Minutes of the Tornagrain PPC Hearing

Friday 11th October, 2019

PANEL MEMBERS

Alasdair Christie	Chairman (Non-Executive Director NHSH)
Mark Sutherland	Lay Member
Ian Gibson	Lay Member
Andrew Paterson	Contractor Pharmacist
John Mitchell	Contractor Pharmacist
Jennifer Lumsden	Non-contractor Pharmacist

BOARD MEMBERS IN ATTENDANCE

Alison MacRobbie	Macmillan Palliative & Community Care Pharmacist - NHS Highland
Fiona Riddell	Community Pharmacy Business Manager

OBSERVERS

Jamie Kelly	Senior Administrative Assistant
Nicola McGibbon	Administrative Assistant

INTERESTED PARTIES

Mr. J. Higgins Mr. T. Ferguson	Applicant Support
Ms. Fiona MacFarlane Ms. Gayle Macdonald	Boots Pharmacy Support

1. Chairman's Address

The Chairman thanked everyone for coming along for this Application Hearing for Tornagrain. The Panel Members, Applicant & Support and Interested Party introduced themselves. The Chairman introduced the two observers present who had played their part in the process of the Hearing and for their ongoing training, and asked if everyone was happy for them to be present. No objections were raised. He also reminded those present that the Hearing was being recorded, he confirmed the Applicant and Interested Party were happy with the process so far today, and also for the assistance and information received by the Board to allow them to fulfil their role this afternoon. Everyone confirmed positively.

Although this was a formal Hearing, the Chairman indicated that he would try to keep it as informal as possible. Following the applicant's presentation the Interested Party could ask questions as could members of the committee, then Interested Party will make their submission, again the same questioning process will be there for the applicant and committee. The committee will then hear summing up starting with the IP and then the applicant reminding both that at this stage no additional information could be presented. This will be followed by a committee session and the voting members will make a decision. During the Decision deliberations the committee Chair will ask non-voting members to withdraw to allow a final decision to be made. He asked if everyone present was clear about the process, to which all present agreed. The Chairman confirmed the Applicant did not require visual aid equipment for his presentation.

2. Presentation by the Applicant - Mr. J. Higgins

Good afternoon everyone, my name is James Higgins, community pharmacist and I am here today to represent Tornagrain Healthcare Limited and joined by Tim Ferguson, my business partner. I would like to thank the PPC, NHS Highland Officers and the interested party for the opportunity to put our case here today. I will try to be concise but there is quite a lot to cover so make apologies for that in advance. My intent is to set out the evidence in support of our application with respect to the legal test, to define the neighbourhood and assess the adequacy of pharmaceutical services in the neighbourhood and wider area.

Accordingly, we define the neighbourhood as set out in our application; that is to the north, bounded by the line of the A96, to the East as far as Cawdor, to the south from Cawdor along the B9090 and along the road linking Dalaschyle, Cantrydoune and Dalroy to the west as far as Balloch.

The community Health Index defined this area as having a population of almost 3000 residents in October 2018. The Health Intelligence Team gives the population on that date at Cawdor as 1100 and if we join to that the 300 residents at Tornagrain we have an immediate population of 1400 and wider neighbourhood population of just over 3,000. The Health Intelligence Team notes the neighbourhood population as having a larger cohort of individuals in the age range 40 to 70 than Inverness or in Highland as a whole. The neighbourhood is a mix of historic and modern settlements with the population spread between these and with massive recent investment and development.

Within Highland, the Inverness-Nairn corridor is unique due to the extent, pace, ambition and momentum of the development. Within this area, far and away the largest development is that at Tornagrain, though by no means the only one. This development is nothing less than Scotland's first new town for 40-50 years and is joined by development at Croy which will add approximately 50% to its population and large-scale expansion at Cawdor. The transformative effect of this on the local population is already huge and this will continue over the coming years to create town which eventually will add approximately 5,000 homes, 25% of which are to be affordable and more than 10,000 residents to the population of our

neighbourhood. This town will be much larger than most Highland towns and will grow to an equivalent population to that currently residing in Nairn.

As well as housing there will be a number of businesses, three primary schools, a secondary school, town centre, retail and a medical practice, leisure facilities and all that would be expected in one of the largest towns in Highland. This development is not a distant vision, it is happening now and continues to progress visibly, daily and weekly at a staggering rate. In what was a field, as you all saw today there are now streets of flats and houses, tennis courts, a children's park, allotments, a nursery which is already to capacity, a pilates studio, a cafe and a convenience store which is set to open in the coming weeks. In Croy a cafe has opened, a second retail unit is now complete and the first phase of what will be one to two hundred homes over the coming four years are already finished and being marketed.. A further 300 homes are planned for the village of Cawdor. I think everyone would concede that this is significant growth.

The NHS Highland Pharmaceutical Care Services Plan states – " A significant growth in the general population through planned housing developments will necessitate corresponding planned developments in the provision of core and additional pharmaceutical care services. The migrant population and significant growth in the elderly population will add to this requirement". All of these elements are present in our neighbourhood. What is, however, not present in this neighbourhood is a community pharmacy. With no community pharmacy in this neighbourhood there is no pharmaceutical service. Those who are able, are obliged to travel outwith the area in order to access services at pharmacies. If we take those who were invited here as interested parties, between a 9.6 and 18 mile round trip away from our proposed premises. Realistically, this will involve use of a bus or private car from our neighbourhood where Scottish Index and Multiple Deprivation data places five of the seven data zones which comprise it in the bottom 10% nationally for access.

Public Transport - The information supplied in the pack by NHS Highland makes the comparison of transport times from a point in the neighbourhood on the A96 to each of the pharmacies registered as Interested Parties. The average travel time for these journeys is one hour, nine and a half minutes and at an average cost of £9.55. Fully half of these journeys require a change of bus in each direction. These figures are obvious barriers to access to services.

Cost – prescription charges were removed in Scotland as the need to make a payment to access medication was seen as a tax on ill-health. Yet we are faced with the situation where many residents may be disadvantaged having to pay significant regular amounts to access care and medication outwith the neighbourhood.

Time and access– These times are for bus travel alone; they take no account of the time waiting within a pharmacy or walks to and from bus stops. Thus, the true average time may be much more than that mentioned above, subjecting these patients to what Hi Trans refers to as a "time penalty" to access services. Many of our residents have even longer travel times. As not living along the A96 the frequency of bus services is less and thus face longer walks and longer waits. In general, the average patient would have to take well over an hour of their time and have £10 to spare on each and every occasion that they needed to access pharmaceutical services from one of the existing providers for themselves or a loved one by public transport. Many may not be in a position where their health, time or income allows this.

This leaves us with a remainder of population dependent on the private car. Household car ownership in Highland is above the national average but one in eight households has no access to a vehicle and a further 41% have one vehicle. Therefore, many in the neighbourhood will have no car or may be functionally carless for the greater part of the working week where these are used for commutes. This greatly limits the ability of these

households to access services. Financial and environmental costs associated with use of a private car continue to rise year on year as does the need to make use of more sustainable forms of transport particularly cycling and walking. Infrastructure within the neighbourhood to facilitate this is a key part of the continuing development plan for the neighbourhood but unfortunately, accessing pharmaceutical services where currently situated by these means is not realistic for the great majority of our residents. The Hi Trans transport strategy for the Highlands & Islands recognises these issues, time penalties and the high relative costs of some transport and also warns "increasing car dependence is expected, together with increasing costs associated with running a car in widening the divide in social outcomes between those who do and those who do not have access to a car". To summarise then, access to pharmaceutical services situated at some distance from the neighbourhood is not realistic on foot or by cycling. It is subject to high monetary and time costs via public transport and is perhaps only accessible only to a subset of patients if and when they have access to a car. We can only see this as absence of access or at best massive inequality of access.

On the occasions when residents of the neighbourhood are able to attend a pharmacy what can we say about the provision of the pharmaceutical services ? Figures supplied by NHS Highland shows evidence of non or low engagement with a number of services. For those less familiar with the Minor Ailments Service, it is a key tool in the movement in community pharmacy from simple medication supply into a wider and more recognisable clinical role, allowing pharmacies to provide advice, referral or supply of medication to patients free of charge and in a structured manner. Community Pharmacy Scotland data tells us that is accessed mainly by those under 16 and those over 60, our most vulnerable population. Over half of those accessing the service would otherwise have attended a GP and 87% needed no further intervention after attending a community pharmacy for the service. It is one of the recognised NHS core services and for obvious reasons a pharmacy which is operating correctly will fully engage and promote this service.

NHS figures presented to the panel suggest that is not always occurring. Only half of the six pharmacies for whom data has been supplied are offering this service at a rate below the national average and in fact well below this average. Two are achieving a third of the average figure and one is not even achieving a quarter of the average performance, placing them in the lowest possible tier for measurement of delivery of this service. Perhaps this indicates that the core service is neither being offered nor promoted as required by the NHS pharmacy contract. The pharmacies listed in the last month for which data is available are on average dispensing 38% more NHS prescription items than the average for north Highland. Are they then choosing to not deliver the service or are they unable to do so ? Neither is acceptable. Patient areas of deprivation are more likely to make use of the Minor Ailments Service with 52% registration for the most deprived quintile and 36% for the least. The failure of the pharmacies to deliver this service is of greater concern given that one is situated in the second most deprived quintile and the other has in its immediate catchment one of the 10 most deprived areas in Highland as identified by the Highland Pharmaceutical Care Services Plan. This both renders their omission more impactful and ensures that the greatest impact is felt by the most vulnerable. The potential for this situation to actually worsen is considerable. From April 2020 the re-launched Minor Ailments Service (name yet to be confirmed) will be available to all patients in Scotland almost doubling the current eligible population. This will massively increase the workload for the service but also increase the benefits for patients, GP services and the potential for it to aid shared care across the professions. Where the current service is already being only partially delivered this is likely to mean wasting all of the potential for positive healthcare outcomes and failing patients on an even larger scale.

Another core contractual element, Public Health Service, has also expanded. As well as allowing the pharmacy network to support delivery of key public health messages, supply

gluten free foodstuffs to eligible patients and offering a smoking cessation service, two new services have been added. These are the provision of antibiotic medication in certain circumstances for the treatment of urinary tract infections and for impetigo. Like the MAS this is designed to ensure that patients have improved access to the correct treatment sooner, improve outcomes for them and reduce unnecessary GP appointments. One of the pharmacies is failing to engage or offer this service. Across a year, July 2018 to June 2019 one of the interested parties failed to treat, refer or record a single UTI patient. To put this failure in context, the other five pharmacies saw an average of 72 patients over the same period. This pharmacy saw zero patients for this condition in an entire year whilst the other five saw an average of more than one a week. It seems very unlikely that no-one attended the pharmacy seeking this service during this time. If anyone did seek this service at that pharmacy, I doubt they would have felt an absent service to be an adequate one.

This same pharmacy seems to perform poorly in the Chronic Medication Service, (to be re-branded Medicines Care and Review), having only 30% of the Scottish average for registrations according to NHS Highland figures provided to the panel. As this service is designed to support patients with long-term conditions and our population has an older demographic than the wider area, also older patients are more likely to have more than one chronic condition, this failure to engage doesn't bode well for the future needs of our population. Particularly so as the premises in question is that closest to our neighbourhood.

The other obvious concern with this group of pharmacies is capacity. As already mentioned, this is a very busy group of pharmacies. The total number of prescriptions has risen in each of the last four years and now stands well in excess of half a million. As a group they are dispensing 38% more than the Highland average and over the same period are having to deliver, and in some cases fail to deliver additional new services. They face further new services in the coming year with a likely surge in demand as mentioned for the redesigned minor ailments service and they face increased demand not just from our ageing population but from a massively increasing population. Not only in our neighbourhood but in much greater proximity to their own premises.

It is possible that some of the inadequate service already highlighted is as a result of capacity issues. Certainly it is unlikely to improve matters to have this extra strain placed upon it. Already hospital discharge services and virtual ward services are struggling to find pharmacies with capacity to assess or to take on patients with higher levels of pharmaceutical care. Further, on four occasions between January 2018 and the current date, NHS Highland has noted that pharmacies considered as being Interested Parties were unable to provide a pharmaceutical care service during their contracted hours. Again, anyone who travels a considerable distance at some difficulty to find a service not available would hardly consider this adequate.

NHS Highland is also aware of no fewer than nine complaints across the pharmacies listed as Interested Parties. The nature of these complaints relate to such issues as accuracy of dispensing, staff attitude and behaviour. Although, of the six pharmacies no doubt if we gather together the evidence on adequacy, we have a neighbourhood where there is no pharmaceutical service, we have pharmacies in other areas, the closest of which is 4.8 miles from our proposed premises and the furthest of which is 9.8 miles away. We have our population in 7 data zones, of which five are classified as in the most deprived decile for access nationally. We have a workload in the distant pharmacies which is well above the norm. Some pharmacies are showing strong signs of being at capacity, have actually informed primary care partners that they are at capacity for certain services and they will face a further hike in workload due to the ageing demographic, new services and expansive local development. We have proof of non-delivery or poor delivery of certain key services and we have multiple service disruptions and multiple complaints from service users. What we have then is as clear a picture of inadequacy of pharmaceutical services as one could imagine. These pharmacies are struggling or failing to delivery adequate service to their

current patients as defined by figures from little more than a year ago. Things are changing though and not just within our neighbourhood. There is further massive development in the wider area to include the fast growing Inverness Airport Business Park with several large-scale distribution and office centres, four hotels, one of which is almost finished, a rail/air/road hub that will bring employment opportunities to workers and transient population, an airport with 900,000 passengers a year and rising, capacity for 100 new houses, 250 tourist units and 2.7 hectares of business land at Ardersier, land allocations for 1900 new homes at Nairn, overwhelmingly on its western edge, massive continuing eastward expansion at Inverness in Stratton, Culloden, Balloch and Smithton to comprise 3000 new homes and 23.6 hectares of employment land.

All of this will bring workers and residents, parents and children, retirees and newborn in numbers matched by few areas across Scotland. Available figures, complaints and records show in stark relief that this group of pharmacies is failing under the pressure of 2018. How can it hope to cope with the pressure of the demands to be placed on it in 2020 and beyond

I would ask you to bear in mind all of that expansion just listed is actually outwith the Tornagrain and Croy neighbourhood as defined in the application. These coming pressures are additional to those building within our neighbourhood. Here alone we expect an increase in the population of approximately 250 people a year ongoing; that is five a week, 20 a month and almost one person a day, and this will continue for years, and planned for decades. Indeed, the population figure I quoted at the beginning of almost 3000 from October 2018 is certainly out of date having increased in the last year by up to 10% as figures from Moray Estates Development Offices. As I say, the growth in this area and indeed the wider area, in its population and in its requirement for healthcare services is not a hypothetical issue for the future, this is a real issue in the here and now and it grows more acute and more obvious with each passing month. The often woefully inadequate delivery of a partial pharmaceutical service at quite some distance from Tornagrain and Croy is utterly unfit for our neighbourhood now and in to the future.

So what of the pharmaceutical services we seek to provide within the neighbourhood. We have designed a pharmacy as you have seen today with two consulting rooms, the second of which would be made available to other primary care team members including GP services, District Nurses and other community services. We are seeking input into the specific design of this room and the facilities it should contain from these potential partners and have engaged with the Highland IM & T to explore how coming changes to the NHS Highland patient software can facilitate this joint working. We have designed the pharmacy with disabled access throughout with a toilet to allow for near patient testing and with plentiful space for patients to wait and consult with team members. As well as delivery of a core pharmacy service we hope to help in bridging the gap in care for the neighbourhood caused by the loss of a local GP consulting service at Croy some years ago.

Viability - I will not attempt to set the details of our business case before you as, being a commercially sensitive matter, it is not required by the legal test. Also, it's probably crucial for you all to stay awake !

What we can do is look at the direct evidence. Let's look at the total number of prescriptions dispensed to the residents of our neighbourhood. To begin with NHS Highland Health Intelligence Team have supplied the figure of 65,000, based on 2001 data and different datazones. This is not perfect. This is a lot of prescriptions for a relatively small area. Currently 80% of these are dispensed at the pharmacies listed as Interested Parties and this represents an average of 10% of their current dispensing volume. At the moment, there is currently no option of having these dispensed locally. If, however, entry on to the pharmaceutical list were to be granted, residents of the neighbourhood could decide to have these dispensed there. Equally, those residing adjacent to the borders of the neighbourhood may well decide that a pharmacy at Tornagrain is a good option to meet their pharmaceutical

care needs or not. There is also the large transient population driven by construction in the area, the Inverness Airport Business Park, airport traffic as well as those travelling along the A96. None of these will be taken into consideration in the NHS figure of 65,000 supplied. The figure will also have risen by over 3000 due to the influx of new patients since this data was gathered during the period between one and two years ago and will continue to grow at this rate for some years to come.

Now I am not for a moment suggesting that this perhaps 65 or 70,000 items per year would immediately be dispensed by a pharmacy at Tornagrain, but it is reasonable to assume that many of them would. Even this is to take a reductive view of community pharmacy as purely a dispensary. The addition of clinical roles and consulting rooms sees us examining patients, checking blood sugars, carbon monoxide levels, assisting smokers to quit, conducting medication reviews, risk assessment for travel, administering vaccines and running clinics from within pharmacies. With the delivery of this full service allied to strong community engagement the viability of a pharmacy here would be assured.

There is no magic number for prescription items which must be dispensed to ensure viability especially in these days of expanding clinical services. Indeed, no two pharmacies are exactly alike, but we can look to pharmacies across the Highlands as a guide. There are six pharmacies across NHS Highland dispensing between 2 and 3,000 items a month and seven dispensing 3 and 4,000 a month. The data shows that these pharmacies are often heavily involved in MAS and Pharmacy First amongst the full core service. This tells us a few things, that smaller pharmacies play an important part in securing the network of pharmaceutical service provision across NHS Highland and that they can drive their own viability by good service provision.

I have managed three of these same small to medium output pharmacies and know first-hand the valued service they provide to communities. I have seen them survive and thrive without having the advantages of this proposed pharmacy, namely those being situated near areas of massive population growth, large transient populations and where the other pharmacies are manifestly struggling to fulfil their role effectively. With the obvious strain the current services are exhibiting, the need for more fulsome pharmaceutical delivery locally and the need to work with the wider primary care team as envisaged in the Highland Primary Care Improvement Plan, we can be confident that there is and will be more than ample work for a new pharmacy.

From the NHS prescription figures, from community support and from our early explorations in an ambitious programme of joint working with other care providers, there is much to encourage us.

The distant pharmacies need not fear for their own viability in any local strengthening of the NHS network. Even in the, frankly impossible scenario that a new pharmacy was to obtain every prescription being produced for residents of our neighbourhood, they could not lose more than an average of 10% of their current workload. There is more than one string as I have said to a modern pharmacy bow and performance and income of additional services is for many pharmacies completely in their own hands if they seek to deliver for the needs of their local populations. We can also hope that any reduction in prescription volume or spreading of an ever increasing workload may serve to aid these pharmacies in engaging fully with the NHS contract and improving their current service provision.

I have, so far in my career run three pharmacies from the day they opened, all of which remained viable and all of which are now in a very strong position. I can confidently state that the potential to deliver a viable and vital community pharmacy for this community is greater still than it was in these other cases. The level and strength of support for this application has also exceeded my previous experience.

The Area Pharmaceutical Committee has declined to support our application. They have a difficult job in having to come to a group decision on this matter almost a month before today's Hearing and without access to the evidence heard here today. They must do so having been presented with some but by no means all of the information available to the panel and which would allow a fully considered and relevant decision in short. The committee makes clear in its letter that it has made a series of incorrect and not evidenced assumptions. In the Area Pharmaceutical Committee's formal letter to the Community Pharmacy Business Manager setting out its position there is also a clear failure to address the legal test. No position on the adequacy of the current pharmaceutical service within the neighbourhood, as required by the legal test, is arrived at. Rather the statement confines itself to saying that there are other pharmacies away from the neighbourhood. The legal test by which this decision is to be made has not been addressed at all in the APC and therefore this is of extremely doubtful relevance.

From every other quarter we have looked to, the support for this application has been wonderful. We have received letters of support from a Highland Councillor and from two MSPs. Councillor Glynis Campbell-Sinclair described herself as "more than happy" to support our application and described the area as "absolutely booming" and stated "the proposals to build another 3000 houses at Tornagrain in my view warrants the need for a local pharmacy". Maree Todd MSP, herself a pharmacist with more than 20 years experience working in NHS Highland, stated in her letter "I know how important a good, local pharmacy is to the health of a community. Obviously, I am well aware that good quality pharmaceutical care can make a substantial contribution to good health". Ms Todd goes on to outline the many benefits that she feels a new pharmacy will provide the community and that "it will be a valuable service to the burgeoning local population". Fergus Ewing MSP states in his letter of support "due to the increase in population from proposed large-scale new developments – what would have been a desired service has now become a necessary service for this area".

The joint consultation analysis undertaken with NHS Highland also yielded a picture of strong support. 102 people responded, a much higher number than to most NHS Highland consultations. Significantly 92% of those respondents lived in the neighbourhood, and 87% agreed with the boundaries and 86% that the site of the proposed pharmacy was appropriate to meet the needs of the neighbourhood. 72% agreed with the opening hours whilst 19% did not, the most commonly suggested change was later opening. We have responded to this feedback by extending our opening hours in the application from 5.30 to 6.00pm and, if successful in our application, would of course consider further changes to our opening hours to meet local demand. 68% expected a positive impact on multidisciplinary working and 67% a positive impact on other healthcare providers from the proposed pharmacy. 72% both noted gaps and deficiencies in the current level of pharmaceutical services and the same number 72% agreed that it is necessary to approve this application in the neighbourhood in order to ensure pharmaceutical services are adequately provided. These results were of tremendous importance to us as they are reflective of the feelings of the neighbourhood.

We were also delighted, and for the same reasons by the support of the Culloden Moor and Croy Community Council who voted to support our application at their meeting on 3rd June 2019 at Croy Public Hall and who but for unfortunate circumstances would have been represented here today. When I last spoke to the Chair of the Community Council, he wished us luck and asked that we make known their support for this application to the panel today as well as the fact that the meeting I have referred to is minuted and is in the public domain on the website.

To close, we have presented a clear picture of a neighbourhood without a pharmaceutical service and with distant inadequate alternatives. We present clear evidence of the need for a pharmacy in this growing neighbourhood and we do so against the backdrop of rising pressure on services. With the overwhelming support amongst elected representatives at

national and council level, at Community Council level and amongst individual residents. We therefore respectfully submit to the panel that it is necessary and that it is desirable to grant this addition to the pharmaceutical list in order to secure that pharmaceutical services in this neighbourhood are adequately provided.

I would like to thank everyone here present for their time, attention and patience.

2.1 Questions from Interested Party

The Chair thanked the applicant for his presentation and invited questions from the Interested Party.

Boots – Thank you for very robust business case put forward, which certainly covered a lot there. When thinking about neighbourhood and the neighbourhood as defined goes up to Cawdor and down through Balloch, when looking at map, the Balloch boundary runs down the centre of Balloch and the information from the datazone in the Briefing Paper states information from the whole of Balloch. What was your intention regarding for the boundary for Balloch?

Applicant – When we wrote to the neighbourhood we did say the whole of Balloch, the actual production of the map was part of our joint consultation process and the map was produced by NHS Highland and we agreed it, and we felt it was a fair representation of the area we were trying to represent. Obviously, the north side, east and west could argue about the line but we were not directly involved in the production of the map.

Boots – It is the map you put in as part of your application. Can I make the assumption then this includes the full population of Balloch and not half ?

Applicant -– No. To come away from the map and more towards the evidence which you mentioned. The Health Intelligence Team used various geographies here but in the 2001 geography which they used to include the whole of Balloch for prescription numbers but if you look at the data for 2016 SMD maps they don't include the whole of Balloch.

Boots – The information in the Briefing Paper states the whole population of Balloch.

Applicant – Both are in there. It presents prescription numbers using 2001 data in Briefing Paper and it also is begins earlier in the same paper to use SMD data which is from the 2016 figures. The reason for them using both of those is because the figures in 2016 SMD figures are not updated with the prescription data and where items are dispensed, but with the 2001 figures they can extract this level of detail. So really, 2001 is not really ideal.

Boots – The boundary goes down and through Balloch, and includes population for the whole of Balloch ?

Applicant – The population is stated as under 2,000 if you look in the paper but I estimate 10% higher than that, includes half of Balloch, not the whole.

Boots – By having a community pharmacy within Tornagrain, how does that improve access to the population within Cawdor to pharmaceutical services ?

Applicant – It gives them further options which, unfortunately at the moment their only option is Nairn. If for example as has happened, a pharmacy in Nairn was not to have a pharmacist, for example patients would not need to travel to Inverness.I know there has been a lot said about work flows and how people travel naturally, it is possible a lot of people may travel to the direction of Tornagrain, without necessarily travelling further to elsewhere where a

pharmacy is available. So I think even an expansion of the points of current access within the wider community was improved access to pharmaceutical services, extending choice.

Boots – If you were a resident of Cawdor do you think it would be likely, if you didn't drive e.g. or did drive and an elderly patient, where would choose to go to for your community pharmacy ? where **would** you choose to be your community pharmacy

Applicant – That's an interesting point you make about public transport. You may choose at the moment I suppose you would probably go to Nairn purely as there isn't a bus service to take you through Tornagrain. However, we have contacted Stagecoach and they have said that the two things that would interest them for the point at which they would connect a bus service between Croy and Tornagrain would be the advent of a community pharmacy or GP surgery. So then you would toss a coin and up to the patient to decide as to where you would go but our case is not predicated on the ability of a small population of Cawdor but rather the whole population of the entire neighbourhood.

Boots – Within the neighbourhood you haven't included Ardersier, although Ardersier is actually closer to Tornagrain than Cawdor. Is there a reason why you haven't included Ardersier versus Cawdor which is actually slightly closer, give or take 0.2 of a mile depending on which part of the town you pick ?

Applicant – If you choose by which the crow flies not by driving.

Boots – No, by driving. They are more or less the same, 0.2 of a mile depending on which part of the town you pick.

Chairman – You should be reflecting through the chair. It was OK until up to the questions about Cawdor or Croy if you can ask the question through me otherwise it becomes a conversation and I think it is where we have positioned you together automatically you would turn and face each other.

Applicant – The main reason is obviously the busy trunk road of the A96 which is to be duelled in that that the A96 is much more of a boundary and a barrier to cross more so than separates Tornagrain from Cawdor. So that was the main reason.

Boots – Are there any firm plans at the moment for definitive dates for duelling of the A96.

Applicant – I think definitive dates have perhaps come and gone but preparatory work has been undertaken as you can see on the A96 flag markers as to where they are going to relocate services and the likely boundaries of the re-duelling to be between Inverness and Nairn.

Boots – Would you agree that the range of engagement of services you would gain from looking at the numbers, is varied across various pharmacies, so there is high level of activity versus slightly lower in some other pharmacies also through of trade or a number of patients entering the pharmacy. Would you agree there is a difference between some versus others, some are higher and some are lower

Applicant – Certainly there is a difference, and tempting to think this would be just down to the busier CPs doing more and quieter CPs do less but it is not actually borne out in the figures. One of the worst performing CPs of the six that actually, fairly low ranking in the Highlands as a whole, is actually the third busiest pharmacy in north Highland by dispensing figures but one of the worst performers in the MAS. Also, you could argue to some extent the busier pharmacies will do more and the quieter pharmacies will do less but there is no excuse for any pharmacy doing zero of anything in NHS.

Boots – I would actually agree. There is variable amounts of engagement as you would perceive through the numbers ?

Applicant – In that all pharmacies are not doing same amount of services. I would agree.

Boots – Would you agree there would be access to an engaged CP from Tornagrain itself within 20 minutes drive time or bus ?

Applicant – Potentially with drive time. I think what you will see is that from the figures that we were provided with not a bus unless you were only going one way, so I suppose you would have to say, some people could access a service by driving 20 minutes yet but the figures provided by NHSH support that this would be a much longer time, around 40 minutes for the return trip. Talking about bus times, we elected for clarity to go with what the NHSH provided us with which was a single point on the A96 which I suppose is a fair measure. In other Hearings I have been involved four points have been taken equidistant from the centre and travel times worked out from all of these. We could have done that but you do get a very confusing picture so the point on the A96 that was used to figure this out is actually not Tornagrain where we were today but the Tornagrain layby at the A96 which is the point from which we measured it.

Boots – You are aware there is a bus service that runs through Tornagrain village now which is probably where I would get my information from with regards to the service ? Where does it take more than an hour to reach a pharmacy by bus ?

Applicant – That is a round trip as I said although actually if you want to go to Ardersier pharmacy from Croy by bus one way, it is more than that and you would need to change buses and there is waiting times.

Boots – You mentioned in your opening statement that there were further facilities going to be within Tornagrain. What will be available in the locality in the near future so in the next couple of years what facilities are going to be opened ? I have looked at the planning document and I fail to see anything specific as written fact that is going to happen so would be interested to know where your information came from ?

Applicant – We know that the unit, right diagonally from the front door of the proposed pharmacy would already have been opened but they had to go for a building warrant for the new convenience store, which is expected to open before the end of the year. I had a look today and the building materials are inside to progress that. Other facilities in the area are due to come onboard in 2022 or before depending on the rate of population increase and the roll of 100 students is required for a primary school to open, which at the turning circle at the far end of Hillhead Road and that space is to be the school. Also you would notice the building which unlike the other buildings close to it, constructed in steel girders is a cafe which will be opened in the first quarter of next year and the development down towards the left, the old farmhouse buildings turned into other shop and office space around the model of Logie Steadings type idea. Those expected this month or next month and going on to 2022. Obviously at the same time, there are 100-125 units of housing going in there, not counting further developments at Croy and Cawdor. The Nursery is at capacity and plan to expand as well.

2.2 Questions from the Panel

The Chairman confirmed that there were no more questions from the Interested Party and invited questions to the Applicant from the Panel.

2.2.1 The Chairman requested questions from Jennifer Lumsden, Non-Contractor Member

JL – Other than Inverness, where do people access GP services from ?

Applicant – Large numbers of people access this at Culloden and Nairn, and traditionally CPs were located next to GP practices. Also traditionally, people within Inverness have a diffuse pattern of access to both GP and CP services. This pharmacy application is where there is not GP practice currently and as in common with recent ones such as Lochardil and Dalneigh, both pharmacies which are really thriving and providing a fantastic service to the local community, I think largely in the part because of the changes in pharmacy and the fact there isn't a GP service locally. The pharmacy is now driven really not just at the dispensing and supply, but much more a clinical service in its own right which if operating correctly will see that people who need a GP service will get a GP service and those who don't can be referred to other care or seen in the pharmacy.

JL – But in the same vein, to access a GP, if the patient is issued a prescription from a GP they have already left Tornagrain. Is it reasonable to say they would maybe go to the nearest pharmacy or do they still have to do that round trip ?

Applicant – Some will do that. In those circumstances a lot of prescriptions will be given are acute prescriptions. The vast majority of prescriptions which are prescribed in Scotland are presented in repeat prescriptions and are therefore potentially suitable for CMS but people don't know they can they have a collection and delivery of their prescriptions from the surgery by the pharmacy and they have no need to go and pick up their repeat prescriptions every time they need it. People do tend to visit their GP a lot less than they do their pharmacy and that NHS in Scotland favours attending the pharmacy first but I take your point, it is entirely possible and we see it in our own community all the time, you are talking to a patient and they mention something quite irrelevant and go to their GP for a prescription "I got it at 6 pm and so went to pharmacy X and Y". People choose their GP and community pharmacy the way NHS services are configured in this country.

JL – Are you going to go to surgeries and pick up prescriptions. Are you going to do Inverness and Nairn ?

Applicant – Currently as you will be aware, I am involved with another pharmacy as well so we would look at the scale and efficiency as to how we would do that and so we wouldn't have two vans circulating the entire city one after the other or one heading out to Nairn area but would have a meeting point for two and handover. Most pharmacies do this at least once a day.

2.2.2. The Chairman invited question from John Mitchell, Pharmacist Representative

JM – For the benefit of the panel – When we talk about how eMAS is used and registrations and the number of items, you're right there will be a vast variance between pharmacy but you would still expect to see some correlation from volume of prescriptions to people being registered. If you are doing 6,000 items a month you are exposed to a lot of people who are eligible for eMAS who might want to come in and seek or use these services as opposed to someone who was doing 3,000. So when you are talking about those that are under, it would be normal to expect a pharmacy dispensing under the national average amount of items to

be under the national average registrations of eMAS or items dispensed but certainly when you see some examples of under eMAS registrations some of them really do a lot more items than the national average for Scotland.

You also mentioned that provision of some services were to capacity, some of the IPs. Could you clarify what services those were and why ?

Applicant – This comes from two main sources. One is speaking with pharmacists who are involved at the RNI or involved in the Primary Care Team. They have asked us (Dalneigh Pharmacy) to take on patients for assessments for dosette boxes in order to facilitate their discharge because their regular pharmacy has refused to do so as they are at capacity. That has happened on a few occasions and it also came up at a meeting I was at to discuss the Highland Virtual Ward pilot; the Virtual Ward pilot being where the entire healthcare team identifies those patients who are likely to be leaving the hospital within a year to see what changes can be made to the care provided to prevent admissions. One of the main barriers to that discharge was the fact that they couldn't get pharmacies to identify the course of action which may require further pharmaceutical care, perhaps dosette dispensing and they would contact certain pharmacies and find that they were unable to assess or supply. This is not every pharmacy in Inverness and its not every pharmacy within our IP but it is some local.

JM – So, these pharmacies are so busy doing other things they do not have time to do some aspects ?

Applicant – That would be my understanding perhaps whether it is workload, staffing or both but for whatever reason, I couldn't say for certain what it is but these are my suspicions that they have reported that they are unable to take on that work.

JM – For the benefit of the panel, eMAS – it really has to be the patient present to access the service. When not feeling at their best, this can be difficult.

2.2.3 The Chairman requested questions from Ian Gibson, Lay Member

IG– The boundaries quoted as the A96 in reference to Ardersier. I was just wondering in that case what weight you are asking us to apply to the section a lot of information about the airport and the employment there because obviously it is contradictory that you are arguing the A96 is a boundary and then it is not a boundary but it is the airport ?

Applicant – I can see that. That was my thinking as well. I suppose I am trying to give a picture of the wider area in that if all that was going on in the area was the building at Tornagrain, Croy and Cawdor I still think there would be a case for a pharmacy application there. The large transient population that that will bring, if we take the A96 as a complete boundary even to them to access at Tornagrain, it is still really relevant to this application in that it is likely to view that as a boundary then Ardersier is likely to come under more pressure for the same reasons with the huge development in the area as well as the 100 houses and 2.7 hectares of business land in Ardersier itself so I do think it will bring more employment perhaps, high building in the area people want to live in the area they work so I think there will be a few reasons but I'm not saying that that boundary applies one way but a gateway the other way. I didn't mean to do that and apologise if that's what I came across as.

2.2.4 The Chairman invited questions from Mark Sutherland, Lay Member

MS - Regarding the A96, it could be a 300ft wall for disabled people and people who don't have a car but looking at the statistics in front of me, it is noticeable that if I have read this correctly, its noticeable that the smallest numbers of prescriptions for people living within the proposed catchment area of Tornagrain pharmacy currently are dispensed by Ardersier. Am I understanding that correctly ? The dispensing for Ardersier is substantially lower than the other five ?

Applicant – That is the total number of items.

MS – But a tiny fraction are done at Ardersier at the moment.

Applicant – Yes, that is my understanding when reading it as the IP answered , there is, as we were talking about earlier those figures are for a data zone, they would probably superimpose on the map of our neighbourhood with quite a bit more towards the Inverness side as well so probably less likely would be it is notable that you would think a lot of people would go there but whether its the A96 relating to the bus service for whatever reason, it seems that people in our neighbourhood don't access Ardersier that much when you view the evidence.

MS – Following on from point the IP asked about Balloch. Am I correct in thinking that effectively the western outer boundary is down through the middle of the long road going up the hill.

Applicant– Yes

MS – Unless there have been huge developments since I have last been up the hill, the majority of the population of Balloch are on the retail park side rather than the site that would fall within the catchment area is by far the more undeveloped part of the village ?

Applicant – So far, although there is further development planned but at the moment yes which is why we were not depending too much on the resident population.

MS – We have obviously talked about reference to car ownership and taking buses but there is also that hidden part of the population, people who are either housebound or find it difficult to get out and about, have you any plans in certain circumstances to deliver prescriptions, which I know some rural practices, like the one I live in do. Is that within your plans ?

Applicant – Absolutely we would deliver but as Mr. Mitchell was saying, sometimes often face to face is better and someone who has a high level of pharmaceutical care or identified as requiring care in the virtual ward service, we would look to send a pharmacist or at least a trained technician to visit that patient at least to make an initial assessment of their needs rather than just reliant on the almost Amazon-type delivery of an item to the patient so we would offer this service it but be mindful, as are most pharmacists, of the limitations of that.

2.2.5 The Chairman invited questions from Andrew Paterson, Contractor

AP - With reference to going out. You would need two pharmacists in place ?

Applicant – Assessments if urgent are usually done by a trained technician. For something we thought we were going to require something more like review of medication we would schedule cover, a few hours of locum cover in the pharmacy where we are at the moment that is how we work it but we have quite of lot of pharmacists who maybe don't want to do full days, for childcare reasons etc, but we could schedule cover quite well within the working day.

AP – Has that been costed ?

Applicant – Yes, in our Business Case

Chair – You mentioned joint programmes and working with other healthcare providers and clinicians, could you explain to us a little bit how that would help you fulfil the core contract and whether there is capacity within the neighbourhood to sustain the regular visiting of these services which are outwith your control ?

Applicant - There are two things. Most of the conversations around this came from speaking to residents in the neighbourhood, particularly residents on the Croy side who felt a bit aggrieved in that they had services downgraded over the last few years because they used to have capacity in Croy to actually see a doctor, however, the premises that were available were unsuitable and the GP service withdrawn. There has also been concern with two of the respondents of the 102 we had that they felt that perhaps if pharmacy was granted somehow the doctors would never come. There was no evidence obviously of that being the case so with the IT facilitators we wanted to establish is the correct standard of information governance and care possible at sites outwith a GP practice e.g. in a pharmacy something like a GP surgery given that we would have Vision access and all that and we were pleased to find that the Highland Primary Care Improvement Plan one of its six main work streams was to place care closer to patients and this seemed to dovetail brilliantly. Also, the advent of Vision Anywhere would suit and one of the noted things in the Improvement Plan is massive pressure on premises for the NHS so it would seem that this is a really good fit. As to whether or not something like that the extent to which it would be built and extent to which it would go on forever, I can't say. A Business Plan is not predicated but you would be looking at very small numbers of patients especially if looking at physio appointments as opposed to GP appointments I suppose to maximise and accelerate healthcare services in the neighbourhood. At the moment there are none of any kind.

Questions to the Applicant concluded.

3. Presentation by Interested Party – Boots Pharmacy

The Chairman invited the Interested Party to give their presentation.

Thank you for giving me the opportunity to speak today. I would also like to say that I do feel that obviously James has another pharmacy in Inverness and I do feel he is a very credible professional and business owner what I would like to say that this could present a positive bias. It is a lovely little village and town as it stands at the moment and as does the location and premises you have are very good having been in Tornagrain a couple of times lately,

and this isn't about James necessarily this is about the facts and what we need to consider. Our position is that we object to the application as the development of Tornagrain is at an early stage and the population of the new village is still relatively small. We submit existing pharmacy provision more than adequately meets the needs of the existing population within the neighbourhood. We do need to consider the services under the existing national contract, James has talked about a vision as to what he would like to do going forward with his application etc which sounds very different but thinking about the national contract of the pharmacy and giving other contractors the opportunity to speak about a potential vision would be something you would need to consider. This is really about the pharmacy contract as it stands at the moment.

Neighbourhood – The first part of the legal test is to define the neighbourhood of the application, the neighbourhood of the premises in question. We understand from previous decisions the definition of neighbourhood to mean an area which is relatively near to the premises in question. The neighbourhood the applicant has defined covers a large area of some miles south to Croy and across to Balloch. Whilst a resident of Tornagrain may currently access the wider area for their very basic needs we do not believe the residents of these settlements will necessarily consider themselves to be neighbours to one another when you think about the number of miles between the two and it is outwith Tornagrain and Croy relatively rural, even Cawdor I would consider pretty rural.

There is no pharmacy currently in the neighbourhood defined by the applicant However, it is not sufficient to say that as there is no pharmacy within the neighbourhood that therefore pharmaceutical service provision must be inadequate; consideration must be given to pharmaceutical services provided to the neighbourhood from pharmacies adjacent. The applicant has included Cawdor, which to my calculations is roughly 5.3 miles by road from the proposed pharmacy which is the similar distance if not more than the excluded population of Ardersier, 4.9 miles by road going from the location of the proposed pharmacy to the pharmacy in Ardersier.

Ardersier pharmacy is similar in distance to the Tornagrain population as the proposed Tornagrain pharmacy is to the Cawdor population. It would be a contradiction to say that one population is part of a neighbourhood and the other is not. I know he talked about the duelling of the A96, however, what that junction will look like we don't know at this stage and the flow that will allow people to cross the A96.

We also know the main flow of services from Cawdor is to Nairn. The majority of people in Cawdor will access the services in Nairn, be that doctors or supermarkets etc. We know from the briefing paper that almost half of the neighbourhood population are in the Balloch area. This population mainly use Culloden Pharmacy or the Inverness Retail Park which is where they will access other services, again Doctors, school or supermarket. It is highly unlikely this population will travel east to Tornagrain, away from other services and actually using a B road or an A road rather than a single track road to access Tornagrain from either end. We also know 44% of the population are registered with the surgery in Culloden with a neighbouring pharmacy and a further 24% in Nairn again with two close pharmacies adequately providing pharmaceutical services between them. The remaining people are registered across Inverness with adequate services for pharmaceutical care. We would therefore propose the neighbourhood should be only be considered as Tornagrain and Croy using the A96, B9090 to Clephanton and the B9006 as boundaries, the west boundary

would run to and including Dalcross Castle. We would conclude that this population would consider themselves neighbours and use facilities and services adjacent to that neighbourhood. This would be a population currently of just short of 1000 which I will explain shortly.

The Tornagrain Development. A Master Plan for the Tornagrain development was produced in 2011 however, building did not commence until some years later. An extract from the Master Plan stated that "An outline planning application was submitted for the new town in January 2009 and the application is currently the subject of the Highland Council's development management process. Planning permission is sought for a mixed use development of up to 4,960 homes, to be developed in a phased manner over a period of some 35 years". A variation to the timescales was applied for in 2017 delaying the proposed completion of each phase by approximately three years, resulting in completion of phase seven by 2049. Therefore, it would appear that the development is now not expected to be complete until 2049 at the earliest, with more recent information on the Tornagrain website suggesting that it may be later still to 2062 before the development is full finished. Although building of phase 1 is underway, it has taken ten years from submitting the initial planning application to get the development to where it is now. With the recent revision of the timescales of the phases within the planning consent it may be suggested that plans for future phases in the development are not yet fixed, and with the possibility of a changing economic climate, these phases not yet firm.

The new houses currently for sale in Tornagrain appear to be aimed at the more affluent owner occupier with current new houses available to purchase ranging from £200k for a small semi-detached three bedroom cottage to £380k for a four bedroom detached house. The Tornagrain development currently has very few facilities and according to the phasing within the Master Plan, the documented Master Plan that we have had access to, most facilities will not be built until after phase 2 after 2024. Realistically we cannot consider development beyond a 3-5 year period because we don't know what is going to happen in the future with employment etc as all sorts of things can happen. I was surprised to hear the information that the applicant presented as I have not seen that certainly in writing.

There is no further retail planned until phase three 2024-2029. The lack of local facilities, and the need for other key amenities are mentioned in several places within the CAR report. Comments within the CAR suggest there are other amenities residents would want to see before a pharmacy e.g. A doctors surgery was mentioned a few times. Also "I feel I can drive to Boots to get my medicine, we need a shop before a pharmacy". "My main objection is that the real need for this location is for a general store or other community resource such as a cafe, and locating an unnecessary pharmacy here simply removes this very good site for those enterprises. Given the lack of business units in Tornagrain at the moment, this would be better used as a local shop".

Population. According to 2011 census data, the population of the output area covering Tornagrain and the area of the new development, but not including Balloch or Croy was 126 people. That is probably the old Tornagrain. Andrew Howard of Moray Estates stated in his letter, in the pack, to the Secretary of the PPC dated 29th May, 2019 that 115 houses had been occupied with a further 60 to become occupied during the course of the year. Thereafter they expect occupations of between 75 and 100 units per annum and that the current population around 200-225 will therefore increase by about 200 plus residents per

annum. Thus taking the current population stated in the letter of 225, the 2011 census population of 126 , and the residents that will occupy the estimated 60 houses during the course of the year, the estimated population of Tornagrain will be under 500 and if you take into consideration Croy as well that would add another 490 with the 2016 information.

The Tornagrain planning statement shows that the development will be built in seven phases, only the dwellings in phase one 344 houses are expected to be built by the end of 2019, with phase two 507 houses built by end of 2024. Based on a national average of 2.2 people per dwelling, the population of Tornagrain is unlikely to exceed 2000 people by the end of the phase 2 which is 2024. Croy currently sits with a population of just under 500 even in five years for the two areas. The national average of patients per pharmacy is 4500. Many pharmacies have served patients well above that with Ardersier sitting well below this and further capacity across the other adjacent pharmacies proves there is adequacy for pharmaceutical services now and into the future.

Current adequacy – There is no information put forward either in the application or the CAR report that was submitted prior to this which suggests the existing pharmacies in the area are not currently providing an adequate service. The existing pharmacies provide an extensive range of pharmaceutical services and granted as was stated earlier, there is a range of how engaged or active some of the pharmacies are to others but there is high activity in close locations. Existing pharmacies offer services including private vaccination services over and above the national contract across extended opening hours, Sundays and late nights, by car 11 minutes for 6 miles and 70 minutes by bus as well. There is no evidence of a requirement for a particular service that is not being met by existing contractors or that could not be met should a need be identified and these contractors approached. There is also free and adequate parking available to allow easy access. There are no statements within the pharmaceutical care services plan of an unmet need either, although that is slightly out of date, or additional services that would suggest a further pharmacy contract is required.

Accessibility to existing services – There is no evidence to indicate that patients are experiencing significant difficulties when wishing to access pharmaceutical services. The population outlined in the application currently use dispensing services mainly from the Culloden pharmacy, this is accessible by car and has adequate parking. This is also where the majority of patients access their GP although this includes almost 50% that reside in the Balloch area who are within walking distance to a community pharmacy or a short bus ride and this population also choose a destination pharmacy e.g Boots in Eastgate or the retail park. At Cawdor, Croy and Tornagrain patients predominantly follow the GP destination choosing Nairn and Ardersier or Culloden as their chosen pharmacy. The existing pharmacies are located where patients go to access other key facilities such as when visiting their surgery or when carrying out their regular shop. In 2018 Stagecoach included Tornagrain village in its daily number 11 service from Nairn to Inverness. This service runs half hourly throughout the day, although less frequently on Sundays. There is no bus between Croy and Tornagrain currently although there is a path that goes between the two.

At the time of the 2011 census 96% of households in the Tornagrain area had access to a private vehicle. The new houses currently for sale in Tornagrain would appear to have dedicated parking for at least one car, with many having car ports, additional garages and double garages Given the vast neighbourhood described and rural nature, most residents

would require a car. You would therefore expect levels of car ownership to be high amongst these new residents. Also stated in the CAR report there is a number of comments around changing opening hours to accommodate commuters and those generally using a car to commute to work outwith Tornagrain and Croy. The proposed pharmacy is 1.5 miles from the centre of Croy. 2011 census data indicates that 98% of households have access to a private vehicle. Residents of Croy are therefore unlikely to experience any difficulty accessing pharmacies in Ardersier, Inverness, Culloden and Nairn, which is a 10 min drive at most.

Consideration should be given to both the viability of the proposed pharmacy and the effect on the existing pharmacies should the application be granted. Given the limited number of residents in Tornagrain, and again in Croy estimated at just under 1,000 we believe that the existing pharmacy would not be viable at this time, and not for the foreseeable future especially as we don't expect the population from Balloch, a large proportion of the suggested neighbourhood, to access services away from their usual flow. I would also question the likelihood particularly the elderly population driving on a twisty single track road who don't live within Tornagrain itself, to access the proposed Tornagrain pharmacy when better B or A road access can be used accessing existing pharmacies. The opening of another pharmacy in the area would be felt by the existing contractors throughout the wider area, particularly if the Cradlehall application, which is currently at appeal, is granted and goes on to open. A further pharmacy contract could have a compound effect in particular on pharmacies such as Ardersier or Culloden pharmacy. There are several responses in the CAR that suggest Ardersier could be impacted also given the level of existing items.

The CAR report and representations. There was a total of 102 responses to the survey of which 94 people said that they lived within the neighbourhood defined by the applicant. It is therefore unclear how many respondents actually live within Tornagrain and Croy. The catchment area of the pharmacy quoted in the Health Intelligence Team briefing paper was 3000, this means that 3.4% of the population of the proposed catchment area responded to the questionnaire which is a relatively small percentage. The applicant has acted on the feedback of the few who responded and has changed his opening hours to allow those who live in the community to access the services. There is a recurring theme throughout the CAR report comments regarding a preferred use for the retail unit, in fact there are a total of 36 comments opposing a presence of an additional pharmacy as opposed to the existing pharmacies already available. In total only 73 people support the opening of a new pharmacy contract in this location. This cannot therefore be seen as necessary. It is difficult to even say that it would be desirable if only 73 people feel it would be of use.

The Chairman thanked the IP for their presentation.

3.1 Questions from the Applicant

The Chairman invited questions from the Applicant

Applicant – Towards the end you mention the number of negative comments as people who felt they didn't actually want a pharmacy and did you count up the number of positive comments ?

Boots – No. Certainly within the summary, it would give a number of responses. What surprised me was of the comments and not necessarily the responses, the comments specifically, there was a number of people that took the time to actually write they would prefer something else within that unit and felt that the existing services were already adequate. I did go and have a look at how many people actually took the time to write and obviously the CAR report reflects the positive responses you had.

Applicant – Would it be fair then to say that you haven't counted them up to see there are more positive comments than negative and that some of those might have come from the fact people thought they would like to see a pharmacy than a store at the end of the day.

Boots – Maybe but they can only answer the information they are given.

Applicant – You mention the population of Croy as just below 500.

Boots – That was the 2016 Scotland records.

Applicant – In table 2 from the Health Information data from November 2017 to October 2018 estimates the population of Croy as 1,114 individuals . Are you aware of that

Boots – No I hadn't seen that what I looked at on-line was the 2016 information ?

Applicant – The more up to date information says estimate 1,114 and from the Health Intelligence Team. The Andrew Howard letter from Moray Estates states he mentions the number of occupied units, there is an update from Moray Estates this is currently 138.

Chair – What is this update ?

Applicant - The figures that I'm using, and to compare them with, the population of the immediate population of Tornagrain itself, the figures for Croy and Tornagrain together were perhaps missing an estimate and so they took 614 people and perhaps a further 50 people from the 138 occupied units which are currently in Croy, do you accept that as the case ?

Boots – We projected towards the end of the year as to the number of occupied units so that would include the number you are now saying are now occupied because the total number to the end of the year would be the same would be my understanding but certainly I take your point around the estimate that is within that table.

Applicant – Staying with the population, were you aware of the correlation between the timescales and the population growth that you are saying that you obtain from the plan and those that I was mentioning because they are in fact very close, if not exactly the same, just wondered if you were aware of the correlation, there is no discrepancy there.

Boots - I suppose I was talking specifically about Tornagrain and was making the differential between the briefing paper and the neighbourhood that I had identified around Tornagrain and Croy specifically excluding Balloch

Applicant – If we are staying with the population. Are you aware of pharmacies within north Highland with a smaller immediate catchment and a smaller neighbourhood catchment but have had long-standing very successful pharmacies than is currently there even today in Tornagrain and Croy.

Boots – I wouldn't know of any specifics, could be an essential small pharmacy which would attract additional payment but I don't know of any specifics certainly.

Applicant – If you have a look at the available data in the Scottish Neighbourhoods statistics you will see that there are quite a few of them. Off the top of my head there are certainly Kyle of Lochalsh, Broadford, Fort Augustus are all in that category and again no questions about viability or necessity as they are flourishing pharmacies.

Chair – I think you are in danger of summing up that may be something you want to come back to later but its really questions. We do try to keep it as informal as possible but we do need to keep some formality. I do appreciate this is not your day jobs and I will give as much leeway as I can before I intervene.

Applicant – You mention the single track road to Tornagrain. I am sure you will be aware that Bear Scotland will be upgrading that road to a 2-lane road within the next six months. Were you aware of that

Boots – No I was not aware of that being the case for both ends of the Tornagrain

Applicant – Is it your position that the average patient within our neighbourhood has the same quality of access as to patients living in Nairn or Culloden? Pharmaceutical services of course.

Boots – Nairn, Culloden are existing established towns that have a number of facilities available to them existing at the moment. Across rural Scotland we have a number of hamlets, villages, smaller populations where they may have to travel by bus, cycle, car to access pharmaceutical services and it is important that we consider where services are spread across Scotland, not individual pharmacies viable even from an economic perspective and the global sum, realistic, so that is why we have PPCs because we need to consider very carefully where we put community pharmacies to ensure that it is equitable where we can make it at best across Scotland. So, would I expect someone living in a rural location to be able to access a pharmacy within walking distance? No, I wouldn't is the honest answer so if we are looking at the whole of your neighbourhood I'm not comparing apples with apples.

Applicant – You mention the diffuse population of Highland but are you aware of any localised centres of population, I'm talking of Croy and Tornagrain itself as well as, but at the moment just for that area having an estimate of 1,400 there plus 138 occupied units, which is 300 people, we are talking about an estimate of 1,400 people are you aware of any towns or communities of 1,400 people in Highland that don't have a pharmacy service.

Boots – They do have a pharmacy service they have access to facilities, they have very adequate services adjacent to their neighbourhood so they do have access to services but within a reasonable drive time, a reasonable bus journey 17 minutes which to me is reasonable

Applicant – Are you aware of any communities of that size that don't have a community pharmacy even in Highland.

Boots – Within your neighbourhood the only population that will have a pharmacy in it at the moment is Tornagrain. It is between 1 and 1.5 miles to Croy if you want to walk it or a single

track road, but if we were looking at the proposed pharmacy and its location, I am not aware of any other. Is it Tornagrain we are talking about here or Tornagrain and Croy ?

Applicant – Well, the neighbourhood we were discussing is Tornagrain and Croy that was my intent. The distance if you measure from the current boundaries of the two is certainly less than 0.7 miles I would state but I cannot make a statement so will turn it into a question. Are you aware of that ? Where did you obtain the 1.5 miles from the boundaries.

Boots – The centre of Croy to your pharmacy . Not from the boundaries.

Applicant – At PPCs, a question is often asked about complaints to the Health Board and all of those I have attended in the past the answer has been there have been none, however, in this case, data is only provided from four of the six IP community pharmacies. There have been nine complaints, four Stage 1 where quick resolution is sought and five at Stage 2 with clients not satisfied with Stage 1 some investigation is required. Why do you think the rate of patient complaint is so high in some pharmacies.

Boots – I couldn't possibly comment outwith the pharmacies that we look after so I don't know, if I'm honest so and complaints can be for all sorts of reasons as you will know yourself but it is certainly me that submits the complaints on behalf of the company I work for to the Health Board so I am aware of that sort of thing for the pharmacies that I look after but couldn't comment about other pharmacies. I know they are very vague because you only have four or five options to choose from but as to the reason why the complaint, there was no detail given so I don't know if I can answer the question in these circumstances.

Applicant – No, I think, for the record, you answered it. You mentioned being aware of the complaints three of which do apply to pharmacies you are representing, I'm not expecting you to go into it, just you are aware of that ? In the past two Hearings I have been involved in there have been no complaints, for a number of pharmacies.

Boots – That we have had three complaints, yes I'm aware of that as I would have submitted the information as I previously mentioned but I can't go into the detail, don't have it in front of me.

Chair - Can you direct it to a question ?

Applicant– I did say are you aware of that, that was my question

Chair – I know but there are three complaints for the IPs which she is responsible for so I think we need to move on as to what is the issue with the three complaints.

Applicant – In your experience do patients who feel the service to be adequate make a complaint. ?

Boots – Clearly they have made a complaint because they have been unhappy with part of the service . Often that can be because there has been a misunderstanding. I cannot comment on the specifics of these particular complaints because I didn't go away and look at the specifics for them and I don't think that would be appropriate if I'm honest because we audit feedback from our customers and that's three out of however many patients we serve on a regular basis, I'm not sure the timescales of those. Is that a quarter or for the full year.

Panel response - A year.

Boots - So a full year from two incredibly busy pharmacies and as I say I cannot comment on the specifics but around those two examples but sometimes there can be an issue about stock availability which is common for all pharmacies and often outwith the pharmacies control.

Chair – The information for the panel is that Boots, Retail Park received one complaint, the other was unknown . Boots in Nairn one complaint, one was staff attitude and behaviour and another complaint was out of stock medication. These were the three complaints.

Boots – Three out of whatever number of patients in very busy pharmacies .... I could do a quick calculation on the number of patients we serve every day but three for a full year is a very very small percentage of unhappy patients.

Applicant – I brought it up because it is the first I have seen complaints for the pharmacies at all never mind this volume so apologies if this has been happening for a while as I can't remember when the data started being collected.

Boots – I don't know, obviously it was the Dalneigh application Hearing. The complaints data is gathered on a quarterly basis from the Health Board I can't remember which date that started from. I do for the whole of Highland for our contracts and three for a full year across two pharmacies although albeit we would be very unhappy with any complaint, to me three does not seem unreasonable and there could be all sorts of reasons behind that, sometimes outwith our control. For clarity that is complaints that have gone to our Head Office that not complaints that have gone to the Health Board.

Applicant – From January 2018 to the present date have there been any times from the two pharmacies that you represent when pharmaceutical services have been unavailable.

Boots - Say that again ?

Applicant – From January 2018 to the present date have there been any times when pharmaceutical services from the two pharmacies you represent has not been available

Boots – Yes there probably will have been

Applicant – Are you aware that in fact there were four times the Health Board have mentioned that pharmacist has been absent or the shop was closed for another reason

Boots – I didn't notice that in the pack to be fair. I only got the pack yesterday so whereabout in the pack would that be ?

Chair – Do you want phrase a question

Applicant – Does this repeated failure of more than one branch represent an adequate service ?

Boots – We did have an instance when we had severe flooding in August which would have been outwith our control where we had to shut. There can be occasions when there is a pharmacist off sick when we don't immediately open when we have to get a pharmacist from elsewhere and covering a large network we do generally have cover that we can pull so that

for the large proportion we can open on that day, especially within that locality so I'm not aware of any other specific instances unless absence due to sickness. Certainly flooding is the only one that I can think at the moment.

Applicant – Of the three others noted and the question I asked was, does this repeated failure of more than one branch represent an adequate service in your opinion ?

Boots – It represents a realistic service. I am sure you will be aware James, if you have an absence within your pharmacy and you are on holiday who opens your pharmacy ?. I'm not allowed to ask you a question. I would question how quickly you can open a pharmacy without a pharmacist. Legally we cannot, and therefore sometimes circumstances present themselves.

Applicant – So it is your position that repeated failures to open a pharmacy represent an adequate service ?

Chair – I am going to stop this. I think you are pursuing this too much now. The point has been made that there have been times when the pharmacist has not been available. An answer has been given to that. I think my advice to you, unless you have a very substantive point to make that your application hinges on this you need to move on to a different area you would wish to question.

Applicant – We will leave it there.

3.2 Questions from the Panel

The Chairman invited questions from the Panel to the Interested Party.

3.2.1. Questions from the Chairman

Chair – Can I clarify when you received the pack ?

Boots – The office had it and I only received it yesterday.

Chair – Would you agree that sometimes this (complaints) can be a training opportunity and could lead to improvement of services

Boots – Yes absolutely

Chair – Would you agree that perhaps in some areas of the Highland it is difficult to recruit locum cover or substantive post because of the rural nature of Highland and the difficulty to recruit to it

Boots – I would say it was incredibly difficult. I would say that pharmacy resources is most definitely a challenge for all contractors across the whole of Highland and we all feel it. We have been very successful lately in encouraging some of our pre-registration pharmacists to stay with us within Highland which has been particularly helpful in allowing us to use pharmacists that are not only local to Highland but know the area well and the customers as well, which has been particularly beneficial, but yes Highland is particularly hard to fill as a location with regards to pharmacists and actually registered technicians as well.

Chair – You opened your statement by saying that one of the reasons you are objecting is the development is at the very early stages and population small. Does that mean the position of Boots is that in some stage in the future a pharmacy is inevitable for the Tornagrain area rather than the state of neighbourhood that's been fixed ? it was an odd choice of words.

Boots – Yes. I think that we obviously have the Master Plan for Tornagrain that goes to 2049 and I think the projected population is 10,000 and that is a significant period of time. I think we can only really consider, because we don't know what is going to happen in the future with economy or building contractors can go bust as we all know, so I think we need to focus on the next three to five years which is why we have taken that position but obviously I cannot speak for the future. If there is a town of 10,000 that presents a very different case.

Chair – Could you just re-state, so that we can take away when we deliberate, your views on Balloch and your objection to that area.

Boots – The objection to Balloch would be that Balloch is within walking distance to a local pharmacy. You see people walking between the main road that goes down through Balloch and across to Culloden Academy on a regular basis, people with buggies, people go dog walks, people can regularly access Culloden and Balloch, its so close. I can't actually believe they are not the same town, but Balloch, the general flow even general flow of patients GP surgery in Culloden will access pharmacies that are at destinations. So large destinations e.g. retail park and Culloden as there are facilities there too. I can't imagine someone who is in Balloch, take Braeside Park for example, it is a location within Balloch half way up the hill, what would take that resident up or down on to the A96 to Tornagrain and up to the pharmacy where there are no other facilities and certainly even what James has said, even if there were other facilities going to be in the future, the ones that he described, why go that direction and not to go other facilities where there is a doctors surgery, large supermarket, hairdresser etc. I cannot understand why people would go that direction or even if they go up the way and across which is why I chose Dalcross. I know the area incredibly well and I have sat and thought right, where would you go if you lived here, which direction would you go, even if you had the same little Scotmid in Tornagrain that you have in Balloch, which direction would you go and that is why I chose where I chose for the boundary at Dalcross.

The Chairman invited questions from Andrew Paterson

AP – I just notice that Boots are the only people being represented here. Are you representing Boots today or other pharmacies or have you spoken to the other pharmacies.

Boots – I am representing Boots and no-one is more surprised than me. I did contact a couple of other pharmacists to try and understand who would be here. I didn't manage to get everybody to be honest. I do believe there is a belief that they don't feel the pharmacy would necessarily impact on them because they believe the flow of patients would retain as it is currently. That would be my perception but they need to come and represent themselves if they want to share their views. I am representing Boots.

AP – You don't feel this pharmacy would have an effect on them

Boots – I think I did state that I think there will be an impact, specifically Ardersier but that's not for me to comment.

AP – Just to make a point about the absent pharmacists and services if they are closed, I am quite sure patients will be signposted to the nearest pharmacy available.

Boots – Any closure of a pharmacy, you would put a notice on the door or have someoneon the door.

3.2.2. The Chairman invited questions from Mark Sutherland

MS – You were very keen to narrow in the defined area. Have you any comments to make about the fact that none of the community councils questioned the area which was suggested as a defined area and indeed none of the other pharmacies apart from yourself questioned the defined area in particular Ardersier who have not entered into this matter at all.

Boots – Yes, I am surprised, my understanding of what a neighbourhood should be but I can't comment as to why they haven't. As I said I know the area very well and a neighbourhood is somewhere where you would have a similar facilities and you class as a neighbouring village or town etc and would have a similar flow, and I believe that Tornagrain and Croy, I can see that but the others, talk about Nairn and Cawdor that is a thing that is where they go, that is their general flow, Balloch and Culloden are so close, that's a set entity as well in my view and that's the way patients flow. The bit in the middle, the area that I defined, I could understand that being a neighbourhood but there are adjacent services that are available.

MS – The other thing, you made a particular reference to effectively old ladies driving on twisted roads, would you not perhaps accept that there are many elderly drivers who are happier driving on the narrower B roads that they know well, than going on to the main trunk road or the busier main roads they would have to go on eg to the Retail Park.

Boots – My point specifically around single track, B roads I completely understand and there is obviously a B road and an A road, the A96 and B9006 that run parallel to existing pharmacies to and from Tornagrain. To get to either of those you would have to go on a single track road. It is very twisty and I have been on that road in the winter and although I am hearing that either end may change or both ends may change so in you are in Tornagrain and an elderly patient I can understand why you would perhaps use that location outwith that I don't see anybody entering it. Does that make sense ? The reason I mentioned that someone mentioned to me about their father-in-law; she said there was no way he would tackle these roads in the state that they are in at the moment.

MS – You also made several references to distances to other pharmacies I am fortunate that I live within Easter Ross peninsula and we have a little local pharmacy in Balintore and the population of our local village is probably very much on a par with Tornagrain and Croy. As to the villages and neighbouring farms, never mind the wider area, do you accept that it is possible that a small community could currently sustain a pharmacy within itself never mind in five or ten years' time.

Boots – Yes, this is not just about that pharmacy, this is about the current services are adequate already I don't know Balintore sorry but I heard of it but I don't know the locality at all but at the moment Tornagrain has access to other adjacent pharmacies that is reasonable travelling

3.2.3 The Chair invited questions from John Mitchell

JM – I think you stated that you wouldn't imagine people going from Balloch to Tornagrain, you couldn't see Cawdor going to Tornagrain to access pharmaceutical care, you see them going to Nairn. You think they are adequate services and there is adequate parking in Nairn.

Boots – Yes, there is.

JM – I'm not aware of it but if you could clarify. We drove down the main street today and I did say I could bet £10.00 no-one would get any parking spaces anywhere on the street.

Boots – For the Boots pharmacy in Nairn there is parking directly across the road behind the bank. There is a massive car park, next to the Co-op , its free, always spaces in it

3.2.4 – The Chair invited questions from Jennifer Lumsden

JL – The only thing I have to ask is do you have a delivery service

Boots – We have a delivery service

JL – Do you deliver to Cawdor

Boots – We have a patient delivery service to Cawdor

JL – Obviously Boots have introduced a charge for their delivery service can you tell us what that is

Boots – We do now have a delivery service charge or a delivery service that we charge for and there have been some changes since it was introduced, it was introduced very recently. We do now charge patients. It is not part of the core service and it is something that I think we need to think very carefully about when we deliver because as James mentioned earlier on, ideally what we would like is for patients to come in and see us, we want patients to come in and speak to the pharmacist etc and I think that is really important so its partly to encourage people to come back in to our pharmacies and I know having spoken to the Director of Pharmacy recently, he saw that very much as a positive impact to bring patients back into the pharmacy and access their services. We do have a degree of discretion with the pharmacists so we need to consider each individual patient with regards to the delivery charge

JL – Obviously, sometimes these delivery people are the most vulnerable patients and can't get in to see some people

Boots – We do encourage people as well, where they can, if they have carers to come in and still start that conversation rather than being a delivery driver that is handing them the medicines.

3.2.5 The Chair invited questions from Ian Gibson

IG – Can I ask the range of the charge

Boots – The charge is £5.00 per delivery or £55 for the year. There is either an annual charge or an adhoc depending on preference.

JL – Is that per household

Boots – Household

JL – If there was a Mr and Mrs and they both had a dosette box is it £5.00 each or £5.00 total

Boots - £5.00 total.

4. Presentation Summaries

4.1 Summary - Boots Pharmacy

In summary, there are currently no facilities in Tornagrain so therefore I see no reason to use this as a destination location at the moment with negligible passing trade. Medical services will not be present in Tornagrain for some years and until such time residents will be registered elsewhere. There is no reason or evidence that the population in Balloch should change to or use the destination of Tornagrain to access pharmaceutical services, away from the currently used local services. Similarly, there is no evidence that the population in Cawdor would travel a longer distance to Tornagrain versus the closer existing pharmacy services in both Nairn and Ardersier. Therefore, given the population in Tornagrain and Croy which is relatively small and somewhat limited, both currently and in the foreseeable future as it would be a number of years before the Tornagrain development was complete. We summarise that the application is at very best, premature and neither necessary nor desirable at this time and certainly not a viable project. We respectively urge members of the PPC to refuse this application. Thank you.

4.2 Summary - Applicant

I am extremely grateful for everyone's time today and I know I have spoken for long enough so will keep this brief.

Chair – You can speak for as long as you like, there is no compulsion for you to be brief this is your Hearing and you need to take as long as you need.

Our neighbourhood is clearly defined and is recognised as such by almost all of the consultation analysis respondents, the vast majority of whom live in this area and are perhaps best qualified to give that opinion. A pharmaceutical service which could be as much as nine miles away is difficult to consider as adjacent. We have demonstrated clearly and with multiple pieces of evidence that the pharmaceutical service in the wider area has clear questions to answer in terms of its own adequacy and quality and this allied to its distance and accessibility and to possible cost barriers of delivery to ensure that renders it obviously an inadequate service for our neighbourhood . Its simply not true to say that there are no services in Tornagrain we have some evidence to the local need and its immediacy.

The support we have had and the strength of that support from individual residents, the community council, Highland Councillors, MSPs, Moray Estates and healthcare providers has been superb and I would like to place my thanks on record to them and to all of those here present for their time and attention.

In closing I submit that we have by weight and quality of the evidence met and exceeded the legal test and that provision of pharmaceutical services at the premises is necessary and desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located; the largest population in Highland without a community pharmacy and is growing rapidly. Once again, thank you all.

The Chair thanked both parties for coming along and checked with them before they left if they felt they had a fair Hearing and had an opportunity to put forward the points they wanted to put forward , and felt they had been able to get across what they wanted to get across to the panel. Both the Applicant and Interested Party agreed.

The chair also checked there had been no conflict of interest to which both agreed there was none.

The Applicant and Interested Party were asked to withdraw explaining that the written decision would be sent within 15 working days. The panel would now have a discussion with the Advisors who will then be asked to leave to allow the three remaining panel time to make a decision and formulate that decision.

The Chair thanked everyone for coming along and asked for any documentation they wished to leave behind to do so.

5. <u>DECISION :-</u>

Having considered all the evidence presented to it, and the Committee's observations from the site visits, the Committee had firstly to decide, the question of the neighbourhood in which the premises to which the application related, were located.

The Committee took into account a number of factors in defining the neighbourhood including the natural and man-made boundaries, who resides in it, neighbourhood statistics, the location of existing shops, health services and schools, land use and topography, and the distance and the means by which residents are required to travel to existing pharmacies, if they chose to do so, all of which were located outwith the proposed neighbourhood and other services. Regard was made to the requirements of the Equality Act 2010.

The Committee considered the Applicant's definition of the neighbourhood and how this compared to those put forward by the Interested Parties as well as comments received from the public consultation.

The Committee agreed to a minor definition of the neighbourhood in relation to the west boundary but accepted the boundaries to the south, east and north as defined by the Applicant in his application.

The Neighbourhood

After considerable discussion the committee agreed the neighbourhood boundary was difficult to define due to the nature of the spread of population and rural geography. The committee considered the boundary defined by both the Applicant and the alternative proposed by the Interested Party.

West Boundary -

The Chair confirmed that the panel had decided that the boundary should be redefined to exclude Balloch and Sunnyside because it was considered that residents on both sides of the main road through Balloch would access pharmaceutical services from the Pharmacy at Keppoch Road, Culloden as they were closer. It seemed more probably that residents within Balloch and Wellside would more likely consider themselves to be neighbours of the Culloden area than to Tornagrain and though not completely be registered with the GP practices in Culloden. As the new town of Tornagrain expands further west it is more likely that residents would consider themselves neighbourhoods of the new town in the future which is they did not accept the proposed boundary of the Interested Party. They considered the Interested Party's boundary as being too restrictive for a rural community which was developing.

North Boundary –

This was agreed as the man-made boundary of the A96 trunk road was a significant boundary in relation to access. It was considered that people living to the north of the A96 would be more likely to access existing pharmaceutical services provided from Ardersier.

East Boundary –

This was agreed as defined by the Applicant to include the village of Cawdor as it was deemed with planned changes to public service provision between Cawdor and Tornagrain would improve access. This would be the furthest point where residents would be likely to consider themselves neighbours to the developing new town of Tornagrain.

South Boundary –

This was agreed as defined by the Applicant, with the exception of the western point on the B9006 being the railway bridge as indicated for the west boundary.

Adequacy of Existing provision of Pharmaceutical Services and Necessity and/or Desirability

Having reached that decision, the Committee was then required to consider the adequacy of pharmaceutical services within that neighbourhood and whether the granting of the application was necessary or desirable to secure adequate provision of pharmaceutical services in that neighbourhood.

The Committee considered the provision of pharmaceutical services to the neighbourhood from existing pharmacies to be inadequate now and also for the future. The Committee noted there were no pharmaceutical services in the area but pharmaceutical services may be provided by pharmacies outwith the neighbourhood. The Committee took into account the response from the population about adequacy of services in the CAR and it was obvious that residents favoured a new facility. In the residents' opinion this would improve access to health provision in the area.

The Committee also considered the data relating to the demographics, social environment, economic opportunities and the health and wellbeing of the residents. They considered the data did not indicate a higher than average level of need for pharmaceutical series in this neighbourhood

The Committee also considered the provision of core service from the adjacent pharmacies. Their conclusion was that they were not meeting the population level of need for these services.

In particular, the evidence provided indicates that adjacent pharmacies appear to be at low levels for the provision of minor ailments service. This service is noted to be extended to the total population in the near future. Lack of provision now would indicate that provision for the future would be increasingly stretched identifying a requirement for increased availability of this service. There was also evidence presented to indicate low levels of provision of CMS.

There was considerable discussion around public transport travel times and the requirement for changing buses for access. The Committee considered that this would put a strain both in time and finances on those without their own transport or who were feeling unwell or disabled. The provision of a more local service would more easily meet those particular needs and would be desirable. Adverse weather and winter road maintenance is of particular concern in rural areas and may present a barrier to accessing other pharmaceutical service providers for considerable periods of the year. Furthermore, adverse weather could also be considered a barrier as it was not felt ideal for unwell people travelling for an extended period on public transport.

The Committee considered delivery services, which they concluded did not meet the population need for pharmaceutical services. A recent new fee introduction by one of the other providers identified an adverse financial impact to the most vulnerable.

Waiting time for services at other providers was discussed at length by the Committee. It was considered that this could impact on those who were unwell. This combined with the potential alternative of delivery which was now being charged for, was considered a barrier to service access.

The Committee then considered the issue of securing adequacy of provision for the future. They considered that any existing pharmacy is unlikely to close at a future date as a result of this application being granted. Populations in surrounding areas continue to grow as indicated in the Council Development Plans and existing evidence of building was seen on visits to the existing provider neighbourhoods.

The Committee considered it is unlikely that the proposed pharmacy would be likely to close at a future date. This was evidenced by the ongoing extension of building works within the neighbourhood, proposals for additional services such as a Primary School within the next two years and also evidence given by the local population in the CAR, their desire for such a local pharmaceutical service. As this is an increasing population area due to redevelopment this will be an upward trend and has been taken into account in the application and business plan.

The local population would be likely to continue to support a local pharmacy, as indicated in the public consultation survey**.** Other evidence is included in the Business plan and the experience of other small areas in Highland support this**.**

The Committee considered it was not necessary to grant the application to make up for a shortfall at present, however, it is desirable to grant the application which might result in over provision at the present time but would secure adequacy for the future. The reasons for this decision include: the data relating to the demographics, social environment, economic opportunities and the health and wellbeing of the residents indicate that the need for pharmaceutical services in this neighbourhood is likely to increase. The population growth estimated to increase significantly to around 10,000 over next decade or so. This

demonstrates a requirement for the pharmacy to be required to meet an increased need against the background of evidence presented of low provision of MAS and CMS from existing service providers which would be unlikely to have capacity to meet a higher demand.

25.10.19

Signed : ..... Date : .....

Alasdair Christie
Chairman, Pharmacy Practices Committee