultation rooms, provide all the core NHS services and extended services and many private services to everyone all the time. We will have a Post Office in there.

Pharmacy is changing as you have discussed, payment is no longer dependent upon prescription numbers. It is services. That is the way forward and that is how we will take this pharmacy forward. We have a proven track record in small rural villages and have experience and financial backing, and we have also submitted a plan earlier to make this a

success. I then suggest, very strongly, that it is necessary and desirable to grant this contract and I would ask the panel to grant the application.

16. Closing

The Chair thanked the Applicant and Interested Parties for their participation in today's virtual Hearing. She confirmed with the panel that a copy of both the Applicant's and Boots' presentation would be sent during the lunch break for their perusal. For the purpose of record, the Chair asked if everyone had felt they had received a fair Hearing today. The Applicant and Interested Parties responded by stating that they had. She asked the Applicant and IPs to withdraw from the meeting, allowing the Board officials and panel to remain for discussion, following which the three Lay Members would be left on their own to determine the decision of the Hearing.

The Chair thanked everyone for giving up their time today and closed the Hearing at 1.00pm.

14. Decision

14.1 Neighbourhood

Rationale:

The panel disagreed with the objector, Boots of Kingussie, that Kingussie and Newtonmore form one community. It basically agreed with the Neighbourhood suggested by the Applicant but with a minor amendment. The panel suggested that the new neighbourhood should take into account the boundaries of the following Community Councils as outlined in the Highland Council website:

1. The new neighbourhood should fall within the boundaries of the Newtonmore, Dalwhinnie & Laggan Community Councils
2. The new neighbourhood should exclude the Kingussie Community Council area.

Evidence :

Community Council Maps:

https://www.highland.gov.uk/downloads/file/4338/dalwhinnie_community_councilpdf

https://www.highland.gov.uk/downloads/file/4382/kingussie_community_councilpdf

https://www.highland.gov.uk/downloads/file/4412/newtonmore_community_councilpdf

https://www.highland.gov.uk/downloads/file/4389/laggan_community_councilpdf

The panel were not persuaded that Kingussie and Newtonmore are one community nor were they persuaded that they are in the same neighbourhood. These communities see themselves as two distinct communities as both have distinct local identities and cultural heritage e.g. different shinty teams. In addition, the CNPA (Cairngorm National Park Authority) treats the communities separately in terms of its local development plan.

CNPA Objectives for Newtonmore as outlined in the Health Intelligence Report from the current Cairngorm National Park Local Development Plan (2015):

- To consolidate Newtonmore role as a main settlement in the settlement hierarchy.
- To ensure that development contributes to a clear definition between settlement and countryside.
- To protect the role of Newtonmore in providing services to the wider region.
- To ensure Newtonmore build heritage is preserved and enhanced.
- To identify sufficient housing land to meet the requirements of the community.
- To facilitate appropriate economic growth which supports a thriving community.
- To protect those parts of the village that are important to its character and setting.

Survey responses to the CAR were received from 129 people. Important points relating to the neighbourhood in the feed-back are as follows:

Q1.There was agreement that the proposed boundary accurately described the neighbourhood (90%)
Q.2.There was agreement that the proposed location at Newtonmore is appropriate to meet the needs of the neighbourhood (92%)
Q.3. 85% of the responders live in the neighbourhood.

North boundary - Reduced to align with the boundary between the two Community Council areas (Newtonmore & Kingussie) evidenced by Community Council maps on the Highland Council website
South boundary – Align with the Community Council areas as above evidenced by Community Council maps on the Highland Council website
West boundary - Align with the Community Council areas as above evidenced by Community Council maps on the Highland Council website
East boundary - Align with the Community Council areas as above evidenced by Community Council maps on the Highland Council website

Population - Kingussie and Newtonmore have relatively similar population numbers and both areas have planned future development opportunities which will inevitably increase the population. Both Kingussie and Newtonmore have an aging population, above the national average who would be expected to have an increasing dependency on pharmaceutical services. Evidenced from the demographic data in the Health Intelligence Report, the main population of the new neighbourhood is centred around Newtonmore. As the main population centres in two adjoining neighbourhoods, Kingussie (circa 1400 residents) and Newtonmore (circa 1,100 residents) have similar population sizes with similar demographics. From the 2001 and 2011 census and the 2019 Health Intelligence Report indicated that the populations of both villages are fairly stable:

Newtonmore 2001 census – 980

Newtonmore 2011 census – 1090

Newtonmore 2019 Health Intelligence Report – 1100

Kingussie 2001 census – 1420

Kingussie 2011 census – 1480

Kingussie 2019 health intelligence report – 1400

14.2 Adequacy of existing pharmaceutical services

It was not felt that the provision of pharmaceutical services to the neighbourhood from existing pharmacies was adequate now and in the future. Due consideration was given to both the Pharmaceutical Care Plan and the CAR.

14.2.1 The PPC agreed with the population of the neighbourhood that services were not adequate.

Rationale:

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

Strong presentation was made from the Newtonmore & Vicinity Community Council on the inadequacy of the current services from the current Boots Kingussie Pharmacy in the adjoining neighbourhood. During the presentation of evidence, it became clear to the PPC panel members that information about new and existing services provided by the existing supplier, Boots in Kingussie, was only being provided when asked about by service users.

The objecting party, Boots, who have existing premises in Kingussie, confirmed that they do not proactively intimate services available and generally only advise of them when asked. When asked what would be added to the existing services if this contract wasn't granted, nothing was flagged up by Boots.

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

The verbal presentation from the Newtonmore & Vicinity Community Council, the results of the CAR and the Applicants presentation on the current service in Kingussie were not challenged by the representative of the objectors.

Evidence

Survey responses to the CAR were received from 129 people, which is a significant number.

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

Q.2.There was agreement that the proposed location at Newtonmore is appropriate to meet the needs of the neighbourhood (92%)
Q.3. 85% of the responders live in the neighbourhood.
Q.4. The hours being proposed were supported (90%)

Q.5. 81% felt that the current provision of pharmacy services was not adequate in the area (102 responses)
Q.6. 86% agree that it is necessary to approve a pharmacy application in the neighbourhood to ensure pharmaceutical services are adequately provided (102 responses)
Q.7. 77% felt that the proposed pharmacy would positively impact on other healthcare providers
Q8. 80% felt that the proposed application would help to foster improved joint working across other health care providers

In addition, the summary comment from the Interested Party, Boots indicated there had been no significant material changes to the area since the previous decision to refuse an application for a new pharmacy in Newtonmore. The panel agreed that this was the case but considered there is evidence that a proactive service is not being provided currently being provided from Boots, Kingussie "they [patients] don't know, what they don't know" with reference to additional core services, evidence from the Health Improvement Plan of a decrease in the provision of additional core services, comment made by the Community Council "we would be welcoming of a new pharmacy outlet there. This should provide additional services to what is currently provided and locally". The transport links are significantly worse than ten years ago.

The Pharmaceutical Care Services Plan (PCSP) for NHSH envisages a person-centered partnership approach to pharmaceutical care. The new neighbourhood, in this application was calling for an improvement in the pharmaceutical services delivered to them. Furthermore, the lack of community engagement from the current provider into this neighbourhood does not suggest a person-centered partnership approach to pharmaceutical care.

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 was persuaded that the existing services provided by Boots in Kingussie to be inadequate for this newly defined neighbourhood.

14.2.2 The panel felt that the data relating to the demographics, social environment, economic opportunities and the health and wellbeing of the residents indicate a higher than average level of need for pharmaceutical services in this neighbourhood.

<u>Rationale</u>:

It felt this was a local community with a higher than average elderly demographic who would be more likely to have an increasing need for pharmaceutical services.

Evidence:

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. “

14.2.3 The panel felt that the provision of core services from the adjacent pharmacies was not meeting the population level of need for the services.

Rationale:

In relation to the provision of core services, evidence was given that in the ten years since an earlier application by another party for a pharmacy in Newtonmore in 2010 was unsuccessful, there has been no apparent change in the services provided from the adjacent pharmacy in Kingussie. As outlined above the new neighbourhood, did not think their current services were adequate.

Evidence:

As outlined above the new neighbourhood, did not think their current services were adequate. Core services provided by the adjacent pharmacy in Kingussie are being provided but service users may be unaware of what these are and so are unable to access these due to a lack of information about these. This is contrary to the vision of the Pharmaceutical Care Services Plan (PCSP) for NHSH. Some secret shopper evidence was described to the panel in the Applicants presentation which suggested that core services were not being made available by existing provider, Boots in Kingussie, all of the time e.g. Minor Ailment Service (now Pharmacy First). The representative for Boots in Kingussie was not able to comment on this challenge to core provision, and was only able to confirm that this pharmacy does deliver core services as contracted. Therefore, it is difficult to determine if the provision of core services from the adjacent pharmacy is meeting the population level of need for these services.

On balance, the PPC was not convinced that the provision of core service from the adjacent pharmacy, Boot in Kingussie, was meeting the population level of need for these services. Also, based on the evidence data on core services provided by NSS which indicates a lower than average provision of core services from Boots, Kingussie.

14.2.4 Equality

Rationale:

The committee considered issues of inequality highlighted in the report of which there were few. Evidence suggests that due to a lack of affordable and regular public transport this community are more heavily dependent on travel by car.

Evidence:

The NHSH 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 SIMD 2016 the evidence suggests that this neighbourhood is not among the least deprived in Scotland for the majority of the SIMD measures. However, area S01010531 ranks on the 4th deprived decile for Geographic Access to Services and area S01010531 ranks on the 1st (most) deprived decile for Geographic Access to Services. This is a measure of the mean travel time (in minutes) to key services, by car or public transport. The PPC noted that from the public transport information provided there was very poor public transport provision in the new neighbourhood. This is typical of such a rural location. Therefore, for this neighbourhood, car ownership is high but also necessary for accessing lifeline services such as pharmaceutical care. The panel also considered the fact that, with age, the retention of a driving license reduces.

14.2.5 Access to services

The difficulty that some residents had accessing services out with their local area contributed to making service provision inadequate.

Rationale:

They felt that transportation issues arose throughout the hearing. The SIMD does outline a lack of access to services in the some of the neighbourhood.

Evidence:

The PPC noted that from the public transport information provided that there was very poor public transport provision in the new neighbourhood. This is typical of such a rural location. Therefore, for this neighbourhood, car ownership is high but also necessary for accessing lifeline services such as Pharmaceutical Care. Currently these Pharmaceutical services can only be accessed out with the local area of Newtonmore and the wider neighbourhood.

14.2.6 Delivery of Services

The panel felt that the delivery of services did not meet the population need for pharmaceutical services.

Rationale:

This was demonstrated in the Applicant's evidence supported by the Newtonmore & Vicinity Community Council, the responses in the CAR and the fact that this was not challenged by

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

Evidence:

This was not the view that was reported in the CAR or by the Newtonmore & Vicinity Community Council representative or by the Applicant. Furthermore, this view - that the current delivery of services meets the population need for pharmaceutical services - was not evidenced by the current provider, Boots of Kingussie. To the contrary, their evidence including admissions of a lack of community engagement and a lack of provision of information to service users of the services they provided suggested that the delivery of services may not meet the current population need for pharmaceutical services. Once again, the panel considered the statistics supplied by NSS showing a lower than average provision of core services compared to both Highland and Scottish statistics.

14.7 Securing adequacy of provision for the future

14.7.1The panel did not think that any existing pharmacy was likely to close at a future date as a result of this application being granted.

Rationale:

Based on his current experience of running other pharmacies in small rural communities the applicant predicted that both he and the existing service provider, in the adjacent neighbourhood, could run sustainable businesses. The objector was unable to confirm if any other branch of Boots has had to close due to the opening of another new pharmacy in a newly created neighbourhood and failed to provide any evidence for their suggestions that two pharmacies would not be viable in the area. The professional members of the panel each highlighted areas in which the existing pharmacy, Boots Kingussie, could more fully develop the range of services it makes available to users if it chose to do so. Evidence was considered of the viable pharmacy population sizes across rural Highlands from the information from HIS and gathered from the applicant.

The applicant, in his submission, highlighted a number of these opportunities which he would offer in the new pharmacy if his application was successful.

Therefore, the PPC take the view that the existing pharmacy in the adjoining neighbourhood would not be likely to close at a future date as a result of this application being granted.

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 1900 to 4600 residents per pharmacy.

The Applicant provided evidence that he already runs 2 successful Pharmacies in 2 distinct rural areas. One in Fort Augustus (circa 700 residents) and one in Conon Bridge (circa 2000 residents).

As evidenced from the demographic data in the health intelligence report the main population of the new neighbourhood is centred around Newtonmore. As the main population centres in 2 adjoining neighbourhoods, Kingussie (circa 1400 residents) and Newtonmore (circa 1,100 residents) have similar population sizes with similar demographics.

Of note was the view of the pharmacy professionals on the hearing panel. They strongly suggested that any existing pharmacy could more fully develop the range of services it makes available to users if it chose to do so.

The impact of the new GP contract on Pharmacies, the recent launch of 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 both the existing and newly proposed pharmacies.

Also to be noted is that both the economies of Kingussie and Newtonmore are heavily reliant on tourism and would expect some seasonality in the footfall from visitors to the area. No evidence relating to the impact this has on the use of Pharmacy services was known by either the existing provider, Boots of Kingussie or the Applicant.

14.7.2 The panel felt there was a current unmet need for pharmaceutical services which, if this were to be addressed, would generate additional income for the pharmacies.

Rationale:

The professional members of the panel each highlighted areas in which the existing pharmacy, Boots Kingussie, could more fully develop the range of services it makes available to users if it chose to do so. In particular, with reference to the fact that in the ten years following the previous Application, no apparent changes in provision had been noted.

The applicant in his submission highlighted a number of these opportunities which he would offer in the new pharmacy if his application was successful.

Evidence:

Of note was the view of the pharmacy professionals on the Hearing Panel. They strongly suggested that any existing pharmacy could more fully develop the range of services it makes available to users if it chose to do so. Once again, reference was made to the lack of service provision since the Application ten years previously.

The impact of the new GP contract on Pharmacies, the recent launch of 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 both the existing and newly proposed pharmacies to deliver to respective populations.

14.8 Sustainability

14.8.1The panel did not feel it likely that the proposed pharmacy would close at a future date. They considered the number of people the pharmacy was likely to provide services to and if this was sufficient to be sustainable.

Rationale:

The Health Intelligence Report intimated a neighbourhood population of 1700 and the applicant stated that his business model would be viable at a population level of 1400-1600. The applicant has existing experience of opening/starting up new rural pharmacies with small populations which continue to be sustainable.

Evidence:

The Health Intelligence Report intimated a neighbourhood population of 1700.

There is no standard as to the number of people that should be serviced 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 1900 to 4600 residents per pharmacy.

The applicant provided evidence that he already runs two successful pharmacies in two distinct rural areas. One in Fort Augustus (circa 700 residents) and one in Conon Bridge (circa 2000 residents).

As evidenced from the demographic data in the Health Intelligence Report, the main population of the new neighbourhood is centred around Newtonmore. As the main population centres in two adjoining neighbourhoods, Kingussie (circa 1400 residents) and Newtonmore (circa 1,100 residents) have similar population sizes with similar demographics.

14.8.2. The panel considered whether the local population would be likely to continue to support a local pharmacy and believed this to be very much the case.

Rationale:

The 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 Newtonmore.

Evidence:

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

Q5. 81% felt that the current provision of pharmacy services was not adequate in the area (102 responses)

Q6. 86% agree that it is necessary to approve a pharmacy application in the neighbourhood to ensure pharmaceutical services are adequately provided (102 responses)

Q7. 77% felt that the proposed pharmacy would positively impact on other healthcare providers.

Q8. 80% felt that the proposed application would help to foster improved joint working across other healthcare providers.

Furthermore, out with the provision of core pharmaceutical services, the applicant indicated that the premises would be offering other services ranging from at least one treatment room to local Post Office facilities. The innovative introduction of the App and telemedicine facility would support the core contract services. Therefore, the local population would be likely to continue to support this local pharmacy. Evidence supporting this was also provided by the Newtonmore & Vicinity Community Council which had invited the applicant to speak at one of their meetings regarding the proposed pharmacy and its associated services that the community would support and continue to support in the future, a new pharmacy in Newtonmore.

14.9 Necessary/Desirable

The panel did **not** think it **necessary** to grant the application to make up for a shortfall.

14.9.1. The panel **did** think it **desirable** to grant the application which might result in over provision at the present time but would result in securing adequacy for the future.

Rationale:

The panel considered the data relating to the demographics, social environment, economic opportunities and the health and wellbeing of the residents indicated that there was a need for pharmaceutical services in this neighbourhood and likely to increase. It is anticipated that the overall size of the housing stock within the new neighbourhood and within the adjacent neighbourhood of Kingussie will increase. This will contribute to a growth in the population across both neighbourhoods and therefore a growth in demand for Pharmaceutical Services.

In addition because of the settled nature of occupation across the area the proportion of older people will most likely increase. This population is known to be more dependent on pharmaceutical services.

Evidence:

By Boots own submission, they do not “overtly advertise it in terms of marketing materials that we would promote the service in the pharmacy but certainly if any patient requested that from us then we would offer the service.” Thereby confirming they are reactive in terms of service provision, not pro-active.

With regard to the disparity in opening times and the GP evening clinic times, it is stated “It has not changed since the last contract application and it is necessary to grant a new contract to overcome this major gap in service provision especially as Boots has had quite some time to correct this” which Boots confirmed and didn’t question.

The Community Council representative confirmed the planning consent for 80 additional houses which was likely to commence at any time.

“The Health Intelligence Report states that “The current population would be expected to continue to age with larger cohorts moving into older age ranges”

“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”

14.9.2 The panel considered and agreed this pharmacy would be required to meet any increased need.

Evidence:

The Health Intelligence Report states that:

" The current population would be expected to continue to age with larger cohorts moving into older age ranges"

"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."

15. PPC Outcome

Neighbourhood

The panel agreed that Newtonmore is a separate community with its own identity. The panel disagreed with the interested party, Boots of Kingussie, that Kingussie and Newtonmore form one community for reasons of identity, culture and history. Supporting evidence came from alignment with the local plans being separate also. The panel agreed with the Neighbourhood suggested by the Applicant but with a minor amendment. North boundary - reduced to align with the boundary between the two Community Council areas (Newtonmore separate from Kingussie).

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 out with the neighbourhood was **inadequate** now and for the future. The panel considered the difficulty that some residents had accessing services out with their local area as a result of poor public transport links, currently non-existent community transport or taxi services in an aging 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 aging population which will have increased needs of pharmaceutical services. Evidence was heard from the interested party, Boots, Kingussie, that they provided a reactive service. Boots, Kingussie did not openly publicise to the community the services which they could potentially provide to overcome barriers to accessing services thereby ensuring requests for potential services would not be received such as remote consultation models. Evidence from health information services highlighted lower than average provision of core services from Boots, Kingussie. Whilst potential capacity for service expansion existed Boots, Kingussie had not addressed service provision issues identified 10 years previously in a prior application within the neighbourhood despite assurances given at that time. There was a high number of CAR responses highlighting a desire for greater service provision. The representative from Boots did not ask any questions

of the Applicant following his presentation, to challenge what had been submitted in terms of the inadequacy of the current service.

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 Pharmacy Practices Committee (PPC) was satisfied that the provision of pharmaceutical services at the premises of the Applicant was **desirable** at the current point in time. It was not **necessary** because a service was being provided from out with the neighbourhood. The service from out with the neighbourhood appeared to be stretched with the low levels of core service provision. The neighbourhood hosted a GP practice, primary school, churches and a supermarket which was often utilised by the residents of Kingussie as well as residents in the proposed neighbourhood. 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 Newtonmore. 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 aging population with increasing health needs and to overcome the challenges of accessibility to services currently experienced.

The panel did not think that any existing pharmacy was likely to close at a future date as a result of this application being granted. They explored the population numbers and service income which can support the viability of a business and it was deemed that although Boots, Kingussie may have their income impacted by a new pharmacy, this would not result in closure of the business but would enable both pharmacies to be able to develop and support the needs of their respective local communities.

The panel did not feel it likely that the proposed pharmacy would close at a future date. They considered the number of people the pharmacy was likely to provide services to and if this was sufficient to be **sustainable** and agreed it would be.

The Chair invited members of the Committee to vote on the Application by Mr. Alan Horsburgh to provide pharmaceutical services at Ashdown, Main Street, Newtonmore. PH20 1DN.The Committee unanimously agreed to **Grant** the Application.

The non-voting pharmacists were invited into the room and advised that the application had been granted.

The Hearing was then closed by the Chair.

Signed : ..... Date: 29the October, 2020

Gaener Rodger

Chair, Pharmacy Practices Committee