

Minutes of the Cradlehall PPC Hearing

Friday 21st June, 2019

PANEL MEMBERS

Alasdair Christie	Chairman
Gaener Rodger	Lay Member
Ian Gibson	Lay Member
Caroline Morgan	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

Nicola McGibbon	Administrative Assistant, NHSH
Lynn Matheson	CD Inspector, NHSH

INTERESTED PARTIES

Mr. M. Ameen	Applicant
Mr. Fraser Mrs. K. Fraser	Culloden & Westhill Community Council
Ms. Fiona MacFarlane Ms. Gayle Macdonald	Boots
Mr. Mark Grehan Mrs. Mhairi Mann	Rowlands
Ms. Shona Scott Mr. Christopher Boyle	Tesco
Mr. Calum Murray	APC Representative

1. Chairman's Address

1.1 The Chairman welcomed everyone to the Hearing and thanked everyone for coming along. He introduced the panel to those present and proceeded to ask the Interested Parties and Applicant, including Observers and Board staff to introduce themselves and informed the group that the meeting was being recorded.

1.2 Prior to commencing, the Chairman requested confirmation of everyone being in receipt of all the information and documentation required for the Hearing. Everyone confirmed this to be the case. He informed those present that two Health Board staff were in attendance as Observers for training purposes and ensured there were no objections. Also that over the consultation period some people will have been in contact with Fiona and Alison. He asked if all parties were happy that correct procedures had been followed and confirmed this has been satisfactory. This was confirmed to be the case. He asked for any declarations of perceived conflict of interest to which no-one responded. He continued by explaining that the set up was formal, however, not too difficult for people to contribute and get involved, mindful of the guidelines which had to be followed but encouraged as much openness and transparency as possible. He explained that we were present to determine the application for Mr. Mo Ameen of Unit 4, Cradlehall Court, Inverness IV2 5WD to be considered by the committee as set out by the Regulations. He explained that an application shall be granted if the Board is satisfied that the provision of pharmaceutical services at the premises is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located. He asked if everyone was happy with this to which the response from the floor was yes.

1.3 The Chairman explained that the Applicant will be invited to make his presentation in support of his application which will be followed by questions from the Interested Parties. However, if there were two representatives from one company, only one would be permitted to speak. He stated that each of the Interested Parties will have a chance to give their presentation following which the applicant and other interested parties could ask some questions. All present would then be asked to give a summing up of their presentation, however, it was stressed that no new points would be allowed. Finally the Applicant will close the presentation with his summing up. The Chairman would then ask, for the matter of record, if everyone felt they had received a fair Hearing. At this point the Applicant and Interested Parties would be asked to leave the room, the professionals sitting on the panel could answer any questions from the three lay members following which, the lay members will be left to discuss and make their decision. He stated that the decision would not be announced today. He asked everyone for clarification of understanding of the process and if they were happy it had been relayed properly, to which everyone announced that they understood.

2. Presentation by the Applicant - Mr. M. Ameen

2.1 The Applicant stated that he wished to make a case for the residents of Cradlehall & Westhill who have essentially two main challenges to get to existing provision, the first being poor access and the second stretched services. He explained there were various ways of getting to the existing provision and the most commonly used way would be walking but find that for this community the walk could be quite considerable, long over difficult topography, it being a very hilly area, therefore residents were pushed on to making use of public transport which has its inherent issues of lengthy journeys and cost implications. Some residents may use personal cars but most people use their cars to and from work so may not have access to a car during working hours. Overall, these three factors were having a significant effect in making a mobile population. The local counsellor who is a resident of Cradlehall & Westhill summarised these salient points identifying the biggest issue as being unable to walk to the

pharmacy unless by bus which could be a four mile round trip. He also described accessing the two closest pharmacies i.e. Rowlands Pharmacy at Culloden which requires taking on two challenging hills and Tesco Pharmacy by having to navigate two busy roads and crossing a dual carriageway. If travelling by bus this could necessitate two long journeys which make it poor access. The second point is stretched services bearing in mind Inverness being the fastest growing city in the UK, mostly in east Inverness where this community is based. Population projection is due to increase by 4,300 homes. Although steadily increasing population the health services in the area have not been correspondingly increased, as a result patients have to wait longer to make a GP appointment, have to wait longer to see a pharmacist, impeding their access to health services. He felt that the NHS Pharmaceutical Care Services Plan highlights some of these issues and in significantly growing areas there is a need to provide additional core professional pharmaceutical services so where there are large populations there is a need for new pharmacy outlets. The elected representatives are of the same opinion recognising that the existing services are at capacity and a new pharmacy would relieve the pressure on other pharmacies. MSP David Stewart, Shadow Health Minister who is also a resident of the community and MSP Fergus Ewing have similar views if the pharmacy was applied for up to 15 years ago it would have been considered desirable but because of the large scale new developments taking place this would move to a necessary service. The Council would appear to also recognise this, stating emphatically that a new pharmacy would be required. They are responsible for the housing stock of thousands of new homes but not charged with providing health services, which is the responsibility of the Health Board. He referred to one comment from the survey which states that Culloden and Inshes are over-subscribed. The applicant commented that local residents who had completed the questionnaire not only answered Yes and No but were compelled to come forward penning their experiences in paragraphs and paragraphs. They are saying that their experiences of Tesco, Inshes is that it can be up to 20 minutes to be served and told that they do not have the medication and would be another 30 minutes. Their experience of Culloden Pharmacy: there is similar experiences of it being very busy and as a resident and patient of this area, this individual was saying that when looking around, they find patients to be very irate and upset at the level of provision available, the service they receive, and they even saw the police being involved. Overall, these are two issues – stretched service and poor access.

2.2 Neighbourhood – 92% of the residents felt the boundaries represented the neighbourhood. It has a very large school, two nurseries, two large Care Homes and two large Co-ops, as well as including social activities, therefore, people only have to leave this area when they have to go to a pharmacy or a GP.

Who else feels Cradlehall is a community in its own right? Scottish Government who employ different tools to examine neighbourhoods and datazones and Scotland census and the defined neighbourhood largely covers the area of the neighbourhood as being Cradlehall and Westhill Community Council. Everyone in the neighbourhood shares a postcode of IV2 5. When it comes to population, it is around 6,000 people, which is a conservative estimate as the Scottish Government projection which sits somewhere in the middle. There is a big transient population coming into this area during working hours; two large nurseries where parents are bringing their children from outside the area, large Business Park with around 300 people, again coming from outside the area and a large garden centre.

2.3 The applicant felt it important that the Consultation Analysis Report (CAR) is put into the context of the regulations asking why this was being done i.e. for two purposes, the first to find out how well the existing pharmacies are actually doing and the adequacy of the services, and secondly to find out how much support there is for a new pharmacy.

2.4 Support – Mr Ameen felt it important to note the number of responses i.e. 766 responses which he considers is not only the highest response rate from the previous application in this region but also the highest across Scotland which implies that residents

have been compelled to explain how they feel about access to healthcare services. Looking at the number of responses per question there are a lot of issues and concerns raised e.g. Question No. 5 had a spike in the number of responses and on looking through these, there is quite a lot of negativity. The question itself asks about gaps in the provision and there were twice the number of points there being 1,161 points raised. Two of the biggest talking points were difficulty with travel at 337 responses and 257 responses relating to accessing local services. He felt that what people were saying was that it was too long and difficult to access existing services, a total of 51%. When the residents finally get to the existing services they are experiencing stretched services, having to wait for long periods at the pharmacy and also having to wait to make GP appointments. They expressed concern about the impact of new housing and also the impact of the Care Homes. He felt that a third of the community specifically talk about services being at capacity. Having looked at support, and adequacy i.e. in the context of the regulation, it has shown that there is a necessary provision to have a pharmacy within the neighbourhood .

2.5 Access - to get to Tesco pharmacy there is a 38 min walk which is quite considerable and to walk to Rowlands, it is a 32 minutes walk. The applicant referred to a map which showed people living within the boundary may have to walk more than 20 minutes to get to a pharmacy. In comparison there is a small section of the community who have access to a pharmacy in less than 20 minutes. Comparatively, across the city, most residents in Inverness have access to a pharmacy in less than 20 minutes, therefore, inequality in distance. Often commented in the CAR some people cannot walk such long distances due to the hilliness of the area and the distance involved, having to resort to buses or expensive taxi fares. This area is sitting quite high up in terms of sea level; 400 ft above sea level whereas Tesco and Culloden are situated in low lying areas, which demonstrated a hilly area. One resident commented it's almost like having a cardiac arrest if a parent is taking children in a pram or pushchair, or anyone with mobility impairment, therefore people are pushed into using the public transport system. This has a number of different issues i.e. the service has become worse, now 30 minutes and a bus stop having been removed in one of the most deprived parts of this community, where there is limited private cars and which is one of the most hilliest areas with the highest percentage of elderly. There are two bus routes but depending on where some people live there is only one bus route available, similarly the people could face a 20-30 minute walk thereby looking at a possible bus journey of up to one and a half hours but if using Boots, Eastgate it spikes to two and a half hours. The cost is a significant aspect as a third of the population have dependents and if visiting a GP or pharmacist, children would have to be taken along which pushes up the cost. A quarter of the population are economically inactive and a fare of £3.70 to £4.30 puts things into context for certain sections of the community. The Highland Council analysed this area for the public transport system and agrees it is a limited provision and which the residents comment there are certainly some issues with only two buses available and the changing of bus times. One final option would be , however, the use of cars but most residents don't have cars during working hours as these are used to commute and approximately 11.9% of people do have cars but the vast majority at 73% are actually using them for commuting purposes so don't have the car available to them when the pharmacies are open. There is a general concern that those who do have a car experience congestion getting to a pharmacy and have problems parking. The applicant showed a map highlighting accidents which had taken place at nearby pharmacies. Residents have also made statements; Tesco Inshes is extremely busy with long waiting times, impersonal with little confidentiality and similar statements about Culloden. Taking a comprehensive overview of the three ways of getting to all three pharmacies, realising that they are significantly restrictive for most people which is why the Board summarised the comments of the residents in surveys they talk about these specific barriers and mention the benefits of a new pharmacy namely it will take away the long walk to a pharmacy, avoid expensive double journeys and reduce the reliance on public transport which is why a new pharmacy coming in would alleviate the burden and stress of the existing pharmacies and also other healthcare professionals and make way for

the considerable new housing. This proves that a new pharmacy is necessary for this community.

2.6 Demographics – vulnerable groups at the opposite end of the spectrum; high number of children, elderly which is higher than the Inverness and NHS Highland average. There is also significant rise in the elderly population since 2011 by some 40%. The Pharmaceutical Services Care Plan (PSCP) states, where there is high concentration of elderly people, there is a need to provide additional pharmaceutical services for them. Health in the population does not fare too well. There is a significantly high number of people who are long-term sick and disabled, compared to the Inverness and NHS Highland average. This doesn't just show health inequality but also shows the gap in accessing health service. When examining the health of the neighbourhood over a period of time, since 2004 can see there is a decrease, worsened by 7%. Although this area is increasing there will be more and more unhealthy people. SIMD (Scottish Index of Multiple Deprivation) is a very good tool to target policies and resources in the most deprived populations and one of the classifications used is a thing called 15% most deprived so there are communities across Scotland that are in the 15% lowest rank who need the most amount of attention, most need resources and most healthcare services and when examining access to services to a GP etc, it is found that the majority of this neighbourhood, six out of eight datazones, actually fall into this low classification. Historically in Inverness most GPs are situated next to pharmacies and if GPs are difficult to access the pharmacies would be difficult to access also so if pharmacies are supposed to be the first port of call, accessing them easily, without any issues there needs more closer provision which would lift this community out of this very low rank.

2.7 Looking at stretched services – how existing pharmacies deliver core services to the community and also the neighbourhood. The applicant referred to a table looking at the average number of people which the individual pharmacies cater to according to the region; west, central and east Inverness. This is east Inverness where the largest pharmacy is Rowlands, Culloden which caters to a massive population compared to west Inverness, central and indeed higher than NHS and Scottish average at 73% so this specific pharmacy is catering to quite a staggering community. This is confirmed by the two surgeries next door, catering to twice the population which is reflected in the prescription numbers. Again most of the pharmacies this community use are above average and all with increasing prescription numbers over the years so much so that Rowlands Pharmacy is actually doing 70% higher than an average pharmacy, which is quite significant. He stated that he personally felt that a new pharmacy would alleviate the stress on these two pharmacies namely Rowlands and Tesco.

2.8 Looking at the performance of the other pharmacies – core services. The applicant referred to a map indicating Minor Ailment Services (MAS) and Chronic Medication Services (CMS) which indicates how well the pharmacies are delivering these services. Against the Inverness average, Rowlands is significantly poorer and Tesco not too far behind, and similarly Boots also. Having examined this data over a longer period of a year, looking at MAS, CMS and other core services i.e. Emergency Hormonal Contraception (EHC) and smoking cessation, again across the board, Rowlands isn't doing too well and neither are Tesco or Boots. He felt there were two takeaway points in that although Rowlands is doing less prescriptions compared to other pharmacies such as Boots, their performance is still considerably poorer. Secondly, when comparing this against all of Inverness average, the reality is Inverness compared to other regions hasn't been performing too well at all but he was making a comparison against a group that wasn't doing too well so the performance is actually worse than shown. He felt this was reflective in the comments on two core services in that many people said they could not get access to the right type of core service with comments about long waiting times to speak to a pharmacist but the reality of the MAS is about having access without having to make an appointment which should reduce the

pressure on GP surgeries. NHS Highland (NHS) Care Plan states that given the increasing prescription item numbers this has led to some pharmacists working longer hours to cope with the existing workload, some community pharmacists are not engaging with other services as much as they would like due to a lack of resources and sufficient support staff. Comments regarding Culloden Pharmacy from residents were that they feel the pharmacy to be understaffed and concern that during the busiest period of the working day that people were going in at lunchtime and not able to see the pharmacist or the support staff. They referred to absent pharmacists and medicines being handed out without the correct supervision. He would like to ask – where is the pharmacist and where is the support staff in these circumstances? In general, residents are experiencing long waiting times at the surgeries to get prescriptions which indicates surgeries are under a great deal of stress taking three to five days which should normally take 48 hours, also a delay in the pharmacy which might take a day or two extra, in particular made reference to a delivery of a prescription after seven days. The GPs in the Culloden surgery commented that they are actively encouraging their patients not to visit the nearby pharmacies. He noted that one pharmacy out with the region (more than 20 miles away) is coming in offering a delivery service. Making one final point, he referred to a comment from a retired AAH delivery driver who mentioned that because of the growing population and company staffing issues, residents are experiencing a below par service from these pharmacies. His general perspective was that as the population is rising the existing provision isn't being able to cater for this significant rise in population.

2.9 Housing - The Applicant stated in east Inverness, some 400 homes in S1 and S3 with the allocation of a Care Home under construction, 90 homes approved which are not part of master plan with a staggering amount of additional housing in south Inverness, in an area where the pharmacy is at capacity. He referred to the briefing paper which made two important points - if you were going to make an assessment for a pharmacy in Cradle hall and Westhill you should specifically look at the population in the vicinity for this neighbourhood and specifically examine Culloden pharmacy large dispensing volumes.

2.10 Delivery Service – the Applicant felt that the delivery service covered up the real issues the community experiences, mainly because the community cannot get out to the existing provision the provision does make an effort to actually get to them. However, 6,000 people cannot be served in this way because there is no face to face interaction and the people delivering are not usually medically trained, counter staff, dispensers and not pharmacists. This does not offer all the full sweep of pharmaceutical services and only offers one service. He felt that the other Boards across Scotland make an assessment and they say that because it is not a pharmaceutical service this cannot be taken into account when considering provision because this can be taken away at any time, which is why the multiples are reverting to this position stating it is an extensive convenient service, recognising that it is important to have most patients visiting the pharmacy to be able to speak to them, offering the necessary treatment and advice. Other pharmacies are beginning to charge for the service.

2.11 Comparing this neighbourhood with other neighbourhoods recently granted contracts i.e. Dalneigh with a resident walking time of less than 20 minutes compared to this neighbourhood as being more than 20 minutes. With regard to bus travel times, which is less than one and a half hours compared to up to two and a half hours if visiting Boots at Retail Park. Milton of Leys – not only is this a much less population, the number of people with cars, poor health, low income, this is far higher, and comparing across Scotland, more people are long-term sick or disabled and more do not have access to a car. When it comes to bus services, they experience the same or worse service provision indicating more mitigating circumstances where there is precedence for this community than previously awarded contracts.

2.12 Area Pharmaceutical Committee (APC) – The APC considered this quite an agile population, moving about across the city, accessing services everywhere and used two specific stats to prop up this theory i.e. because half the population is registered at Culloden surgery this means that the other half are going across the city and other places but the reality is that most surgeries are congregated in Old Inverness so that travel to surgeries is characteristic of the whole city and doesn't specifically apply to this population as a nuanced activity. Secondly, where the prescriptions are actually going to. They were looking at Culloden surgery rather than the neighbourhood so this may have been an error and if looking at the right examination i.e. the prescriptions coming from the surgeries, the vast majority of the prescriptions are actually going to Rowlands or Tesco, both indicating the residents of this community go to the most available service either Culloden Surgery or surgeries in Inverness and using the two most available pharmacies which is not representative of a population that is very mobile. The APC opposed the application for Milton of Leys and in comparison this community is three times less agile and interestingly the APC did not support this provision compared to that provision, and also the CAR itself as a legal document didn't really find that a thorough examination of that specific report.

2.13 In summary, there has been a number of examinations of pieces of evidence i.e. these two barriers – poor access and services, and looked at six most important things, the most compelling piece of research is the CAR and 1,200 issues raised of which half are about poor access, third about stretched services and two legal representatives who are saying it is a necessary service. The community council present today state the same in their response and that the pharmacies are beyond easy access and once they get to the pharmacies, having to wait for long times and an erratic service. NHS Care Plan talks about high populated areas, busy pharmacies, poor staffing and poor engagement. He felt that he had proven this which is why those areas need core additional services. The briefing paper makes two clear-cut observations i.e. the need to take into account the new housing and dispensing volumes of one particular pharmacy provision, and lastly the Highland Council emphatically make a plea that it is not in their remit to provide healthcare services like GPs and pharmacies and stated there is a need for a pharmacy.

The Applicant stated that this concluded his presentation, hoped it was enjoyed and was happy to take any questions.

The Chairman thanked the Applicant for the presentation and moved to take some questions from the Interested Parties first.

3. Cradlehall & Westhill Community Council

3.1 Q. Scope of the services to be offered – there was concern from some of the residents as to the possibility of the methadone and needle exchange services and potential issues surrounding that. This was raised by some folk who had experience in other parts of the country and would like to clarify that isn't likely to be offered.

A. The Applicant responded by saying that at the first Community Council meeting he attended this was a point which was raised and the Chair then hosted an event where there was a large turnout of residents and community counsellors, and this was discussed. He explained that he had made a demographic analysis of the area and felt that the community itself wasn't really suited for this particular service. He explained that he had spoken to the local Addictions Team who felt the same also but explained that instead of him saying he

didn't really want to offer the service from the outset, but wanted to put it forward to the community with the survey to allow them to make that decision if they wanted it or not because if he took away some services and added some services, he was doing the consultation before it had been launched so at that meeting did reassure the residents that he felt there was no need for it but would still push forward and put it into the survey, waiting for the analysis to come through and it was clear that no-one said they wanted to use the service. Secondly there was a concern and the fact that the Board and the Addictions Team ratified there wasn't a need for that specific provision. He then took the decision to actually not offer that service.

4. Boots

4.1 Q. In relation to that question, you will be aware that methadone is by prescription so are you not planning to fulfil your contractual obligation to this very vulnerable group of patients if they were to present to the pharmacy?

A. The Applicant responded by saying that there was no denying that is a vulnerable group of patients and as an Independent Prescriber has spent 18 months prescribing to that demographic, that said this is an additional service and can only offer the services which are necessary and required in this particular area but the demographic is not actually there. He said that he would love to offer all the services on offer under the sun but because the Board itself and the Addiction Team stated that even if he did try to offer the service, would not get any user of the service. He appreciated what happens if someone comes into the pharmacy and submits a prescription but in his experience 99 or even 100% of the patients he takes on as a methadone service user all come in because of a vetting process and there is a process whereby a pharmacist agrees to take on that patient but he had never experienced someone coming in presenting a prescription there and then.

4.2 Q. That would be contrary to my experience. Where would you draw the line on people who can become dependent for all sorts of reasons. What about prescriptions for Benzodiazepine or any other type of controlled drug, would you refuse those too ?

A. Applicant – I'm not too familiar with this, are you talking about Subutex ? I don't really class that as part of the methadone service but those individuals I believe that they should be given that actual service.

4.3 Q. So it is specifically methadone and Subutex you would refuse scripts for ?

A. Applicant – It is not a case of refusing I think in the various Health Boards I have worked in, there is an arrangement with the Addictions Team which looks at the demographics and if there is availability within the pharmacy then they would not make that call.

4.4 Q. What's your plans for a pharmacist in the pharmacy are you planning to run it yourself ?

A. Applicant – I am hoping to move up to the area from Glasgow and looking for a house to first of all rent.

4.5 Q. I believe you had an application in Townhill and certainly from the Minutes from that particular application there are one or two questions posed by Mr. Arnott - who was in partnership, that you would be moving to the area and be the pharmacist if the pharmacy was awarded the contract so that is at the Appeal stage so if that is successful what would be your plan up here ?

A. Applicant – With a family of pharmacists, my father is a pharmacist, I'm a pharmacist and my brother is a pharmacist. The idea is that the pharmacy in Irvine which is

operated by my father, I was hoping to do the Townhill and start it up and get going but things have now changed. My brother who is newly qualified would like to take that on. Personally, I would like to move to this area

4.6 Q – Do you have any other applications in the process at the moment ?

A. Applicant – I am happy to answer these questions but I think we should focus on this application.

4.7 The Chair stated that it was up to the Applicant whether he chose to answer or not but didn't think it relevant to the application

Boots – I think it is relevant to establish how they plan to have a pharmacist in the pharmacy which is my main reason for asking.

4.8 The Chair stated he had been asked if there were any other applications in the process and felt Mr. Ameen had stated how he was going to staff the pharmacy in Cradlehall. He said that he would answer that question and addressed the applicant explaining that if he wanted to answer that question it was fine, if not, it was also fine.

Applicant – I'm happy to answer it but don't think it conducive or appropriate for this application.

4.9 Q. with regard to the premises -which unit is it ?

A. Applicant – It's the Estate Agents .

4.10 Q. You mentioned in your presentation about the most deprived and it being 6 out of 8 datazone as the most deprived. Am I confused ? Where was that information from – my children go to Cradlehall Primary School and I go there all the time and would certainly not put it as deprived and it wouldn't have been the information I would have got from the census.

The Chair intervened and stated that this was becoming personal and the question should be 'What is your evidence?'

Applicant - National Records for Scotland but would be happy to supply that information.

4.11 Q. You made a comparison about the number of CMS or Medicines: Care and review (MCR) patients across the different pharmacies – are Care Home patients able to be registered for CMS or MCR which it is now called ?

A. Applicant - Can you repeat that question please ?

4.12 Q. Can Care Home patients or patients resident in a Care Home, be registered as CMS or MCR patients ?

A. Applicant - I have no experience with Care Home patients simply because of the pharmacy that deals with Care Home patients tend to be the large multiples than a contractor. That has been my experience. That said, I have visited the Care Home and the Manager is very happy that that specific provision is there and filled out the questionnaire and got her staff members to do it as well. One of the things they talk about is the lack of pharmaceutical availability when GPs come in to do a sudden change of medication say when someone is on antibiotic or change in blood pressure medication. One specific thing they mentioned was that they cannot get to a pharmacy because of this access issue but I didn't get a chance to ask that question but why is that there is an arrangement in place when acute medications are needed there and then, are not actually being provided and the

Care Home itself say that quite often they have residents who have to go without medication and with that being a vulnerable group, I think this is quite a serious thing.

4.13 Q. Am I allowed to answer that question ?

A. Chair – You are not allowed to answer that question.

5.Tesco

5.1 Q . You mentioned difficulty in access and one of the things you talked about was parking, difficulty in parking. Having been to the proposed site today would you consider that could be considered potential for parking difficulties as I didn't see many parking spaces and I saw only two disabled bays.

A. Applicant - The PPC paid a visit today at about 10.00 am which was probably the most busiest period and took a snapshot of the area where there was about 80% occupancy, there is another 15 spaces at the back as well. In terms of congestion, I do not really think this is in comparison with Tesco or Culloden pharmacy.

5.2 Q You talked about access in terms of navigating the dual carriageway, would you agree there are crossing points to help people

A. Applicant -Yes, completely but I think the most contentious point is recognised by the Counsellor is that it is difficult to cross some of the busiest roads in Inverness.

6.Rowlands

6.1 Q. I see in your application you will provide treatment to Hep C patients. In my experience, I'm an experienced manager in Glasgow, and obviously NHS Scotland has a drive to rule out Hep C and in my experience a lot of the patient groups that access that service also access substance misuse service as well and what do they think about access to services you describe in your presentation, and also distances and travel? I was wondering if you're not going to supply that service, Buprenorphine or whatever do you think that appropriate given the vulnerability?

A. Applicant – I think the users of methadone programmes are coming in daily to a pharmacy, so that arrangement is already there and it would be pretty difficult for a patient to come to a pharmacy to pick up methadone and then use another pharmacy to access the Hepatitis C service so if I was a patient I would take my Hepatitis C prescription to where I get my methadone prescription from.

6.2 Q. Opening hours – I'm conscious of the fact that you will close at 1.00 pm on a Saturday and not open on a Sunday potentially when these services are probably at their worst. How would you respond to that?

A. Applicant – I would say that the assessment for pharmacy provision was calculated very carefully and looked at the Board's suggestion and we covered that. We specifically took into account the provision of the GP practices because we were aware that there are some 8.15 appointments and wanted to be available to them for that period so took that into account. If there is a need to extend the hours we will do that.

6.3 Q. What provision will you make for vulnerable people wanting access to services when you are closed ?

A. Applicant - We have gone beyond the model hours and if there is a need will make an assessment and would be happy to make a change.

6.4 Q. The time you stated it takes to walk to the pharmacies is less than 20 minutes, what was your reasoning for your northern boundary in your application ?

Applicant - I think the population is generally made up of manmade boundaries and natural boundaries. The railway is significantly a manmade boundary. I was at a local Bed and Breakfast last night and believe me when I say that it is a significant boundary as I had trains coming along all through the course of the night.

6. Area Pharmaceutical Committee

Declined any questions.

The Chair asked for questions from the panel.

7. Caroline Morgan

7.1 Q. I would like to ask a question about staffing, you have said you will be the pharmacist with no plans to close at lunchtime?

A. Applicant - Within the CAR they did talk a lot about residents during these times of opening, I think it important to have pharmaceutical services during that time.

7.2 Q. You mention that other pharmacies are over-stretched with regard to staffing, are you quite confident you will get competent and qualified staff.?

A. Applicant – This is something I am quite aware of and there have been some comments there may not be enough staff because of the massive amount of population coming into the area and I am very aware of that. On opening I am proposing there will be myself, two full-time dispensers, one full-time counter assistant. You might think that too much but because of the significant strain on the existing services I want to make sure we are there ahead of the crowd to ensure we deal with any capacity issues etc.

7.3 Q. I'm not from this area but are you sure you will get two qualified dispensers?

A. Applicant – when I came up six months ago I spoke to someone who was working towards a dispensing qualification and I am really keen to get going with that and if all goes well I plan to chat to her. I think the availability of staff is definitely there

7.4 Q. You also mentioned about the wait for prescriptions and you feel that the other pharmacies are stretched to full capacity. The wait for a prescription is often and can be due to a prescription not being available in the pharmacy to begin with, problems at the surgery waiting for it to be signed or whatever. If you get this contract will you be collecting prescriptions up from the surgeries ?

A. Applicant – I think that is a very important thing particularly with patients who are fairly immobile, people commuting to work etc. We also want to build relationships and the pharmacy which I have just now, I myself am released once or twice a week and hopefully will collect prescriptions. It is a very important opportunity to speak to the staff there and can also speak to the doctors, build relationships and as a result of that getting into surgeries etc so will definitely be picking up prescriptions

7.5 Q. Collecting prescriptions and doing clinics will take you away from the pharmacy so you would have to have a second pharmacist and the point made about not being able to

collect and give out prescriptions without a pharmacist present at Rowlands, Boots and Tesco at present?

A. Applicant – the community I am working in just now is a small community, an old mining community so there is a lot of respiratory issues, lung, COPD and things like that and the patients who were given to me are specifically hard to reach and the interesting thing is they are the ones who are coming into the pharmacy so I make sure that the vast majority of my interactions are within the pharmacy. I think this is something in the local Health Board is keen to promote they really want the pharmacy space to be for the centre for clinical input and I would like to continue that and would like to think that most of the interactions will be done in partnership with the surgeries within the confines of the pharmacy but will get some patients e.g. requiring oxygen and housebound, and it is important to make that trip out to see them so invariably will see some patients in the community and I am happy to do that.

7.6 Q. So you are going to go out to the surgeries to pick up prescriptions and also make this visit to the surgeries on a regular basis, you would be out of the pharmacy ?

A. Applicant – I think I would just use my sensibility to make sure that I am away during periods when I am not required and adequate staff, perhaps phoning in advance and saying to them is this a good time to come round ?

7.7 Q. I'm also not from this area and confused about the hills. When we were out on the tour around the neighbourhood, there did seem to be quite a lot of hills in your neighbourhood, where the proposed pharmacy is, is that not quite low so people would need to walk to the pharmacy would that not involve a hill either up or down ?

A. Applicant – I think that is an accurate assertion but if you were having to walk to Culloden Pharmacy there are two very large hills to navigate so I think the residents of this community will actually favour walking a slightly less gradient hill to Cradlehall Pharmacy and on the flip side you have the busy roads and dual carriageway so I think with the groups out there it would be the least of a bad bunch in terms of access

8. John Mitchell

8.1 Q. How many people would generally walk to use the services as opposed to driving. The reason for my question is if the pharmacy was to be granted do you think a high percentage of the patients would be walking to the pharmacy?

A. Applicant – I think the pharmacy relatively speaking is in the centre of the neighbourhood, it is significantly more accessible, not having to navigate these larger hills, walk these long distances – I think it will actively encourage and promote healthy walking and healthy living in that respect for the community. There might be some areas of the demographic that might be dependent on a particular mode of transport such as car or bus but the vast majority of the community will definitely. According to the CAR some thought it would be handy to walk. There is a sizeable significant proportion who are happy to do that.

8.2 Q. Can you relay to the lay members when a pharmacy becomes stretched, would you be able to categorise that in workload or hours ?

A. Applicant – I would allude to the Care Plan where the Health Board talk about where there is a significant rise in population and the pharmacists I have spoken to, they themselves are saying they were experiencing difficulty offering core services with the increasing rise in population. With experiencing significant rise in population it is having an effect on the other pharmacies whereby some of the core services when looking subjectively at the performance they are poor in comparison to Inverness region.

8.3 Q. You showed a slide with CMS ratios and MAS ratios where you said they were poor in comparison but there is no national average. First – I'm not entirely sure what the CMS ratios mean so for the benefit of the lay members can you explain what the CMS ratio are and what they mean?

A. Applicant – Ratios are a combination of two determinants; one is the number of patients that the pharmacies actually have and secondly a proportion to that patients that are actually registered for that service. It saves looking at two variables and allows you to record comparisons.

8.4 Q. – So you are saying that the service is compared to national average or just your opinion in underuse?

A. Applicant – It's not just my opinion, if you compare Inverness core services to other regions and other Health Boards.

8.5 Q. – You are comparing the registrations for CMS at Tesco and Culloden would be less than registered patients in other pharmacies in the town?

A. Applicant – Those performing statistics tells us that CMS and MAS registrations are becoming worse over the years but also the reason the Dalneigh application was granted was the recognition that generally speaking Inverness was not doing too well.

8.6 Q. – In comparison to using CMS or registered and using CMS ?

A. Applicant – I would imagine both. One of the biggest obstacles against it is actually getting patients on to the service

8.7 Q. – Inverness is part of a pilot for CMS where GPs put patients on CMS for serial prescription without being previously registered and there has been quite a success in Inverness. 60% of prescriptions dispensed at Culloden Medical Practice were dispensed away from Culloden and you suggest that is because they are over-stretched or because they weren't able to handle the amount of prescriptions?

A. Applicant – The vast amount of prescriptions 50% are going to Culloden Pharmacy, a sizeable chunk to Tesco pharmacy and perhaps 10% each to Boots and Eastgate

9. Ian Gibson

9.1 Q. Just for clarification, accessibility is a key thing and you mention, that 38 min or 28 min walk. Whereabouts in the area was that 38 or 32 mins taken from, in the centre ?

A. Applicant – in the centre

9.2 Q. – In one of the bits of statistics there was slightly different averages related to the figures you quoted, you referred to a 37% increase in the elderly population of the area, which is presumably factual but is the elderly population in this area above or below the average for Inverness?

A. Applicant – Above and quite significantly so.

10. Gaenor Rodger

10.1 Q. You mentioned that with regard to MAS etc in Inverness where the average ratios was quite low compared to Scotland in the pharmacies currently serving this are against the Inverness average so how would you go about improving this uptake of these services ?

A. Applicant – The first thing we need to do is ensure we have the right workforce within the pharmacy which was alluded to in the CAR that there was not enough workforce capacity, so we need to ensure we have the right number of workers within the pharmacy and once we have got them there we need to ensure they are equipped and educated to deliver things like CMS e.g. if someone comes in with a prescription for paracetamol, it is really important for the pharmacist and the staff to be proactive about this and say you don't actually have to go to see a doctor about this you can actually get this service from the pharmacist and save yourself appointment times, waiting etc and you can see a pharmacist a lot more quickly and should register that parent and also child as well. Similarly, with the chronic medication service if someone comes in for statin, could tell them that this is generally for so-n-so purposes and to help you and give a bit of healthy living advice but importantly can put that pitch to that service and then get them registered on but need to make sure that the provision of these services is basically firing on all cylinders within the pharmacy and that then gives you the ability to e.g. leave the pharmacy and get into the community to places like the school, the nursery across the road and Care Home to try and promote the service, attend Gala Days, and term times etc I think that is the best way to actually promote these services from within the pharmacy and outside the pharmacy, and its getting two important things – one is the communication, so everyone will have these services and secondly being confident about promoting the services in the pharmacy.

11. Jennifer Lumsden

11.1 Q. In your application it actually says that you are not in possession of the unit so is that still the case ? and are you confident you can have the unit secured and registered with GPhC?

A. Applicant – We do have a legal agreement. There is a current sitting tenant but the Co-op own the master lease and if all goes to plan it would just be a case of transferring the agreement to myself. I think the reason I said no to that was because technically we are not in ownership and you are in ownership only if you get it. There is a monetary arrangement right now but I'm not paying for the actual lease currently.

11.2 Q. You should get it registered with the GPhC?

A. Applicant – absolutely.

12. Chair

12.1 Q. Thank you for showing some of the panel members round earlier on this morning. Did I heard you correctly that it would be yourself and another two full-time members of staff and another member of staff. Are you confident the unit is big enough for this staffing, a consultation room and the usual display units for non-prescription goods and other services?

A. Applicant – We have had professional people look at the area and it would be a well- sized shop. In terms of a consultation room we will be adhering to the various regulations as well as the Disability Act for wheelchair access, a significant retail space including a well sized dispensary.

13. Caroline Morgan

13.1 Q. Do you have layout and plans in place?

A. Applicant - Yes but I wasn't asked to bring them along so didn't.

14. Chair

14.1 Q. How long do you think people should wait for a prescription before it comes too long a wait ? What do you think is a preferred time what are your waiting times in your other community pharmacies ?

A. Applicant – We do not give waiting times, however, confident we work to a diligent working level. Our waiting time is a maximum of ten minutes. That is what I would expect our patients to wait.

14.2 Q. Do you have customer satisfaction surveys in place ?

A. Applicant – We have a suggestion box. One or two surveys have been carried out identifying busiest periods in the pharmacy and make sure we have the right staff at those times.

15. John Mitchell

15.1 Q. How would you go about doing registrations to give us an idea of how you will provide this higher level of service? Can you tell us about what you are currently doing just to give us a comparison ?

A. Applicant – I think that regarding registrations we are on or above average. We have a community about 1200 residents, we have 400 registered.

15.2 Q. How many items is that dispensed a month ?

A. Applicant -2800 to 3000. In the community I am in there is significant deprivation but manage that well. If compared to slides on performance we are doing dispensing as similar to those in the area of 11,000 to 13,000.

The Chair confirmed there were no further questions to the applicant at this time and asked for the presentation from the APC representative.

16. Presentation from the Area Pharmaceutical Committee (APC) Representative

16.1 The APC met on 5th June to discuss the application and the information given to us. The committee acknowledged receipt of the application, the consultation analysis and an additional NHS Highland paper on the profile of dispensing in the area which formed the basis for the discussion and the decision. We agreed with the defined neighbourhood, the boundaries are all quite natural. We also noted that over half the residents are registered out with the area and 60% of prescriptions did not go to Culloden pharmacy but quite a significant number of people from the area go out with the area for a GP or pharmacy services. This is representative of a mobile city population who go out of the area for work, shopping. We acknowledge that the public consultation respondents stated they felt there were gaps or inadequacies in the provision of pharmaceutical services, these were not described in further detail in the application or provided letter of evidence of such. The applicant did not provide any detail as to why he felt the current provision of pharmacy services was insufficient we would be looking for evidence or figures to back up the opinion of the population so based on that information, we did not feel the contract was necessary or desirable.

The chairman thanked Mr Murray and then invited questions to the APC representative, starting with the applicant.

16.2 Applicant – Within the letter of submission, 60% of prescriptions are coming from Culloden surgeries but the briefing talks about the percentage comes from the neighbourhood and the idea that it is a mobile city situation doesn't bear out with the briefing paper information as most of the patients across the city are actually registered with the doctors within the city centre so that sort of mobility applies to the whole city?

A. APC – The map shows where the prescriptions go to for other areas and does go quite a long way across Inverness.

16.3 Applicant -You mention the issues of residents weren't dictated by myself. Do you think this necessary as the Board provided a robust CAR?

A. APC – We acknowledged that it had the backing of the respondents but we would be looking for evidence of the inadequacy of services

16.4 Applicant – Would you not say that there was pretty emphatic statements and the Board prided itself in saying that a pharmacy would alleviate this stress that residents had in walking to the pharmacies and the troubles they experienced with public transport?

A. APC – It does make part of the case but I couldn't say it is all.

17. Questions from Interested Parties to the APC

There were none. There were also no questions to the APC from members of the panel.

The Chair thanked the APC representative and then invited Rowlands Pharmacy to present.

18. Rowlands Pharmacy

18.1 Thanks for allowing me to represent the views of Rowlands Pharmacy and explain why we believe the application for a new pharmacy at Cradlehall Court is neither necessary nor desirable to secure adequate pharmaceutical services.

In order to cover the legal test we would like to say that the neighbourhood is defined as including the area down to the junction i.e. East – A96 > Barn Church Road > Culloden Road > B9006; South – B9006 > Culloden Road > A9; West – A9; North – A96. Within this neighbourhood there is one existing community pharmacy, Rowlands at Culloden and one GP surgery. If we first look at the consultation analysis report, specifically question 8 to question 9. This particular respondent makes a concerning assertion regarding the validity of the CAR. Relating to whether or not the applicant intends to provide substance misuse services. It is stated that the applicant informed the community council that he would categorically not provide substance misuse services. If it is accurate, a large proportion of the people responding to the consultation questionnaire may have done so thinking that the applicant intends not to provide substance misuse services. If this indeed is the case, it is questionable whether the CAR responses should be used as an argument for a new pharmacy in Cradlehall. In addition it would appear that for many respondents to the CAR a new pharmacy is an argument purely of convenience and not necessity or desirability. Indeed if anyone was asked would you want a pharmacy on your doorstep who would say no? It is likely that many of the residents of the neighbourhood will be registered with a GP at Culloden or out with the neighbourhood, so already have to leave the neighbourhood to access healthcare. No doubt pharmacy services are accessed at the same time. Moreover,

food shopping, banking and other tasks of daily living are also most likely taking place out with the neighbourhood on a regular basis. As a result, opening a new pharmacy at the proposed site does nothing for improving access to pharmaceutical services.

Rowlands provides all services of core services of the contract, MAS, Public Health Services (PHS) including smoking cessation and EHC, Gluten Free Food Services (GFFS), Acute Medication Service (AMS) and CMS. It provides travel health services both vaccinations and anti-malaria prophylaxis and a care at home advice service. It provides substance misuse services to 15 patients roughly, and Monitored Dosage Service (MDS) trays to 170 patients and is not at capacity for either. It also provides a full-time five day delivery service to approximately 300 patients. Our team consists of an experienced pharmacist branch manager, Charlotte, who has been in post for approximately four years, a senior ACT technician Mhairi to assist with the dispensing volume and a team with a broad skill mix. We provide pharmaceutical care to many residents of the defined neighbourhood and all have been with us for many, many years. There is nothing to suggest that our pharmacy or indeed others are offering poor or inadequate service. Consequently, I cannot see a need for a pharmacy in the neighbourhood as defined.

The chair then invited questions from the applicant to Rowlands Pharmacy, followed by questions from the other interested parties and then questions from the panel.

18.2 Q. Applicant – you mention core services as adequately delivered. Within the CAR there are many comments to say quite the opposite. Some comments were not conducive for this public hearing. I am trying to get an understanding of how an entire community responded to the largest public consultation are saying one thing and you mention you are offering some core services adequately. Could you clarify ?

A. Rowlands - We are providing all core services with, as far as I'm aware adequate waiting times for a business that does between 11,500 to 13,500 items.

18.3 Q. Applicant – When talking about waiting times – one comment mentioned that Culloden pharmacy counter services are very poor with busy waiting times of 20 to 30 minutes. With the new houses, the chemist is a bit overwhelmed. You mention there is adequate waiting times but the residents are saying something quite different and the community council in the letter of submission also say that there are erratic waiting times. Do you do any sort of assessment of waiting times and how can you prove the waiting times are actually adequate and not what people actually say?

A. Rowlands - Waiting times are there for safety not about getting things in and out as quick as possible. We do have Regional Managers who do regular assessments within the branch and looking at staff sickness, maternity leave. I think it would appropriate that those many items have 10 to 20 minutes wait.

18.4 Q. Applicant – do you think it appropriate that residents are saying that it is actually beyond that and it takes 20 minutes just to get counter service?

A. Rowlands – As far as doing 15,000 items alone, I think it is appropriate considering the amount of services being provided. Things happen on a day to day basis which I am sure you will be well aware of. People phone in sick last minute, things happen last minute and that does at times affect waiting times on days we do not have full staff but it doesn't happen a lot of the time but there will be times when customers may get frustrated.

18.5 Q. Applicant – if busy pharmacy it is acceptable to have these waiting times?

A. Rowlands – I think it is important to deliver the message that we are trying to deliver a service quickly and safely. In the attenuating circumstances then yes it is acceptable.

18.6 Q. Applicant – There are numerous comments about missed deliveries, deliveries not made on time, double deliveries - it seems the pharmacy is under stress so how can you justify that delivery time ?

A. Rowlands – we have a full time driver working five days delivering to approx 300 patients. It is unreasonable to assume there might not be the odd missed delivery. People nominate a day and we will deliver on that day. We try to offer the service to vulnerable or housebound patients so to have a specific time it shouldn't be necessary, but there is no incidence of a driver not being present for delivery and we have provision if a driver is off sick where another member of staff is registered with the company that they can drive the work van.

18.7 Q. Applicant - Have you read the comments in detail ?

A. Rowlands –Yes. It would be unreasonable to expect delivering to 300 patients there would not be an occasional mistake.

Chair – You are asking the same question

18.8 Q. Applicant – you have obviously changed neighbourhood and can you give the reason for that?

A. Rowlands – I didn't think the train line was an adequate boundary. There are houses north of the boundary, the road splits at Culloden, couldn't understand the reasoning to include the houses below that train line but excluding those above it. I assumed you were talking about the time to walk to the pharmacy and thought it convenient to exclude those houses based on the fact that the GP surgery and the pharmacy were within that boundary.

18.9 Q. Community Council – Could you clarify the point made on methadone service?

A. Rowlands – it was stated that it was not going to be provided and some people might have responded to the CAR thinking that it was not going to be provided. It is a contractual service and should be dispensed if a script came in. Some people might have felt that it wasn't going to be provided and potentially not in the future.

18.10 Q. Community Council - Is there a formal process for recording waiting times amongst all community pharmacies ?

A. Rowlands – Nothing definitive but it is recorded within the branch.

18.11 Q. Community Council -Waiting times do seem to be an issue do you think there should be a formal way of recording waiting times and of what waiting times residents should expect?

A. Rowlands – We would advise on presentation of the script but would not document. We try to keep it as low as possible but depending on staffing this needs to be altered. Its not something we record or document in an official way.

18.12 Q. Boots – Would you agree that patient safety is paramount and waiting times should be adjusted accordingly?

A. Rowlands – Yes

18.13 A. Caroline Morgan – Have you had any official complaint about waiting times?

A. Rowlands – No

18.14 Q. Caroline Morgan– Do you have plans, if stretched to full capacity, for the new housing?.

A. Rowlands – Branch manager visits monthly and do a regular assessment on workload and staff.

18.15 Q. Ian Gibson – Can you confirm your staffing ?

A. Rowlands – We have a Manager, senior technician and an ACT (Accredited Checking Technician).

18.16 Q. Ian Gibson – Over the last five years there has been a 16 ½ % increase in activity, have staffing levels increased?

A. Rowlands – This has been assessed, considered adequate and safe.

The Chair thanked the Rowlands representative and then invited the Tesco Pharmacy representative to present.

19. Presentation by Tesco Pharmacy

19.1 Thank you chair and panel for allowing me, on behalf of Tesco, to express my views on this application today. We agree that within the defined neighbourhood boundaries there is no pharmacy service, however, I believe adequate service is provided by existing pharmacies in the surrounding neighbourhoods. There is no GP surgery within the defined neighbourhood so the population are already travelling throughout the city to access such services if needed acutely, and so will often access pharmacy outside of home neighbourhood adjacent to the GP surgery to collect a prescription. For those with regular medication we provide a repeat prescription collection service from all surgeries within Inverness and 2 in Culloden. We have a text messaging service so that we can alert patients to know when their medication is completed and ready to be collected to avoid some of that waiting time. We believe the area is an affluent area with high car ownership and so people are able to access services from across the city from the existing pharmacies. We have plentiful free parking outside of the store including disabled bays and mother and child spaces with easy access to the store. For those that don't have access to a car, there is a bus service running every 30 minutes that stops at the Inshes Retail Park. We are open extended hours from 8am to 8pm Monday to Saturday and from 10am to 4pm on a Sunday which is more than the applicant would be providing, giving people the opportunity to collect and access outside of working hours. We provide a full pharmaceutical service; AMS, eMAS over 700 registrations, CMS, Unscheduled care: Urgent supply of medication, Pharmacy First (UTI and Impetigo), Public Health Service; Smoking Cessation and EHC, Methadone and supervised Buprenorphine, Hepatitis C Drug Dispensing, Compliance devices (blister packs), Gluten Free Food Service, palliative care medicines and frequently fill these prescriptions. We also provide a private Travel Health, Erectile Dysfunction, Flu vaccination and Meningitis vaccination service. A confidential room is available for private consultations. We have a checking technician and 3-4 hours a day when 2 pharmacists are available. If we were to stand in our store at lunchtime you can see customers visiting from the Business Park and from the Inverness campus coming in to pick up their lunch and at that time would have access to the pharmacy services. We are also open at lunchtime. We know from our own customer insight and sales data that the population surrounding the proposed pharmacy site are already travelling to our store to do shopping and can access pharmacy services at this time and when it is convenient to them as we are open extended hours. We have examples of recent customer feedback includes 'the manager runs an extremely efficient

service and all the staff know their job and have good customer care”, “friendly helpful service”. Last year our own customer feedback told us that 77% of respondents felt that we provide a friendly pharmacy service, 75% felt the service wasn’t rushed, 70% acknowledged quickly by pharmacy staff.

The chair then invited questions from the applicant to Tesco Pharmacy, followed by questions from the other interested parties and then questions from the panel.

19.2 Q. Applicant – You mention there is plentiful parking but some of the comments in the CAR would suggest that this is difficult?

A. Tesco – We have responded to that. We know that some of the hospital staff use the car park but a system is being put in place on Monday where you would have to have a sticker if there for long periods or you would be served with a notice.

19.3 Q. Applicant – Some of the biggest complaints were waiting times. You say you have you own in-house way of assessing this. Can you elaborate on this because we have this body of evidence which states the contrary?

A. Tesco – There will always be some disgruntled people and those wishing to express their opinion. About 10 or 11% of about 500 responded, but if we get complaints in the pharmacy we would look to how we would deal with this. We have an action plan around this. We have a productivity model and if more hours are required then we would invest in that.

19.4 Q. APC – With regard to extended hours – is there a demand for these extended hours ?

A. Tesco – yes.

19.5 Q. Caroline Morgan – Have you received any official complaint about waiting times ?

A. Tesco - None official. We do get comments from our feedback survey but we would look to respond and make changes at any point.

19.6 Q. Ian Gibson – With regard to the CMS is there any particular reason why the smoking cessation and NRT uptake at Tesco is lower than others, is that location or referrals ?

A. Tesco – We do not get much demand for this service but would provide it if asked.

19.7 Q. Chair – How do you promote it within the store at the moment?

A. Tesco – By way of promotions, having people out front advertising the services etc, promotion of Stoptober campaign and we have a good relationship with local smoking advisors.

The Chair thanked Tesco representatives and then invited Boots to give their presentation.

20. Presentation by Boots

20.1 Thank you for giving me the opportunity to speak today. We are here today to make representations as an interested party, as our pharmacies in Inverness provide services to the neighbourhood, in particular our pharmacy at the retail park

Legal Test - The PPC will need to consider: The definition of the neighbourhood of the application, whether the current provision of pharmaceutical services to/within the neighbourhood is adequate. If members of the PPC determine that the current provision to the neighbourhood is adequate, then the application should be refused. If the PPC consider the current provision is not adequate only then should they move on to consider, whether it is necessary to grant the application in order to secure an adequate pharmaceutical service within the neighbourhood or whether it is desirable to grant the application in order to secure an adequate pharmaceutical service within the neighbourhood. Boots' case is that the existing pharmacy provision more than adequately meets the needs of the local population and persons within the neighbourhood.

We accept that the first part of the legal test is to define the neighbourhood of the application but believe that the boundaries are somewhat academic in this case. The boundaries of the neighbourhood defined in the application are not barriers to access for residents living within the neighbourhood. For example – both the railway line and the A9 can be crossed both by road and on foot – A good example is from the UHI (University of the Highlands and Islands) campus at one end of the Neighbourhood, it is central to a good path network – thus 20 minutes to Boots at Retail Park (over the railway), 18 minutes walk to Tesco (over the A9) on wide dual use pavements and a longer 22 minutes to Cradlehall Court, some roads without pavements, single track. At the other end of the neighbourhood, Woodside Farm area, it is actually closer to Culloden than Cradlehall Court with more buses to Culloden.

The neighbourhood defined does not exist in isolation as it has good road and transport links to the wider area. e.g. from the primary school, it is a 6 minute drive to Rowlands Pharmacy or 15 minute bus journey, Tesco is closer at 1.7 miles although granted the bus service is not so strong.

Should the panel accept the neighbourhood defined by the applicant, services provided to the neighbourhood from pharmacies located out with should be considered when determining whether the existing services is adequate. This approach is supported by previous case law.

Many of the neighbourhood's residents are likely to be registered with the GP in Culloden, however it is also possible that residents could be registered in one of a number of practices across the wider Inverness area as already stated. You do not need to be registered with the GP closest to you and many residents within Inverness do use GPs across the city. There was a previous application in 2012 which was refused by PPC as deemed neither necessary nor desirable. At this time the panel noted car ownership and frequent bus service. Most households would travel out of the area for work and access services. The population were considered to move freely around the city and access the services where they needed them. It is noted that within the neighbourhood defined there are no services and that pharmaceutical services are currently being provided by pharmacies out with the neighbourhood and three pharmacies adjacent to the boundaries of the neighbourhood.

The Committee recognised that they needed to consider whether adequate pharmaceutical services were being provided from these pharmacies bearing in mind that the residents can and do choose to access pharmacies throughout Inverness as they do for dental and other healthcare providers.

Demographics - Whilst no data on the National Statistics database mirrors the neighbourhood defined by the applicant exactly, the data for the Westhill (Highland) locality best reflects the neighbourhood. This locality includes all of the area of Inshes Wood,

Westhill and Cradlehall between the A9, the railway line and the open land to the south and east. The data I have shows a population of 5265 at the time of the 2011 census, a high level of car ownership amongst households with 88% of households having access to a private vehicle versus 74% for Inverness and Nairn and 69% nationally. 40% of households have access to two or more vehicles versus 27% nationally. A good level of health amongst residents with 90% rating their health as good or very good, High levels of home ownership at 79% versus 62% nationally, The percentage of residents over 60 is lower than the national average at 18.5% versus 23.2% from Scotland – information from the census.

Adequacy - While there is no pharmacy currently in the neighbourhood defined by the applicant the committee must consider the pharmaceutical services available to the neighbourhood provided from pharmacies out with. Our pharmacy at the retail park on Eastfield Way, is one of the closest as the crow flies to the proposed pharmacy. Our pharmacy is open seven days a week, until 8pm in the evening weekdays and 6pm weekends. Our pharmacy offers all core services and an extensive range of additional services including: Minor ailments service, methadone supervision, Palliative care service, Emergency Hormonal Contraception, smoking cessation (NHS), Treatment for impetigo, Treatment for UTIs, Care at Home service and provision of compliance aids, Private services - Meningitis B vaccine, Travel vaccination Clinic and Private Flu vaccinations, A delivery service is available from our pharmacy six days a week with a Saturday provision for emergencies. Our Pharmacists there have undergone the Boots Macmillan Information Training and Dementia friendly training to support the population. We do also have a text service for when prescriptions are ready.

Our pharmacy in the Eastgate Shopping Centre in the centre of Inverness is also open seven days a week and also provides an extensive range of services. This includes a supply to Care Homes in the Inverness area and out with, we supply the monthly medicines to Cradlehall Care Home including daily acutes, by delivery. MCR is not available to Care Home residents which could account for the difference between pharmacies around the ratios around the number of CMS versus items. e.g. Eastgate store, half the items would come from the Care Home services as opposed to people who do have access to MCR.

The applicant is not proposing to offer services that, if not already provided, could not be provided by one of the existing pharmacies. We submit that the existing pharmacies provide an adequate level and range of pharmaceutical services to residents of Cradlehall. The applicant has failed to show any evidence of inadequacy in the existing services.

Access – Many of the existing pharmacies are located where patients go to visit their GP, access other key facilities such as banks or carry out their regular shop.

Car ownership in the locality is high with 88% of households having access to at least one private vehicle. Many residents will have little difficulty accessing a choice of pharmacies by car at times to suit their needs with the extended hours at Boots and Tesco.

Parking is available at the existing pharmacies with free parking at a number of sites (including ample parking at Boots, Eastfield Way Retail Park). This pharmacy is DDA (Disability Discrimination Act) compliant and has disabled parking spaces at the front door.

The area is served by public transport for any residents who do not have access to private vehicle.

Several bus services are available throughout the area. There is concessionary bus travel available to those who are eligible and national entitled card holders can travel on unscheduled long-distance coaches throughout Scotland free at any time of day or any number of journeys. Delivery services are provided by the existing pharmacies.

There is no evidence to indicate that patients are experiencing significant difficulties when wishing to access pharmaceutical services.

The CAR report and representations - We would like to draw the panel's attention to a few matters within the consultation:

a. The list of services proposed during the consultation does not match those within the application, and we have actually covered this but would like to draw your attention to the letter from Mr David Denoon of the Myrtle town Park Residents Association with regard to the services surrounding substance misuse.

b. Not all respondents support the pharmacy and there appears to be a strong feeling against dispensing methadone prescriptions.

In summary, there are a number of pharmacies that provide adequate services to the neighbourhood and that are accessible from the proposed site. The applicant has not identified a need for a particular service that cannot be met by the existing contractors. The population benefits from higher than average levels of car ownership, frequent bus services run the area, and local pharmacies provide delivery services. In summary we submit that the existing pharmacy provision is adequate and that the proposed pharmacy is neither necessary nor desirable to secure the provision of pharmaceutical services in the neighbourhood in question.

We respectfully ask that the application should be refused.

The chair then invited questions from the applicant to Boots Pharmacy followed by questions from the other interested parties and then questions from the panel.

20.2 Q. Area Pharmaceutical Committee – With regard to extended hours, do you think these are adequate?

A. Boots – Yes, it is busy at tea time when people are going home.

20.3 Q. Community Council – There have been items in the Press about Boots shutting shops. Does that include pharmacies as well?

A. Boots – This is most likely to be in the south. Funding for pharmacies in England is different from Scotland. We would not be expecting any closures in the Inverness area.

There were no further questions for Boots from the other interested parties.

20.4 Q. Gaenor Rodgers – With 2000 homes going in there, do you have plans in place for additional homes with families to deal with regard to the stretched services?

A. Boots – Similar to Tesco, we assess on a quarterly basis, look at workload and adjust the level of resource depending on the increase. We have a model in place for a quarterly assessment.

20.5 Q. Ian Gibson - Were you challenging the neighbourhood?

A. Boots – No, we didn't challenge the neighbourhood, people in the neighbourhood would access those pharmacies on the boundary

20.6 Q. Ian Gibson – The figures you quoted about car ownership seemed to be at variance to that given in the presentation?

A. Boots – The information came from the 2011 census.31.7

20.7 Q. Chair – There is a delivery service available is that includes Boots?

A. Boots – Yes, 6 days a week. We would prefer for people to come in to speak to a pharmacist but we provide that service to those more housebound and immobile.

The Chair thanked Boots for their presentation and invited the representative from the Community Council to present.

21. Presentation by Cradlehall & Westhill Community Council

21.1 This application was widely welcomed in the community. Many of the residents had expressed their disappointment about the refusal of a previous application for a pharmacy in Cradlehall Court and the refusal of a planning application for the construction of further retail units adjacent to the existing retail units, one of which it was hoped would be a pharmacy.

The role of Community Council is to make people aware of process and business to participate in consultation survey. The pharmacy application featured on the agenda on a number of occasions with the public seeking information and expressing their views on the application process and its timescale, the scope of the service to be offered, opening hours and precisely where the pharmacy would be located. There was concern about a shop having to close or move to accommodate a pharmacy. The Community Council invited the applicant to a number of meetings. Local counsellors provided support and information based on their experience gathered from other applications. Community Counsellors assisted with the distribution and collection of the responses and the existing shop in Cradlehall Court acted as collection point for completed surveys.

According to data from Highland Council website, the population of the area is 5,616 so the number of responses received from within this area 680 represents 12.1% of its population, which demonstrates the significance of the issue to the residents.

The Highland Council scheme for establishments of community councils state they have a duty to represent views of local community. We forwarded our letter dated 23rd May advising support for the application. The letter also pointed out some concerns from residents about methadone and needle exchange services. This was included to demonstrate we recognised these concerns and sought to clarify this issue. We believe that the table summarising the responses contained in Appendix 4 reflects the views of residents and expressed Community Councillors of the consultation process and expand on some of these issues as follows :

The boundary outlined in the CAR poses an area significantly smaller than community council area however it is likely to include all the population of the community council area

The proposed location is reasonably central in the neighbourhood and the existing shops and businesses widely used by those living in the neighbourhood. The existing shopping area is readily accessible by foot and there is parking available. The volume of business enjoyed by the Co-op, hairdresser and dentist confirms this.

The number of responses from those living within the outlined area is very encouraging from the point of view of both community involvement in the consultation process and validity of analyses carried out by the responses

Many thought the proposed opening hours were adequate for weekdays but felt the proposed 1.00 pm closing on Saturday was too early

The majority of comments to the community council noted it could be difficult to get to the nearest pharmacy if you didn't have a car. Walking is out of the question for elderly or parents with children. Bus time tables could be disrupted by weather but some would endure this to submit or pick up a prescription. They would not consider this for other pharmacy services

By far the majority of residents thought it was necessary to have a pharmacy in the neighbourhood. A number commented that nearest doctors surgeries were quite far away at Culloden and Drakies, and it would be quite a benefit for a pharmacy to go to for advice and information, however, only a few were aware of the scope of the minor ailment service.

The nearest doctor surgery is some distance away so the availability of a pharmacy to refer to might avoid the necessity of appointments with the doctor and the associated travel to the surgery for relatively minor issues and thus reduce their workload.

It was felt that the additional help of healthcare professionals in the neighbourhood should provide a source of reference for the dental surgery and any healthcare professional working in the neighbourhood. It would be an advantage to the adjacent Cradlehall Nursing Home and the 90 bed Care Home currently under construction.

We believe that the above demonstrates our views of the Community Council and representative of the community i.e. a pharmacy in Cradlehall is necessary to ensure the adequate provision of pharmaceutical services in this neighbourhood and would be of significant benefit to the community.

The chair then invited questions from the applicant, followed by questions from the other interested parties and the panel.

21.2 Q. Applicant – You mention there are a number of residents with a car and that these services are necessary; why do you think that a pharmacy would be necessary ?

A. CC – for people to have somewhere to go for prescriptions, assistance with bee strings to domestic things bunions etc. I am not fully aware myself if that is the sort of thing that has been relayed to us. If there was some there they would go there but they wouldn't go on a bus to Tesco or Culloden for that sort of thing.

21.2 Q. Applicant – do you think most of the residents of the community experienced the extended waiting times and long processing times for prescriptions?

A. CC – Waiting times was an issue for a lot of people. The consensus was that they were not happy, hence my question on how are waiting times recorded. They don't know until they get there how long they are going to wait.

21.3 Q. Applicant – what is the biggest barrier to access - walk, buses etc?

A. CC - I think it depends on the people. A number of elderly seem to be quite happy to toddle to the shops daily for newspaper etc but find having to go to Tesco, Culloden or into town to get a prescription can be an ordeal. If you have a car, again it's maybe a bit more straight forward. Another group is mothers with young kids and you often see them going to shop during the day and a number have said they would not contemplate the journey to Tesco with children in tow.

21.2 Q. APC – There is a recurring theme – why is there not a wish for methadone?

A. CC - We had a number of meetings where this was one of the main items on the agenda - the application . At one of the meetings maybe two or three months prior to the end of the consultation period, a couple came in and raised this issue. Speaking from their experience, they were from the west of Scotland, Motherwell area where the local community pharmacy apparently had a lot of people using it for methadone and needle exchange, I don't know how many but they also described quite a problem in the neighbourhood of drug addiction, drug issues with the school and they had moved from that area to Inverness where they felt the likelihood of such situations much less likely and I think in all honesty became quite alarmed at the pharmacy application which they thought might rekindle or instigate similar issues. We recognised that this was an issue as others held similar views. Cllr David Denoon wrote opposing the application but the majority of the community council voiced support for the application.

21.3 Q. APC - What would be your response biased toward supporting the application?

A. CC - The majority of people came to meetings, certainly I spoke to a few who were in favour, however some not in favour. The Community Council was not unanimous in it but the majority felt there was a benefit to the community.

There were no further questions from the other Interested Parties.

21.5 Q. Chair – What sort of numbers of people were coming to discuss the application and what sort of numbers attended ?

A. CC - Maybe an additional 20 but unfortunately a number of CC meetings are poorly attended and between Community Counsellors and Highland Counsellors, they can be more than the public but this issue certainly raised interest and people came to find out where it was going to be, what was happening and certainly a lot were interested in taking part in the survey and basically the Community Council tried to facilitate that by making the surveys available in the shops etc.

21.6 Q. Gaenor Rodgers – On the topic of the survey talking about the Community Council facilitating the handouts and those in the shops. Did this contribute to the massive return ?

A. CC - I think it did and what also helped was the forms were made available in the shops where people go. I think they were maybe available at the Library, but my personal view is that there would not have been the uptake but the fact they were there and available helped.

The Chair thanked the Community Council representative given that there were no further questions from those present.

22. The Chair concluded that to be the views from the Interested Parties. He moved to the summing up and stated that no new evidence could be raised at this point.

22.1 APC – I am here to give the opinion of the APC that there was insufficient evidence presented. I have nothing to add.

22.2 Rowlands – I have nothing to add. We feel the application is not necessary or desirable. We provide all the services available.

22.3 Tesco. – The current provision is adequate and that the application is not necessary or desirable.

22.4 Boots - We submit that the existing pharmacy provision is adequate and propose it is neither necessary nor desirable to provide further pharmaceutical services in the neighbourhood.

22.5 Community Council – I repeat we believe that the community feels the pharmacy is necessary and would be a great benefit to the community.

22.6 Applicant – I would like to clarify two significant points.

One about the methadone provision . At the very first community council meeting I attended this was a talking point but had done some research about demographics, the health of the population, service users and what sort of people would use service. It was quite apparent there would be no need in the community to use that service. That said I felt it important to list it as a service which would allow the residents help inform the provision of future services. It is an additional service and the fact that Highland Board have also agreed it is not a provision suited or appropriate for the community as did the Addictions Team and it is a good point we should not overlook this as it was only used to gauge the views, responses and sentiments of the residents. It is quite clear the residents do not want to use the service although there was some concern over the public perception but overall it is a service not bespoke to this service . Delivery service – it is a service that does not offer all core services. We cannot expect an entire community to have their medicines from the back of a delivery van essentially and the most important thing is they do not have face to face contact a lot of the pharmacies are moving to charging patients for prescriptions but should not encourage an entire neighbourhood to be reliant on a delivery service.

Talking about two important things, the access to existing pharmacies is poor and the experience the residents have is when they get to a pharmacy it is stretched to capacity. We looked at walking and using a bus, using a car. When it comes to walking, there is simply too long a distance, over a hilly area and residents do not want to walk to existing services so this option is ruled out. When it comes to the buses, the services are poor and on average 1.5 hour travel time but if using Boots goes up to 2.5 hours. Also, the cost element is prohibitive for some people. There are a number of people who have their own cars but much less than Milton of Leys and Dalneigh who actually have much higher car ownership. Those who do have cars use them to commute to work. So when the pharmacy is open, the car availability is very limited.

Stretched services – waiting too long for prescriptions, waiting time to get to counter and then further waiting time to collect their prescription, poor staffing. The CAR references many comments that Rowlands is at capacity for deliveries. Most commonly used pharmacies are not doing well compared to Inverness averages which proves a pharmacy within this neighbourhood is required . Also considering the massive housing boom in an around this area. The population is growing with insufficient healthcare service being provided for this significant community.

Summary – examined key pieces of evidence which relate to poor access, the most compelling evidence is the highest engagement across Scotland, difficult to walk, use public transport and then they have to contend with long waiting times and the local representatives are saying the same thing. The Community Council in its letter states this also. Crucially, Highland Board care plan raise these issues in certain sections in the area there will be some areas which will encounter problems as the pharmacists and support staff are under

stress. It is important to look at the significant housing boom and the dispensing volumes of the Culloden Pharmacy.

Finally, Highland council offering thousands of homes. It mentions that a pharmacy is needed because the existing service is inadequate. Thank you for listening to me. I like to think that this application is the voice of the community that has come through and implore you to listen to the comments and sentiments of the community that they want it in the area, you should acknowledge this and appreciate it.

23. The Chairman asked if anyone had anything they wished to leave the panel with to help in their deliberation. He asked if everyone was happy that this had been a fair Hearing to which the Applicant and Interested Parties replied – Yes.

The Chairman thanked everyone for attending and explained they would be notified in due course.

The Panel and Board Members remained in the meeting to consider the application.

24. Deliberations

The Panel and Board Members remained in the meeting to consider and answer any questions prior to leaving the Lay Members an opportunity to make their decision.

The Chairman asked if there was anything else to be discussed prior to the Lay Members being allowed to make their decision. There being nothing else to discuss, the Board Members and professional representatives left the room.

25. DECISION :-

25.1 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 school, land use and topography, and the distance and the means by which residents are required to travel to existing pharmacies and other services.

In addition, it anticipated future developments including plans for the further expansion of housing estates in the Culloden area.

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, and it was unanimously agreed that the neighbourhood was as defined by the Applicant in his submission.

North - Along the Railway Line from A96 to Tower Road that meets Culloden Wood

East - Culloden Wood to B9006/Culloden Road

South - (including homes to south of) B9006/Culloden Road to A9

West - A9 to Raigmore Interchange to meet A96

25.2 **Description of Neighbourhood** –

In general, the above areas described are within the Community Council area of Cradlehall and Westhill and it was accepted that The boundary outlined in the CAR poses an area significantly smaller than community council area however it is likely to include all the population of the community council area.

The PPC agreed with the applicant's description of the neighbourhood. The proposal of an alternative neighbourhood described by Rowlands was rejected by the PPC as it described and the following discussion appeared to only include a single row of houses which were considered to be of little material difference to the population. The railway line is a manmade barrier.

It was agreed that the area was considered to be very hilly thus resulting in existing problems for the elderly and disabled members of the community.

In considering this area the Committee were of the opinion that the neighbourhood contained all the requirements of daily living such as a Co-op retail outlet, Dentist, Primary School, Hairdresser, Nursery and two Care Homes. It was highlighted that the residents of the community considered their area to be a single community.

Special regard was made to the requirements of the Equality Act 2010 :

- The need to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act;
- Advance equality of opportunity between people who share a protected characteristic and those who do not;
- Foster good relations between people who share a protected characteristic and those who do not.

25.3 **Adequacy of existing provision of pharmaceutical services and Necessity 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 noted there were no pharmaceutical services in the area but pharmaceutical services were provided by pharmacies outwith the neighbourhood.

The Committee noted the information compiled by the Highland Health Board Health Intelligence Team. The Committee were aware of the differences in statistical information provided by the Applicant in his presentation and the representative from Boots Pharmacy. The Committee considered that the source of information which Boots relied on was out of date, being from 2011 census given the extensive changes within the locality, whereas the Applicant sourced data from the 2016 Scotland census and National Records Scotland 2017.

The residents did not consider the services adequate which was evidenced by the CAR which was of notably high response to the survey, MSPs and also local Councillors, and the Community Council feedback.

It was accepted that there is an average level of need across the demographic groups.

Due to the distance, travel options and topography, residents are not able to easily access core services.

The committee considered their responsibility under the Equality Act to reduce inequality. It felt that the benefit of a local service would reduce the impact on the elderly and disabled who are currently disproportionately impacted.

The committee considered the difficulty that some residents have accessing services out with their local area contributing to inadequate service provision. In addition to this, the committee considered those without cars who would have reduced access to service or necessitating the need to make the difficult decision of other options of travel thereby taking considerable time.

In response to whether the delivery services meet the population need for pharmaceutical services, the committee felt this to be the case purely for delivery but not for other services i.e. core services or face to face consultations. The committee recognise that delivery services are not a core part of the contract.

The Committee took into consideration submissions by Rowlands Pharmacy, Boots and Tesco Pharmacy along with the Community Council and APC.

There was anecdotal evidence and information from the CAR of long travelling times and difficulty in accessing existing pharmaceutical services in other neighbourhoods and due to this that perhaps the elderly population were unable to access such services as the Medications Care Review (MCR), Minor Ailment Service (MAS), Public Health Services (PHS), however, these can currently be accessed outwith the neighbourhood, noting there is concessionary bus travel for those who are eligible.

The Committee, in determining the adequacy of existing provision of pharmaceutical services in the defined neighbourhood, took account of the evidence provided by the Applicant and the Interested Parties and made available from other sources and concluded that the level of existing pharmaceutical services was adequate at the present time.

The Committee acknowledged the lack of formal complaints received by the Health Board as confirmed by the NHS Highland Clinical Governance Department.

25.4 Securing adequacy of provision for the future – The committee considered the likelihood of any existing pharmacy likely to close at a future date as a result of this application being granted not to be the case.

The committee considered any possible reduction in service provision which might occur as likely to be sufficient cause for any existing pharmacy to close not to be the case. When Boots were asked specifically they replied “No”. Other Interested Parties did not refer to this but did say staffing could be flexed.

When considering any unmet need for pharmaceutical services generating additional income for the pharmacies the committee felt there may be potential for this (Noted it was mentioned by Boots and Tesco of local provision of private services such as flu vaccination etc) but it was not evidenced by the applicant.

The committee considered whether the proposed pharmacy would be likely to closure at a future date and felt this not to be the case given that there is extensive development at the edges of the neighbourhood and development of the area surrounding the University campus and associated population increase.

When considering the amount of people the pharmacy is likely to provide services to, would this be sufficient to ensure sustainability. It felt the current new housing (circa 5,000) in the near future would ensure sustainability as a result of the increased population. The housing is of mixed type provision.

The local population, the committee felt, would be likely to continue to support a local pharmacy based on the high response rate to the survey and largely positive comments in the CAR and the letters of support.

25.5 Is it necessary to grant the application to make up for a shortfall

The committee felt this not to be the case. The committee felt that people were currently being provided with a service, but that this service is not easily accessible by all the residents.

25.6 Is it desirable to grant the application which might result in over provision at the present time but would result in securing adequacy for the future.

The committee felt this to be the case, given that there is extensive development at the edges of the neighbourhood and development of the area surrounding the University campus and associated population increase.

When considering the data relating to the demographics, social environment, economic opportunity and the health and wellbeing of the residents, this indicated the need for pharmaceutical services in this neighbourhood was likely to increase. The committee felt this to be the case with (i) the ageing population and (ii) the new build houses in the adjacent neighbourhood.

When considering whether this pharmacy would be required to meet any increased need, it felt this to be the case due to the fact core services in existing providers would be stretched.

The Committee decided to grant the application submitted by Mr. M. Ameen, for Cradlehall Pharmacy, Unit 4 Cradlehall Court, Inverness. IV2 5WD

In accordance with the statutory procedure, the Pharmacist Contractor Members of the Committee, and Board Officers were excluded from the decision process :

26. PPC HEARING OUTCOME

The Pharmacy Practices Committee (PPC) was satisfied that the provision of pharmaceutical services at the premises of the Applicant was desirable at the current point in time and it was necessary in order to secure the adequacy of provision of pharmaceutical services into the future within the neighbourhood, as defined by the Committee.

The Chair invited members of the Committee to vote on the application by Mr. M. Ameen to provide pharmaceutical services at Unit 4 Cradlehall Shopping Centre, Cradlehall. IV2 5WD. The Committee unanimously agreed to grant the application.

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

The Hearing was then closed.



4.7.19

Signed :

Date :

Alasdair Christie
Chairman, Pharmacy Practices Committee

At the request of the National Appeal Panel, the Hearing Panel met on Monday 24th February, 2020 where the points raised by NAP were discussed.

Grounds of Appeal 1

The Appellants state that as the PPC have determined that the existing pharmaceutical services were adequate the application ought to be refused.

Whilst the committee had originally suggested that the provision of pharmaceutical services was adequate, guided by the National Appeal Panel it has had the opportunity of considering Lord Drummond Young's opinion of 2004 in full and in the circumstances have revised their decision to determine that its current provision is inadequate by reason of 2,000 to 5,000 additional houses (building already at advancing stage) would severely impact on the capacity for service delivery of neighbouring pharmacies. Therefore as indicated in the ruling by Lord Drummond Young in 2004 (Lloyds Pharmacy versus the National Appeal Panel) in respect of adequacy of services into the future, the committee went on to discuss whether it was either necessary or desirable to approve the application to take account of this large expansion to the population. The committee deemed it desirable to approve the application to allow for future demand placed on the surrounding pharmacies. This was based on the evidence from the following factors:

- The additional housing currently being built in close proximity to the Cradlehall community.
- The reduced MAS figures evident from other neighbouring community pharmacies as well as lesser provision of other core contract services in comparison to the Inverness average.
- The CAR itself, which was recognised as attracting a very large response from the general public, the vast majority of whom whom supported the provision of a new pharmacy.
- The Community Council view of an under provision currently being provided in the neighbourhood.

Grounds of Appeal 2

There was no evidence to suggest that the current services would not be able to meet the demand of an ageing population or as a result of new builds and that it would be some time before any future needs would be identified.

This was dismissed by NAP.

Grounds of Appeal 3

The Appellants state that the demographic data and information provided by the committee upon which the decision had been based may have been incorrect.

The Committee would like to apologise for not identifying that some words were missing and the subsequent error. The Minute should have stated the 2011 census & SIMD 2016.

Grounds of Appeal 4

The PPC have not indicated whether or not the findings of the PCSP were relevant and taken into consideration when making their determination.

The panel discussed the PCSP during the Hearing and its deliberations, however, felt that it was not as up to date as it could be. The PCSP has a relatively neutral stance. The committee did not therefore consider it to be particularly helpful in coming to their decision.

Grounds of Appeal 5

The Appellants contend that there is evidence of a lack of impartiality and thus a bias in favour of the Applicant in that some members of the PPC could have been party to information provided by the Applicant during the site visit.

This was dismissed by NAP

Grounds of Appeal 6

Information provided to the APC was not sufficiently detailed in that the APC representative did not have the same information pack as that of the rest of the attendees at the hearing

This was dismissed by NAP.



6.3.20

Signed :

Date :

Alasdair Christie
Chairman, Pharmacy Practices Committee

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