

Minutes of the Campbeltown PPC Hearing

Friday 1st November, 2024

PANEL MEMBERS

Ann Clark	Chairman (Non-Executive Director NHSH)
Mark Sutherland-Fisher	Lay Member
Ian Gibson	Lay Member
Joanne McCoy	Lay Member
Susan Paterson	Contractor Pharmacist
Jennifer Moncur	Contractor Pharmacist
Gayle MacDonald	Non-contractor Pharmacist

BOARD MEMBERS IN ATTENDANCE

Fiona Clark	Community Pharmacy Business Manager (Clerk to PPC)
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OBSERVERS

Fiona Macfarlane	Associate Director of Pharmacy (Community Pharmacy) & CD Governance
Patricia Hannam	Formulary Pharmacist

INTERESTED PARTIES

Idreece Khan/Ali Syed	Applicant
Malcolm Matheson	APC
John Armour/Valerie Nimmo	Campbeltown Community Council

1.Chairman's Address

The Chair invited introductions from all those present.

Chair – Has everyone had an opportunity to view the site visit and is everyone happy that that was a proper way to deal with the site visit?

There was discussion regarding the Community Council and APC having not received the recording of the site visit. The Chair suggested that this issue be considered further later in the Hearing when it would be clearer whether this was relevant. It was later confirmed that only those personnel who would be invited to go along to the site visit would be the PPC panel, therefore, only those on the panel received the recording.

Chair - First of all, I have to ask everybody on the panel, whether they have any Declarations of Interest that they want to make. I myself am a non-Executive Director and vice chair of NHS Highland Board but that is not considered a relevant interest for these proceedings and I don't have any other interests in relation to this application. Do any of the other panel members have any interest that they would like to declare?

Susan - Good Morning everyone, I just wanted to mention the fact that although I am 50 miles away from Campbeltown, I was actually approached to provide their Care Home service when one of the Boots pharmacies closed. I have chosen not to do that as I didn't feel I could sustain it with the distance between us but just wanted to make sure that everyone was aware that although I'm not physically close, I have been approached to provide services in that area and there is only one other community pharmacy between myself and the Campbeltown pharmacies.

Chair – OK, thank you for that Susan. Would anyone like to ask Susan any questions whilst we are on Declaration of Interest. I myself am content that given the distance from Campbeltown and the fact there is another community pharmacy between Susan's pharmacies and this, it is not a barrier for Susan being a member of the panel but I would just want to check that nobody else is unhappy about Susan remaining on the panel.

No concerns were raised.

Chair - OK, thanks Susan. Anybody else? No OK, thank you very much and finally can I just confirm that yourself and the Interested Parties, Malcolm and the Community Council are not attending the committee today in the capacity of being a solicitor or paid advocate for any party?

Sorry, just these technical things that we need to go through. OK, so setting all the formalities aside, we do want to make you feel as comfortable as possible including yourselves on screen and for everybody to feel that they can contribute and ask any questions that they have within the guidelines that we have to follow as a Pharmacy Practices Committee. So, as I said earlier today, we are here to determine the application from Zakpharma Ltd represented today by Idreece and Ali for services at 2 Mafeking Place, Longrow, Campbeltown. Idreece is going to be speaking on behalf of the applicants today and the question before us today is whether we are satisfied that the provision of pharmacy services is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood for which the premises are located. Is everybody happy that that is what we are here to discuss today.

We will begin then with yourself making your application and then that will be followed by questions from APC and the Community Council, and then questions from ourselves.

2. Applicant Presentation

Applicant - I would first like to start by introducing myself and my partners, and to thank the Pharmacy Practices Committee for the opportunity to present our case that a new pharmacy is both necessary and desirable to secure adequate provision of services to the neighbourhood of Campbeltown. I have been a pharmacist since 2015, with experience managing both independent pharmacies and large multiples. Over the past few years, I have been working as a locum pharmacist throughout Scotland. My partners, Zain Younis and Syed Ali Kazam, both qualified in 2018. They have managed independent pharmacies and are currently working as a locum as well. Both Zain and Ali are in the process of completing their Independent Prescribing course, while I am enrolled to begin my Independent Prescribing training in March 2025. Notably, Ali was a locum pharmacist in Campbeltown during the COVID pandemic, working across both shops when the town had two, allowing him to develop a thorough understanding of the area and its community needs. Collectively, we have worked across all the Health Board areas in Scotland and share a strong passion for community pharmacy.

Campbeltown has a rich history dating back to ancient times. One of Campbeltown's most notable periods was during the 19th century when it became known as the "Whisky Capital of the World". Although this is no longer the case, Campbeltown has maintained its importance to the Kintyre Peninsula. Its strategic coastal location has made it a hub for trade, tourism and fishing while the surrounding countryside is ideal for farming and livestock rearing.

We have defined the neighbourhood of Campbeltown as the following;

To the North: Tarbert Road

To the West: Whitchburn Rd on to Whinhill Rd

To the East – B842 meets Baraskomill Burn

To the South: Crosshill Loch

Within the defined boundaries of the neighbourhood there are many amenities and community facilities. A sizable Co-op, a Tesco Superstore, a Virgin Money branch, and an Esso Garage all located in the town. Furthermore, there is a large Peugeot dealership along with multiple car mechanic workshops available. The Campbeltown Aqualibrium hosts a 25m six lane swimming pool as well as many other sports and leisure facilities. Campbeltown library is located under the same roof and is open 7 days a week with regular events running. There are three primary schools in Campbeltown that feed into Campbeltown Grammar School. This secondary school has a roll of 360 pupils and serves the town of Campbeltown, South Kintyre and the island of Gigha.

The town also includes a single Pharmacy, Campbeltown Medical Practice, a Hospital, Dental Practice, Opticians, Veterinary Practice, Kintyre Care Home, Greenwood Residential Home and even boasts the oldest cinema in Scotland.

Overall, the defined neighbourhood is a vital part of South Kintyre, offering all the essential amenities and facilities necessary to support both the residents of the town and surrounding villages.

Campbeltown is defined as a very small remote town with the 2022 census showing Campbeltown to have a population of 4425, this figure however does not include the outlying villages in South Kintyre which rely on services and amenities from within Campbeltown.

The CAR further evidences this with 23% of responses coming from those residing outside Campbeltown. Additionally, the total number of patients registered with Campbeltown Medical

Practice is just over 6000. Figures taken from Public Health Scotland's publication on GP practice list sizes gives a breakdown of the Population using Campbeltown Medical Practice by urban and rural classifications. The figures for 2023 showed;

- 4,640 patients reside within urban category 5 (very remote small towns defined as Settlements of 3,000 to 9,999 people, and with a drive time of over 60 minutes to a Settlement of 10,000 or more.) and
- 1,454 patients reside within urban category 8 (very remote rural areas defined as Areas with a population of less than 3,000 people, and with a drive time of over 60 minutes to a Settlement of 10,000 or more).

I can therefore conclude that the one pharmacy in Campbeltown currently serves around 6,000 people. This population was previously serviced by two Boots pharmacies until November of last year when the Main Street branch was closed. Now, since the closure, patients looking to access pharmacy services only have access to one pharmacy located on Longrow Street with the nearest alternative 37 miles away in Tarbert.

If we compare this to other areas in Argyll and Bute which serve a similar population we can clearly see that the residents of Campbeltown are now at a disadvantage. Lochgilphead has a population of 2,280 serving doctor surgery patient list 6,689 has two pharmacies. Rothesay population 4,310 (2022) also with two pharmacies. Comparing this with Campbeltown, those accessing pharmacy services in the town are at a clear disadvantage since they now only have access to one pharmacy.

Nationally the average number of patients per pharmacy is 4,386 however, this average includes urban areas. This comparison is, therefore, unfair due to the differences between urban and rural areas. Such as, recruitment and retention of healthcare workers, geographical stresses and an increasing elderly population with more complex needs in rural areas. The 2021 Rural Scotland Key Facts document reports that more people in rural areas are out with a reasonable drive time to key services compared to the rest of Scotland and fewer people are satisfied with the quality of the public transport services delivered. This issue was exemplified by an incident in March when Campbeltown's sole pharmacy was unable to open for 5.5hrs on a Saturday, leaving an entire population without access to pharmacy services.

In urban areas, if a closure were to happen, there would typically be adequate provision within a short distance whether it be by walking, car or public transport. However, residents of Campbeltown would have to travel a minimum of 37 miles to access pharmacy services.

Moving on to the demographics of the area it is clear that Campbeltown faces significant socio-economic challenges when compared to regional and national figures:

- Campbeltown has the highest percentage of the population income deprived in Argyll and Bute at 16.1% compared to 9.7% in Highlands and 12.1% in Scotland.
- Working population that is employment deprived in Campbeltown is 12.3%, NHS highland is 7.7% and Scotland is 9.3%.
- 29% of the population of South Kintyre is living in extreme fuel poverty, compared to the national rate of 18.5%.
- The 2022 Census reported that 34% of households in Campbeltown were social rented compared to 22.4% Scotland and 19% Argyll and Bute.
- The two data zones in mid Argyll, Kintyre & Isles (MAKI) that are in the 20% most deprived small areas in Scotland, both fall within Campbeltown. In fact, the Health Intelligence Report states that a quarter of Campbeltown's population lives in two

small areas considered among Scotland's 15 percent most deprived. Our proposed premises lies in one of these deprived data zones.

The Strategic Plan for Public Health Scotland reports that the onset of multi-morbidities occurs 10-15 years earlier and people in the poorest neighbourhoods die 10 years before those in the wealthiest. The burden of ill-health is three times higher for heart disease and twice as high for strokes and diabetes in poorer areas. Campbeltown is therefore an area with high levels of deprivation, which in turn results in an increased need and demand for accessing pharmaceutical services.

Furthermore, the town has a significantly higher elderly population over the age of 65 compared to the NHS Highland and Scotland averages. The latest census data reports this as 27% in Campbeltown, compared to NHS Highland's 24% and 20% nationally.

The Public Health Intelligence Report for MAKI published 2022, documents that as a whole, MAKI has observed a 32% increase in the population aged 65 and over from 2002-2021. Those over the age of 65 are projected to increase by 15% by 2030. While the Health Intelligence Report, in your pack, states that one in three of Argyll and Bute are projected to be over 65 by 2032. As the population ages, the prevalence of multi-morbidities and chronic conditions will inevitably rise. With an ageing population and a higher percentage of elderly residents than national and regional data, there is, therefore, an anticipated need for increased service provision for elderly care in the future.

Deprivation combined with a higher than average and increasing elderly population, places immense strain on health services. A strain that has been further compounded by the closure of the Main Street branch in November of last year which has led to completely inadequate provision of pharmacy services.

Additionally, the Kintyre Locality Profile 2021 reports 21.42% of the population being prescribed medication for Anxiety, Depression or Psychosis compared to 17.8% for NHS Highland. The Scottish Government Mental Health Strategy 2017-2027 found that people with a life-long mental health condition are likely to die 15-20 years prematurely because of poor physical health, much of which is preventable with improved patient care and risk management. The Royal Pharmaceutical Society have published a document titled "Improving Care of People with Mental health Conditions in Scotland" which details the importance community pharmacies have with helping to address this health inequality.

I will now demonstrate with evidence that the current single pharmacy provision is inadequate and that the addition of another pharmacy is not just a necessity but an urgent requirement.

Regulations 5(10) of the 2009 regulations state that an "application shall be...granted by the board....only if it is satisfied that the provision of pharmaceutical services at the premises named in the application is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located..."

The most recent NHS Highland Pharmaceutical Services Care Plan stated in its Executive Summary "in view of the recent pharmacy closures (18th November 2023), the unmet need for additional community pharmacy provision may be required to be considered." This statement directly refers to the closure of Boots on Main Street. The inclusion of a statement regarding potential unmet need for additional community pharmacy provision in the NHS Highland Pharmaceutical Services Care Plan is quite significant. It is rare for such plans to explicitly mention the necessity for additional services, highlighting a keen awareness of the real risk of inadequacy in Pharmaceutical provision following the closure of Boots on Main Street.

Core services in the NHS Scotland community pharmacy contract consist of the Pharmacy First service, Acute Medication service, Public Health service and Medicines; Care and Review (MCR). These services are a compulsory requirement of every NHS contracted community pharmacy in Scotland.

The Acute Medication Service is the dispensing of prescription items. The average number of items a pharmacy in NHS Highland dispenses is around 5,600. The average number of prescription items per month produced by Campbeltown Medical Practice last year was 10,942. Prior to the closure, this workload was shared by both stores, however, since the closure, Boots pharmacy on Longrow is now the sole dispensing chemist in Campbeltown. Over seven months post closure, from December last year until June of this year, Boots Longrow has dispensed 79,926 items in total, averaging 11,418 items per month. This is more than double the average number of items dispensed by a community pharmacy in NHS Highland. This huge increase in items has rendered the provision of necessary services such as AMS inadequate. The responses found in the CAR demonstrate this, with comments stating the following:

- *The current pharmacy is quite frankly shocking! There is absolutely no privacy or experience within the team to provide advice or guidance on any matter. The place is struggling to provide basic prescriptions with people queuing, often vulnerable or unwell for hours.*
- *The long waiting times cause problems for me. I had a prescription for an antibiotic from my doctor which I was told to start immediately. The pharmacy told me it'd be at least 45 minutes despite their being no other customers in the shop. I went for a coffee and on my return it still wasn't ready so I just went home. I couldn't get to the pharmacy the following day due to the weather so didn't manage to collect my medication until the following day.*
- *Presently the queues at the Boots pharmacy are totally unacceptable. I had to attend four times one afternoon to obtain a prescription as the queues were 20 person long on three occasions.*
- *Elderly people being told to come back later to collect prescriptions when they have mobility issues and can't stand or walk for long periods of time.*
- *I have no faith in the chemist we have at the minute. You wait days to get a prescription. Chemist blames it on the Health Centre and the Health Centre blames it on the chemist. My mum had a UTI, she had to wait two days to get her antibiotics, it's shocking.*

From the responses received; long waiting times for prescriptions is a real issue, in some cases resulting in people going without medication which is a totally inadequate service provision. Patients have described huge delays for their prescriptions to be complete. From the CAR, only 31.3% of the responders believed AMS to be adequate. Clearly the pharmacy is completely overwhelmed trying to keep up with the workload. In Question 11 of the CAR regarding ease of access, 50% experienced challenges due to lengthy queues, staff workload, incomplete prescriptions and unacceptable turnaround times. Even though they answered no to these questions, comments were still made regarding these issues. Clearly, these problems are a real barrier to fulfilling prescriptions in a timely manner. Therefore, the CAR highlights the provision of AMS to be inadequate.

Patients have also reported medication errors, prescription mix ups and prescriptions going missing with comments in the CAR stating:

- *Mixing up prescriptions for clients at same address with similar names.*

- *The other chemist is under too much pressure therefore mistakes are being made.*
- *Since the closure every time I've gone in the queue has always been 30 to 45 min long and we've even had someone else's meds in my grans prescription bag.*
- *Since the closing of the Main Street pharmacy the Longrow is now too busy and I worry about the increased propensity for errors. I have had more glitches in my prescriptions since then.*
- *As a Carer, MAR charts continually wrong.*

It is of no surprise that the high dispensing figures have placed a significant strain on staff, resulting in errors - the worst possible outcome in a pharmacy. An FOI request from Boots Head Office has been provided (**Appendix A**). As you can see post closure Boots Longrow has reported 12 dispensing incidents in stark comparison to the zero reported in the eleven months leading up to the closure. One dispensing incident post closure even caused a patient to require extra observation or minor treatment. As prescription items have doubled, this has resulted in a significant increase in dispensing incidents. This is not merely a question of convenience; these delays and inadequate service levels signify a deeper concern. The current situation has reached a point where errors are occurring, potentially leading to patient harm.

As well as this, vital services are now unavailable to patients. For instance:

Boots are now unable to take on new patients for dosette boxes. This is a widely used and important service for patients who struggle with medicine compliance. Particularly amongst elderly patients who often rely on dosette boxes. It can also be used to gauge the capacity level of a pharmacy. When I called Boots, a staff member confirmed that they cannot take on any new patients as they are far too busy and offered no alternative to help. Only 26.4% of the respondents believed the medicine compliance support was adequate. The following comments in the CAR also demonstrate this:

- *Boots don't have the capacity for the area it serves. I really need to be put on a dosette box as I'm getting mixed up with my meds and forget whether I've taken them.*
- *I totally agree that the current pharmaceutical services are inadequate. Like I've said, the pharmacy is OVERWHELMED with the workload !! They rarely have my dosette box ready in time ! Always a long wait to speak to the pharmacist ! Stock issues are a huge problem.*
- *The decision to close Main Street has hindered my ability to carry out my job efficiently. We have a big elderly population who rely on Carers, I don't have enough hours in the day chasing up lost prescriptions, hanging around for dosette boxes which aren't ready in time.*

The comments underscore that even patients already receiving dosette boxes from Boots are not getting them when they are due, therefore, rendering the medicine compliance support service inadequate. The first comment illustrates the severity of the situation—a patient is clearly in desperate need of a dosette box due to confusion with their medication. However, because Boots is overwhelmed, this essential service is being denied to the patient. This refusal is a clear example of inadequate service provision and gives an insight into the capacity the pharmacy is running at. They are so overwhelmed that they are unable to provide an adequate service let alone take on any new patients.

Comments in the CAR and supporting letters also demonstrate that the inadequate provision is having a wider impact on the community. I have already mentioned some comments made by Carers but I want to highlight one particular comment that stood out to me.

- *I am a Carer that has been directly impacted by the closure. My job is now so much*

more stressful. I don't have the time to wait in 30 min queues, or take various trips to pharmacy to collect meds that should be ready. It would also help the current pharmacy with the pressure they are facing. The staff are completely overwhelmed with the workload and they've told me they are having to open early and stay late just to keep up with the demand yet they still can't get caught up. The current situation is now becoming a safety issue and we have been told to be extra vigilant with MAR charts as mistakes have been made recently.

This comment by a concerned Carer is truly alarming and highlights the significant strain the pharmacy closure has placed not just on the pharmacy staff, but also other health professionals. Carers now face increased job stress due to prolonged wait times and repeated trips for prescriptions. The Public Health Scotland Key Facts explains that by 2031 there will be an increase of 25% on demand for health and social care services due to the increasing number of older people. This projected rise in demand will mean even greater reliance on pharmacy services, and the current feedback clearly demonstrates that the existing pharmacy is already struggling to cope and as a result providing a completely inadequate service.

The Royal Pharmaceutical Society vision for 2030 is to take a person-centred approach to enable patients to get the most from their medicines. It outlines that pharmacists will take a more clinical role in managing the care of individual patients. This requires pharmacists to be spending quality time with patients in order to have the necessary conversations needed to enhance their health and wellbeing.

Pharmacy First is a service designed to encourage everyone to visit their community pharmacy as the first port of call for any minor illnesses. In 2021-2022, Public Health Scotland reported that 23% of the Scottish population accessed this service at least once, 86% received treatment from their interaction with the pharmacist, 10% were given advice and 4% were referred to another healthcare professional. Moreover, the use of this service is seen across all levels of deprivation with 45% of the patients accessing the service living in the two most deprived quintiles. The average number of Pharmacy First items dispensed last year in March by a pharmacy in NHS Highland was 169, with 32 consultations and 10 referrals. On the other hand, in the same month, both Boots stores in Campbeltown (Longrow and Main St) had a combined figure of 117 Pharmacy First items with 5 consultations and 10 referrals (**Appendix B**).

Appendix C compares Pharmacy First data pre-closure for both stores to the Highland average. Evidently, both Boots stores have been historically underperforming in their commitment to provide the Pharmacy First service.

This year the NHS Highland average over January to June 2024 for Pharmacy First items is 168, consultations is 50 and referrals is 12.

Since the closure, from December last year until June of this year, Boots Longrow has dispensed a total of 499 Pharmacy First items, averaging just 71 items per month. This represents a 28% decrease in the average monthly Pharmacy First items dispensed in Campbeltown, compared to last year figures. Pharmacy First consultations and referrals have had an even greater decline with Boots Longrow only reporting seven consultations and 13 referrals over seven months. This is very surprising given that, since the closure, Boots Longrow is now solely responsible for servicing the Town, yet there has been a significant drop in Pharmacy First items dispensed in Campbeltown.

Similar to Campbeltown, Rothesay has a population of 4,310 and a significant transient population as the largest town on the island. Between December of last year and June of this year, Bute Pharmacy dispensed an average of 10,449 items per month, including 320 Pharmacy

First items, 10 consultations, and 7 referrals. When compared to Boots, Bute Pharmacy is dispensing more than four times the number of Pharmacy First items while maintaining an average of over 10,000 items per month. These figures starkly highlight the disparity in service levels between two pharmacies in similar areas within Argyll and Bute.

This lack of meaningful engagement with this core service in a town with high levels of deprivation and a higher than average and growing elderly population is totally inadequate service provision of Pharmacy First. Therefore, it is of no surprise that the CAR reports only 35.6% of respondents believing the Pharmacy First Service is being provided adequately. Comments were as follows;

- *The Minor Ailments Service is a good idea but in reality so difficult to access. Pharmacist is never accessible due to the sheer workload and consultations are never private.*
- *Bad experiences seeking advice re minor ailments and emergency contraception.*
- *I struggle with waiting in long queues and I am put off visiting the pharmacy when I'm feeling unwell so would rather make an appointment with the doctor.*
- *One pharmacist and no privacy makes you loath to discuss issues.*
- *Current pharmacy has no privacy. Always a long que and everyone can hear you talking to the pharmacist. Rarely see the consultation room being used and even when it is used can hear everything.*
- *With only one pharmacy at the present, I feel I don't want to 'bother' them with any concerns I have, like buying medication for myself and asking for advice, I feel I would be taking them away from dealing with prescriptions which shouldn't be the case, but with queues out the door it's hard not to feel like you're being a pest.*

Comments in the CAR provide evidence as to why Pharmacy First is being inadequately serviced. "Achieving Excellence in Pharmaceutical Care" is a strategy released by the Scottish Government aiming to improve access to NHS pharmaceutical care and ensuring that core services like Pharmacy First are being delivered to their full potential. According to the Community Pharmacy Scotland, if implemented appropriately it can reduce GP appointments by up to 40%. However, in the case of Campbeltown the community is put off using the service due to the long waits, lack of privacy and pharmacist not being available for consultations, confirmed by the significant decline in Pharmacy First engagement post closure. It is without a doubt that with the merging of both stores, leading to the increase in workload and pressure on staff and pharmacists, this has resulted in a completely inadequate Pharmacy First service for the area.

Boots is effectively operating as a prescription factory, as evidenced by the alarmingly low numbers of Pharmacy First items, consultations, and referrals. Even if Boots were to offer Pharmacy First Plus, the current performance with Pharmacy First raises serious questions about their capability to offer these enhanced services adequately. Pharmacy First Plus involves more detailed consultations likely putting additional strain on a pharmacy that is already providing inadequate pharmaceutical provision.

Medicines; Care and Review (MCR) is another core service that is not being adequately provided. MCR is designed to provide ongoing support and care for individuals managing long-term conditions. As a compulsory requirement of this service, within three months of registration, pharmacists must conduct a Care Needs Assessment. Based on the identified care needs, patients should then be prioritised for further pharmaceutical care planning.

A Meta-Analysis published in 2017 titled "Hospital Admissions Due to Adverse Drug Reactions in the Elderly", found that ADRs are the cause of nearly 10% of hospitalisations of older adults and contribute considerable additional costs to healthcare systems. The safer use of medicines is one

of the main aims of the Scottish Government and when implemented correctly, MCR can significantly reduce adverse drug reactions.

Since the closure of the Main Street branch, MCR has not been adequately serviced. As shown in **Appendix B**, there were 676 patients registered at Main Street for MCR in November. With the merging of both stores, we would expect these patients to be transferred to the Longrow branch. However, as you can see from the table, the number of registered patients at Longrow has remained relatively unchanged since the closure. Therefore, the service is no longer available to those previously registered with Main Street. Consequently, these patients are missing out on the crucial benefits provided by this core service therefore rendering the existing services inadequate.

The CAR reports only 32.8% respondents believe an adequate MCR service is being provided. A particular comment in the CAR highlights this inadequacy

- *My own experience with Boots has been awful. I get a 6-monthly prescription. The amount of times they've lost my prescription and I've had to go back to the surgery to re-issue the 6-month prescription is not acceptable. I've went days without my thyroid tablets. Someone my age cannot be expected to go back and forth to the surgery to sort out a problem that Boots have caused due to losing my prescription.*

Boots are not fulfilling their contractual obligations to this patient in managing their long-term condition. The purpose of a serial prescription is to streamline the process of dispensing repeat medications and reduce the burden on the GP practice. The comment quoted emphasises the breakdown of this service, leading to the patient becoming non-compliant with their medication. This does not fulfil the aims of the MCR service and is therefore inadequate provision of MCR.

During our discussions, the local Medical Practice commented on ongoing issues with Boots pharmacy, claiming they lack adequate procedures for its proper delivery. This has resulted in serial prescriptions frequently going missing, leading to a reluctance by the Medical Practice to issue serial prescriptions.

Since 2021, there have been 26 reported unscheduled closures with both Boots stores in Campbeltown. As **Appendix D** shows, both Boots stores had to close on six occasions in 2022 alone, all at the same time. On Saturday, March 2nd of this year, Boots Longrow failed to open for the full day. Comments in the CAR demonstrate how this closure affected patients:

- *The recent closure on Saturday was very hard as I had a urinary tract infection which I had to wait till Monday to make a doctor appointment for as the pharmacy was shut on the Saturday.*
- *This Saturday I travelled from Southend to the pharmacy for an antibiotic for a skin infection. The store had no pharmacist and I was told to come back on Monday. Shockingly inadequate service, this is the consequence of closing one of the Boots down. The new proposed pharmacy can't come sooner.*

The comments raise grave patient safety risks that occur when the sole pharmacy in the town is unable to open. Those needing urgent access to pharmaceutical services, such as treatment for cellulitis or emergency supplies are left without adequate provision.

The CAR and supporting letters highlight there are overwhelming concerns regarding poor stock availability at Boots. Patients frequently need to make at least two trips to collect their medications. This issue is particularly challenging in our rural community, where substantial

journeys are required to reach the pharmacy. According to the 2011 census, 38.2% of households in our area do not own a car, compared to 31% nationally, leaving many dependent on unreliable and infrequent bus services. This is inadequate service provision for our elderly and disabled residents as evidenced by comments in the CAR.

- *Nine times out ten Boots either don't have medication in stock so we are told to come back next day, Not easy for patients who don't have a car, as bus service don't always suit folk.*
- *Boots had issues getting an item in stock for my daughter. She had to travel all the way to Tarbert who kindly ordered it in for her to collect. Not a feasible option and I've heard of many residents complaining about stock issues and having to get someone to go to Tarbert to get meds.*
- *Often no stock of antibiotics, which obviously need to be commenced ASAP, usually waiting til next day.*

And I want to direct your attention to this particular comment:

- *Some of the issues are not having stock of my medication. When I go to pick up my medication it is never complete, I always have to go back for the remainder. Sometimes this can take weeks. Because of this I have to ration my medication or take half the dose that is prescribed to me by my doctor, I have had to do this several times.*

The fact that this patient had to ration their own medication demonstrates the gravity of this inadequacy. Clearly this issue is having a direct impact on the health needs of the population, with patients reporting becoming non-compliant. The comments also show that when an item is out of stock with Boots, patients need to travel 37 miles to Tarbert. A 50 minute drive via A38, via bus; 19 stops 1hr 5mins and a taxi £75-95 one way. This is not a practical option for patients, and would not be the case if Boots maintained adequate levels of stock.

Concerns about stock availability are an issue affecting the wider pharmacy network, not just Boots. However, Boots primarily sources its stock from its parent company Alliance and has agency accounts with Phoenix and AAH. This means that a medicine may come back into stock with a wholesaler, but if it is not the specific wholesaler that Boots uses, they cannot order it. Whereas most independent pharmacies have access to a wider range of wholesalers. This allows independent pharmacies to provide more consistent stock levels. Additionally, they are increasingly using social media platforms to source stock from other pharmacies, an option we would also utilise to help address this inadequacy.

The Consultation Analysis Report (CAR) provides a clear and compelling account of the views of those accessing pharmacy services in Campbeltown, unambiguously demonstrating that the existing pharmacy provision is entirely inadequate. An FOI request to NHS Highland confirms that the joint consultation by ZAKPharma and NHS Highland generated the greatest response (**Appendix E**) and the most number of supporting letters (**Appendix F**) ever for a new Pharmacy application in NHS Highland. From the 912 responses achieved 699 were from those residing in the defined neighbourhood and 213 out with.

The closure of Boots, Main Street has led to widespread issues, significantly impacting the availability and quality of pharmacy services for residents. Although I have already touched upon certain elements in the CAR I want to highlight questions 14, 17, 19 and 21 as I feel the responses to these questions best sum up the overall sentiment towards current pharmacy services since the closure.

Question 14

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

Yes	689	76%
No	222	24%

Question 17

Do you think there will be any positive impact or benefit to the neighbourhood in having a new community pharmacy?

Yes	878	96%
No	14	2%
Don't know	19	2%

Question 19

Do you think the intended Applicant's proposed pharmacy will impact on other NHS funded services (either positively or negatively) such as GPs, community nursing, other pharmacies, dentists, optometrists or social services?

Yes	450	49%
No	297	33%
Don't know	164	18%

Question 21

The applicant believes that the current provision of pharmaceutical services to the neighbourhood is inadequate. Do you support the opening of a new community pharmacy in Campbeltown?

Yes	895	99%
No	10	1%

An overwhelming majority of responses 895 (99%) answered "Yes". I would like to make the Panel aware that there was even a positive comment from a Boots staff member who supported the application.

The Key themes from the CAR overall were the following:

- Delays in prescriptions being dispensed
- Long queues

- Staff overwhelmed with workload
- Increased pressures on other health services such as social care
- Dispensing errors
- Difficulty consulting with a pharmacist
- Lack of privacy

I urge the Panel to read and consider the numerous comments detailed in the CAR, which are too extensive to quote in full during this presentation. However, I have constructed a table (**Appendix G**) to illustrate the frequency of key terms used by respondents which capture the community's frustration about the inadequate service provision. In short, the CAR paints a damning picture of completely inadequate pharmacy provision in Campbeltown.

This Application has garnered strong support from various notable individuals, local organisations, and charities, all of whom express concerns about the existing pharmacy services. Jenni Minto MSP, Brendan O'Hara MP and other local leaders have highlighted that Boots is struggling to meet demand since the closure of the Main Street branch.

Clare Paterson of the Parkinson Group detailed how her members have been facing supply issues, long waiting times, and access difficulties, which could be alleviated by the proposed pharmacy offering home delivery services.

Valerie Nimmo, Chair of the Campbeltown Community Council, confirmed that complaints about the pharmacy are a frequent topic at community meetings, with issues such as long queues, delayed prescriptions, and repeated trips affecting villagers and the elderly population.

Alphonso Scobie from Carr Gomm has also highlighted these issues as well as errors with MAR charts, which necessitate additional trips to the pharmacy. Local councillor Jennifer Kelly has also received numerous complaints from constituents about the pharmacy. Similarly, Maree Townsend, Assistant Manager of Kintyre Care Home, pointed out that Boots is struggling to support the town, leading to delays and errors, and has not provided pharmacy visits or audits to the Care Home in several years. She emphasised the need for a new pharmacy that can offer delivery services and faster turnaround times, especially for urgent medications like antibiotics.

Ailsa Wilson (a local recovery worker) has expressed concerns over the lack of privacy and confidentiality for substance misuse patients. Additionally, charities like Kintyre Link Club (mental health support group) and DOCHAS (support group for unpaid carers) have expressed facing challenges due to extended waiting times, time that could be better spent caring for those they are responsible for.

Katie Ferguson, the medical practice manager, and the local optician have also voiced their support for the new pharmacy. They describe stock shortages that disrupt patient care, with alternative medication requests burdening the medical practice. Katie has also added that a second pharmacy would help fulfil medication requests promptly and help promote the Pharmacy First service. In your pack is also an email from the GP Sub Committee who are also in support of our application.

An FOI request to Boots Head Office in **Appendix H** shows two complaints being recorded by Boots Longrow since 2021 with both of these complaints made post closure. Notably, the documented complaint has been excluded from the FOI received from Boots Head Office. The CAR and supporting letters evidence that people are complaining about inadequate service levels yet instead of the pharmacy provision getting better service levels have worsened.

Since the completion of the CAR, pharmacy provision in Campbeltown has significantly deteriorated.

We have submitted a photograph (**Appendix I**) from October 3rd which shows Boots have had to implement a 1-hour closure citing staff shortages, a measure that has reportedly been in place for weeks.

We have been told by residents that the issue stems from staff leaving due to stress and excessive work pressures. Since the closure, Boots Longrow has had 3 managers reflecting a high turnover of staff which can only be explained by the immense work pressures brought on by the merging of the two branches.

We have also attached a copy of the FOI from NHS Highland **Appendix J** which shows the Health Board have not been notified of this closure despite this being in place for over a month. Furthermore, the NHS inform website does not cite a lunchtime closure.

As evidenced in the picture, residents are now having to wait in excess of one hour for prescriptions. This is totally inadequate pharmaceutical provision for a community with a higher than average and growing elderly population. To make matters worse the base pharmacist of over a decade has handed in his notice. I have provided the panel with a copy of the Job Advert in **Appendix K**. Rural areas often struggle with the recruitment of healthcare professionals which mean that the branch will now have to rely on locum cover. With no continuity in pharmacist cover we can only envisage that the already inadequate service levels will worsen.

Our proposed pharmacy on Longrow Street will be designed to meet both accessibility and privacy needs. The premises will be fully DDA compliant with a ramp installed at the entrance. A key concern identified in the CAR was the lack of privacy and patient confidentiality. To address this, we will have a fully equipped consultation room which will comfortably accommodate a wheelchair and a separate room which can also be used for consultations and substance misuse patients. We have provided the committee with a copy of our proposed layout for consideration.

Our proposed pharmacy will be open from 8:30am to 6:00 pm during the week, providing enhanced access for individuals who work and cannot currently reach a pharmacy due to Boots' hours of 9.00am to 5.30pm. By opening earlier, we align with the first GP appointments at 8.40am, and our later closing time allows us to accommodate patients when surgeries run late, offering greater flexibility for accessing pharmacy services. As frequently mentioned in the CAR, there are often disruptions in service provision due to pharmacists being off site during lunch. We will address this problem by offering a full day service with pharmacists taking lunch on site.

Our vision is to prioritise dispensing medication and to be a service-driven pharmacy rather than focusing on cosmetic or retail products. We aim to provide a full range of NHS services, including the dispensing of acute medications, Pharmacy First, as well as Public Health Services like smoking cessation and emergency hormonal contraception. Additionally, we will offer all locally negotiated services where invited and are committed to establishing independent prescribing clinics to support patient-centred care.

Privately, we plan to offer services such as Ear Wax Removal by Microsuction, Private Vaccinations and Flu vaccinations. We will also provide free blood pressure and blood glucose checks to anyone that requests it.

We will have a robust prescription text and online web service that will ensure seamless communication and convenience.

Presently, Boots does not offer a delivery service, which is surprising in such a rural area with a higher than average and growing elderly population. We commit to offer delivery within Campbeltown and surrounding villages, a service we will maintain in response to community needs highlighted in the CAR.

Both Zain and Ali have begun the Independent Prescribing course, with qualification expected by February 2025. We will offer Pharmacy First Plus, allowing us to diagnose, prescribe, and treat various common illnesses. This will alleviate some of the pressures on doctors and nurses within the surgery and emergency services, enhancing patient care.

We have already built relationships with local organisations that support mental health, Parkinson's, and addiction issues as well as other charity groups. Our pharmacy aims to be the heart of the community, working alongside these organisations to address local concerns, provide relevant signposting, and offer space for informational materials.

With regards to the viability of having two pharmacies in Campbeltown. I contend that the closure of the Main Street Branch was driven by a desire to reduce overheads and increase profits, placing financial gain above patient care, rather than viability. As mentioned earlier, Boots Longrow is now dispensing more than double the number of prescription items, compared to an average pharmacy in NHS Highland. With an ageing population and higher deprivation levels than other areas in Argyll and Bute, services like MCR and Pharmacy First, when properly implemented, will be key revenue drivers. The presence of two pharmacies is sustainable, as seen in other parts of NHS Highland where pharmacies are viable on less than half the prescription items currently dispensed in Campbeltown. Historically, Campbeltown has always supported two pharmacies.

Furthermore, Boots has not objected to the new pharmacy application, nor expressed concerns about its impact on their business, and has abstained from sending representation to this Hearing. This suggests that the addition of a new pharmacy will not threaten the viability of the existing Boots pharmacy, underscoring that two pharmacies can co-exist successfully, and that this application will in fact help the current pharmacy with the problems they are facing.

To summarise, we believe that we have provided the PPC with overwhelming and irrefutable evidence of inadequacy that can only be remedied by granting this application. The closure of Boots on Main Street has resulted in Boots, Longrow now dispensing over twice the NHS Highland average of prescribed items and they are beyond saturation point. As demonstrated by the CAR this has led to:

- Inadequate provision of AMS with dispensing not being done in a timely manner, as evidenced by long queues, long waits, issues with stock control and multiple visits to have prescriptions completely fulfilled.
- The inadequate provision of Pharmacy First and MCR with data demonstrating that in Campbeltown there is now a significantly lower number of Pharmacy First items dispensed and significantly lower number of MCR patients registered than in previous years when there were two pharmacies in the town.

Staff are now so overwhelmed with the workload, errors have become more frequent and dosette boxes are unavailable for new patients. Clearly this stressful working environment has resulted in Boots now operating with an inadequate level of staff and will now be without a regular Pharmacist. The inadequacies have also placed a strain on other health providers such as social care who rely on adequate pharmacy provision to carry out their own jobs in an efficient manner.

We firmly believe that it is both necessary and desirable for Campbeltown to once again have two pharmacies to secure adequate provision of pharmaceutical services.

That concludes my presentation and invite any questions. Thank you.

Appendix A Boots, Campbeltown Longrow Dispensing Errors (2021 to present)

Incident date	Degree of Harm
9/1/2021	None (no harm caused)
26/2/2021	None (no harm caused)
3/3/2022	None (no harm caused)
11/4/2022	None (no harm caused)
23/9/2022	None (no harm caused)
18/11/2022	None (no harm caused)
5/12/2023	None (no harm caused)
15/12/2023	None (no harm caused)
31/1/2024	Low (minimal harm - patient required extra observation or minor treatment)
1/3/2024	None (no harm caused)
13/3/2024	None (no harm caused)
2/4/2024	None (no harm caused)
20/4/2024	None (no harm caused)
24/5/2024	None (no harm caused)
10/7/2024	None (no harm caused)
11/7/2024	None (no harm caused)
1/8/2024	None (no harm caused)
5/8/2024	None (no harm caused)

Data source FOI received from Boots 27.9.24

Appendix B

Date	Items		MCR items/Patients Reg		Instalmen ts		PF Payment (£)		PF Items		PF Consult		PF Referrals	
	L/ro w	M/St	L/row	M/St	L/ro w	M/S t	L/ro w	M/St	L/ro w	M/S t	L/ro w	M/ St	L/ro w	M/S t
01/23	4887	5685	8/754	0/701	173 1	15/ 7	100 0	1000	98	16	2	1	8	0
02/23	4813	5793	4/751	12/695	171 9	12/ 8	100 0	1000	80	99	3	1	3	0
03/23	5599	6191	3/751	8/689	194 0	126 2	100 0	1000	60	57	1	4	1	9
04/23	4925	6012	11/750	6/687	189 6	960	100 0	1000	56	60	1	0	8	0
05/23	5383	6025	7/746	0/685	172 0	124 4	100 0	1000	22	18	9	0	3	0
06/23	3220	3252	11/743	11/685	113 9	248	120 0	1000	45	34	7	0	8	0
07/23	7423	8523	7/742	2/683	259 4	175 1	158 0	1000	100	10	6	0	0	0
08/23	5788	6178	4/742	24/681	191 8	704	100 0	1028	55	77	0	0	3	0
09/23	6080	5763	16/738	11/681	240 3	104 2	100 0	1009	42	75	0	5	2	0
10/23	5800	5309	12/739	1/678	245 6	305	101 9	1000	51	14	1	0	1	0
11/23	9601	1730	4/736	12/676	311 0	726	100 0	1000	18	16	0	0	1	0
12/23	1181 6		20/738		278 6		100 0		28		1		0	
01/24	1138 4		10/738		357 6		100 0		58		0		1	
02/24	1049 0		14/736		277 4		100 0		69		2		2	
03/24	1099 6		6/733		195 6		100 0		64		0		3	
04/24	1243 9		44/732		480 9		107 6		89		1		0	
05/24	1173 6		33/729		306 2		109 4		82		1		4	

06/24	1106 5		30/728		267 4		121 2		109		2		3	
	NHS Highland Average Items						NHS Highland PF March 2023							
2022- 2023	5587								169		32		10	
Year	Items		MCR items /Reg		Installme nts		PF Payment (£)		PF Items		PF Consult		PF Referrals	
Avera ges	L/ro w	M/St	L/row	M/St	L/ro w	M/S t	L/ro w	M/St	L/ro w	M/S t	L/ro w	M/ St	L/ro w	M/S t
2019	5448	6220	19/791	9/744	194 3	159 3	71/4 72*	57/40 7*						
2020	5250	6109	17/813	10/710	193 2	174 6	49/3 48*	55/34 7*						
2021	5240	6014	10/797	5/744	197 1	144 6	135 8	1253	62	57	5	4	3	5
2022	5144	5991	14/767	8/719	184 7	134 8	107 8	1027	70	32	4	6	4	8
2023	6282	5496	12/744	7/628	211 8	914	106 9	1104	55	43	3	1	3	0

Data source: NHS Scotland shiny-app

Appendix C: Boots Campbeltown and Highland Pharmacy first data

	PF Average monthly items		PF Average monthly Consultations		PF Average monthly referrals	
	Boots Campbeltown Longrow/ Main st	NHS Highland	Boots Campbeltown Longrow/Main st	NHS Highland	Boots Campbeltown Longrow/Mai n st	NHS Highland
2021	62/57	97	5/4	18	3/5	4
2022	70/32	121	4/6	23	4/8	6
2023	55/43	133	3/1	31	3/0	9
2024 (Jan-June)	78	168	1	50	2	12

Data source: NHS Scotland Shiny-App. (Boots main st closed down in November 2023)

Appendix D

Boots Pharmacy Unscheduled Campbeltown Closures 2021 to present

Date of closure	Duration of closure	Pharmacy & Address	Town
02/08/2021		Boots Longrow	Campbeltown
19.03.22	4 hours 30 mins	Boots Main Street	Campbeltown
19.03.22	4 hours	Boots Longrow	Campbeltown
09.04.22	5 hours	Boots Main Street	Campbeltown
09.04.22	4 hours	Boots Longrow	Campbeltown
19.04.22	4 hours 30 mins	Boots Longrow	Campbeltown
19.04.22	5 hours 30 mins	Boots Main Street	Campbeltown
23/7, 30/7,6/8, 13/8, 20/8, 16/7	all day	Boots Main Street	Campbeltown
23/7, 30/7,6/8, 13/8, 20/8, 16/7,	all day	Boots Longrow	Campbeltown
29.08.22	5 hours	Boots Main Street	Campbeltown
29.08.22	6 hours	Boots Longrow	Campbeltown
24.12.22	8 hours	Boots Longrow	Campbeltown
12.04.23	8 hours	Boots Longrow	Campbeltown
17.06.23	4 hours	Boots Longrow	Campbeltown
17.06.23	4 hours	Boots Main Street	Campbeltown
02.03.24	5 hours 30 mins	Boots Longrow	Campbeltown

Data Source: FOI from NHS Highland Received 22/08/2024

Appendix E

Dear Ali

Freedom of Information (Scotland) Act 2002 - Request Ref 22014 Community Pharmacy Public Consultations

Thank you for your request for information received on 16 August regarding the above.
Please find below an extract from your request and our response:-

- **I would like to know what the top 10 highest response rates have been from the public in response to a consultation to open a new community pharmacy in NHS Highland when these responses were achieved.**

NHS Highland holds the following information on response rates to public consultations for Community Pharmacies.

Newtonmore – 129 – 2019

Cradlehall – 766 – 2019

Tornagrain – 102 – 2019

Spean Bridge – 335 – 2022

Dalneigh – 68 - 2015

Information prior to this is not collected or held. As per Section 17 of the Freedom of Information (Scotland) Act 2002 we must formally advise you that NHS Highland does not hold this information, in accordance with the Act, this letter represents a Refusal Notice for this particular request.

Appendix F

NHS Highland

Freedom of Information Team

Assynt House
Beechwood Park
Inverness
IV2 3BW
Telephone 01463 717123

www.nhshighland.scot.nhs.uk



Syed Ali Kazam
zakpharmaltd@gmail.com

Date: 16 September 2024
Your Ref:
Our Ref: FOI 22039
Please quote reference number on all correspondence

Enquiries to: FOI Team
Email: nhsh.foirequestshighland@nhs.scot

Dear Syed

Freedom of Information (Scotland) Act 2002 - Request Ref 22039 Community Pharmacy Public Consultations

Thank you for your request for further information received on 20 August regarding the above. This request follows on from our response issued to your previous request (ref 22014) Please find below an extract from your request and our response:-

- I would also like to know what the highest number of supporting letters received for a community pharmacy application in NHS Highland have been. Can you give me the top 5 figures for this please, when these were achieved and for which area they correspond to.**

Pharmacy Application	Number of Supporting Letters	Year
Spean Bridge	6	2022
Newtonmore	2	2020
Tornagrain	1	2019
Dalneigh, Inverness	1	2015
Cradlehall, Inverness	0	2019

Please note that Pharmacy Services do hold archived paper documentation for old applications however these are not easily accessible so cannot be included these in the attached.

If you wish to discuss my response or if I can provide any further assistance with your request, please do not hesitate to get in touch quoting the reference number above.

Your right to request a review

Appendix G: Frequency of Keywords mentioned in comments from CAR

Keywords from CAR:
Queues: 245
Waits: 343
Stock: 73
Confidentiality/privacy: 44
Inadequate/not adequate: 101
Overworked/overstretched/ overwhelmed: 66
Mistake/error: 15
Delivery: 233
Closure: 45
Pressure: 172
Choice: 171

Data source: Comments from the CAR

Appendix H: Complaints Recorded by Boots (2021-present)

Opened date	Description of Complaint	Outcome of Complaint
14/03/2024	Team member behaviour	Patient satisfied
23/03/2024	Dispensing error	Patient satisfied

Data Source: FOI received from Boots Superintendents 27/09/24

Appendix I: Sign displayed at Boots pharmacy Campbeltown Longrow on 03/10/24



Appendix J: FOI from NHS Highlands regarding lunch closure at boots pharmacy in Campbeltown. Received 29/10/2024

NHS Highland

Freedom of Information Team
Assynt House
Beechwood Park
Inverness
IV2 3BW
Telephone 01463 717123
www.nhshighland.scot.nhs.uk



Zain Younis
zainyounis@hotmail.co.uk

Date: 29 October 2024
Your Ref: FOI 22485
Our Ref: FOI 22485
Please quote reference number on all correspondence
Enquiries to: FOI Team
Email: nhsh.foirequestshighland@nhs.scot

Dear Zain

**Freedom of Information (Scotland) Act 2002 – Request Ref 22485
Boots Pharmacy, Campbeltown – Closures**

Thank you for your request for information which we received on 4 October 2024 in relation to the above. Please find below an extract from your request and our response:-

- **I would like an FOI request of Boots pharmacy 11 Longrow, Campbeltown, PA28 6AH for the following:**
 - **any unplanned full or partial closure's including Lunch closures for 2024**

Please find information requested in the table below:

Date of closure	Duration of closure	Contractor Code	Pharmacy & Address	Town
02.03.24	5 hours 30 mins	4672	Boots, Longrow	Campbeltown


I hope my response is helpful and provides the information you require. If you wish to discuss my response or have any questions about this, please do not hesitate to get in touch quoting the reference number above.

Your right to request a review

Under Section 20 (1) of the Act, if you have made a request and are unhappy with our response, you have the right to request an internal review. You can do this by making a formal request in writing to the:-

Freedom of Information Officer
NHS Highland
Assynt House
Beechwood Park
Inverness, IV2 3BW

Appendix K: Boots Pharmacist Job Vacancy (indeed)

 **Pharmacist**
Boots - Campbeltown

Division

16 - United Kingdom

Should this vacancy be excluded from being posted onto the Boots.jobs career site?

No

Region

1 - Scotland

Area

111 - Mid Scotland

Store

5854 - CAMPBELTOWN LLONG AP

Req Posted Date

25-Oct-2024

County

Argyll & Clyde

Country

UK

Address 1

11-13 Longrow South

Address 2

Campbeltown

Address 3

Argyll

[Apply On Company Site](#)

End of presentation.

3. Questions from IPs/Panel

APC - What decision did you take to define your boundary?

Applicant - National Records of Scotland and the Campbeltown's intermediates own geography which we used to define the neighbourhood of Campbeltown. Users living in this area would be the 'Core Users' and then the outlying villages that would travel into Campbeltown to access health services. That's how we defined the neighbourhood of Campbeltown.

APC - In choosing these boundaries, did you consider the practice population which is out with the main boundary? According to the CAR, 25% of the main practice population of Campbeltown are out with this boundary who also rely on these services.

Applicant - The idea was we considered those people who come into the neighbourhood to access services, hence why we defined the boundary as we did.

Chair – If we grant this application on the boundaries documented, does that preclude people out with the boundary sourcing the services?

Panel – No.

Chair – Does it have any formal implication?

Panel – No.

Chair – In terms of what services they are allowed to provide?

Panel – No.

Mark – Thank you first of all for your extremely comprehensive presentation and I apologise in advance if you both already answered what I am about to ask you. Obviously, the peninsula is a very isolated location and with increasing issues of weather disruption, you highlighted yourself and others have about the ability of pharmacies to open. Is it your intention that at least one pharmacist will live within the community?

Applicant– Yes, so Ali is going to be the Responsible Pharmacist and he will be the main pharmacist there. We have actually cleared our diaries for January onwards, both myself and Zain, and Ali of course. We are under no illusion faced by community pharmacies in Campbelltown so when we start, if the application is granted, from day one, there will be three pharmacists in the pharmacy to enable to train staff to get it to the standard that we want, and going forward Ali will be mainly based there. However, we will gauge what days will be our busy periods when we will require double cover.

Mark – Following on from that, you were honest enough to tell us that earlier in your presentation that your colleagues are currently undergoing certification processes. Have you made contingency plans should we approve your application for whatever reason out with your control, for your colleagues being delayed in getting their certification qualifications?

Applicant - Zain's cousin is also a pharmacist and she is an Independent Prescriber currently. Both Zain and Ali have done their hours, we need to do 90 hours, so they have done that, they just need to do their portfolio but I have been assured it will be getting done soon.

Mark – The only other thing I particularly wanted to ask, I asked you about additional services you were seeking to offer and I appreciate what came through to me reading papers was that with the closure of one pharmacy, effectively the other pharmacy would double up but one thing that jumped out at me was the references to methadone prescriptions. In two respects, first of all, you highlighted the apparent lack of privacy at the existing Boots pharmacy. Are you planning to have a private room where, for example things like methadone can be issued? And secondly, are you aware of any reason why there might be an uptake in the prescription of for example methadone in the area. I don't know what sort of drug problems there may or may not be so it is a genuinely open question.

Applicant – Sorry, can you say that last part again?

Mark – In relation to methadone, it was highlighted in the papers and also you were referring to the lack of privacy at the existing Boots pharmacy, so are you planning to have a private area where it can be dealt with and are you aware of or do you envisage a greater requirement for the prescription of, for example methadone?

Applicant – In answer to your first question – if you look at our proposed layout we do have consultation rooms. One consultation room can be accessed by a wheelchair user and the second consultation room is a private room also where there is a hatch that attaches to the dispensary

so as you go into the consultation room there is a hatch that they would be able to use as well, making it completely private. Also, in terms of what you said about if there's a demand for methadone prescriptions. There is a local charity in Campbeltown which we spoke to called "We are with you" and it's a public worker who runs that, Ailsa, and she had told us that there is quite a demand for, not just methadone but others, there are substance misuse issues in Campbeltown and in terms of the privacy problem with the current Boots I think the issues of long queues and Ailsa told us that some of her users have said to her that whilst being supervised, they are not being supervised in the consultation room but they are being supervised on the shop floor. Our other consultation room will be solely for methadone patients also so they will have a private room, yes.

Mark – Thank you very much.

Chair – Thanks Mark. Jennifer?

Jennifer – Thank you guys, that was a really strong presentation. What I was wondering – Boots are now doing about 10,000 items a month, up from about almost 5,000 and 80% of people are going to change the way they access services, which means that you are going to be hit with upwards of 5,000 items immediately if we grant the application. Do you have a plan for dealing with that kind of massive level immediately?

Applicant – We are under no illusion of the problem that the area is facing and that we will need to hit the ground running, which is why me, Zain and Ali have cleared our calendars and all three of us will be in there from day one.

Jennifer – What about staff in Campbeltown? Is there a workforce you can draw from? It is a remote area, like a delivery driver, an ACT? Obviously you three will be doing consultations.

Applicant – We are looking to employ two full time and one part time staff. We are also planning on putting in two part time delivery drivers. In terms of where we will get the staff from, we have already been contacted by school leavers looking for jobs and also we were approached by a resident in Campbeltown who had told us that she had actually worked for Boots before the Main Street was closed as ACT, and she was looking to have a discussion with us if the application were granted.

Susan – That was a really good presentation. I think most of the things I had noted have been covered. Jennifer asked about the recruitment and retention of qualified staff. I was glad in your introduction you gave a bit about where you guys had come from, working for independents and large multiples. Have you guys ever owned a business before?

Applicant – No but we have all managed pharmacies but never owned a business.

Susan – Have you considered the fact there could only be one delivery and not two deliveries per day to this area?

Applicant – If a patient was handing in a repeat slip to us, we would order the stock at the time the repeat slip is handed in rather than the prescription being handed in and by the time the prescription comes back to us we should hopefully have stock in. We would also ensure that we have adequate levels of stock as well.

Gayle – In view of the difficulties obtaining locums at often short notice, how you would cover in that event, given the geography?

Applicant – It is difficult getting locums in such rural areas but we will have three pharmacists. If me and Zain were not already in Campbeltown or Ali would fall ill, we would be able to give a time when we could get to the pharmacy but when the closure happened in March with Boots they

weren't actually able to give the community a time when they would actually open and that is evidenced by people being told they had to come back on the Monday. If this were to happen and we weren't already in Campbeltown we would at least be able to give Ali a time to tell the staff when we would be there, and the community would know they wouldn't need to come back the next day. We do have contingency plans. Although they did get a pharmacist five hours later, in the patient's mind they think they are going to be stuck until the Monday.

Chair – Can I extend that a bit further just so we are absolutely clear what the situation is? Setting aside the initial period when you are going to have lots of extra things to do to set up, in terms of what it will be like, what you envisage it will be like when this has all settled down and things are running as you would expect them given the data you have about the level of prescriptions you are likely to have so the situation is going to be that Ali will be based as the full-time pharmacist for the pharmacy and yourself and your colleague will be providing extra cover? Can you just clarify how much extra cover you think you would be required to provide? I am assuming you will continue to locum elsewhere or will you and your colleague have management responsibility? I'm trying to get a picture of when things are working normally, how often you would expect Ali would need to call on yourself to provide extra service or cover or whatever?

Applicant – Ali will be moving to the area so he will be the RP. It is quite difficult to say at this minute because we don't know what the workload will be like.

Chair – Can you be sure that you and your other colleague or other partner will have the flexibility to be able to provide the cover that Ali will need?

Applicant – We are self-employed so we are working as locums, but we are very flexible. So if it is a case of Ali coming to us to say look I am very busy on that day and I have appointments on this day, can you come in, we will be flexible enough to get cover. We are self-employed so we do not have any full-time jobs and have no other commitments like that. Our main sole responsibility will be to Campbeltown.

The Community Council representative was asked if he had any questions for the applicant but declined.

End of questions to Applicant.

Chair – I suggest we take a little break. The next part of the process will be the opportunity for the Interested Parties, so the community council and the area pharmaceutical committee can make whatever statement or presentation they want to make and you will have opportunities to ask questions if you feel you need to, as will we, before we move on to consider the application but we have been going for quite some time and I think we should all have a comfort break and an opportunity to have a cuppa and then move on. Is everyone happy with that?

The Hearing broke at 11.00 am and reconvened at 11.15 am.

Chair – I think that's us all resumed. Thank you for being punctual and I hope you have managed to refresh and get whatever your drink of choice might be to keep us going. We have had the presentation and questions to the applicant and we are now turning to the views of the Interested Parties so I would like to invite Malcolm to state whatever case he would like to put on behalf of the Area Pharmaceutical Committee.

4. Presentation by APC

APC - Hi, my name is Malcolm representing the Area Pharmaceutical Committee. My presentation is not half as long, don't worry.

The Committee's first observation was, given the rural nature of Campbeltown and surrounding area, we were initially surprised by the boundary. We had quite a lot of discussion around that, and whether the proposed boundary was large enough to cover that population given the volumes living out with the boundary, in particular towards the western boundary which is where most patients are registered with the Campbeltown Medical Practice and living out with the boundary. Following that discussion we agreed to go with the boundary based on the fact that those service users are already coming into the area and we couldn't suggest a boundary in its place. Given we only had one member from Argyll & Bute in the team, a lot of our committee were not familiar with the area, we struggled to identify a boundary. Given those patients are already coming into the area, we agreed with the boundary based on the fact those service users were already accessing the services.

In terms of whether we felt the current provision in the neighbourhood was satisfactory, there is a lot of evidence in the CAR to suggest that it isn't and the people are having particular challenges accessing the services. The majority of users felt this would improve the services and relieve pressures on other services in the area. We looked at dispensing data and we noted the uptake in AMS prescriptions, noting it to be almost double, additional core services such as Public Health, EHC, Pharmacy First and CMS uptake. Given the volumes, this does suggest that the pharmacy at the moment is struggling to meet the demands.

Based on all those factors, the committee felt that the current provision was inadequate, therefore, the APC agreed that the application would be required to provide pharmaceutical services in the area.

Chair - Well OK, short and sweet is always very good. Thank you for that. Can I just check you were all hearing Malcolm ok.

Community Council – Not terribly well but I think we got the giste.

Chair – First of all, we are going to see if you want to ask Malcolm any questions.

Applicant – No, we are OK thank you.

Chair – Is there anybody on the panel who wants to put any questions to Malcolm?

The Community Council representative was asked if he had questions to which he declined.

5. Presentation by Community Council

Community Council - There are several villages missing from the map namely Machrihanish, Drumlemble, Stewarton, Sound of Kintyre, Kilchenzie and Peninver, which are all included in the Campbeltown area so there is a sizeable community out with the boundary but as has been mentioned and accepted this is not an issue. I would just like to thank Idreece, Zain and Ali for all they have done, and Idreece especially for his presentation today. They have worked really hard over the last eighteen months or so to make themselves known in the community and I feel all three of them are now pretty much accepted as part of the community. They are here in the community often enough that they do really feel part of the community already.

Since Boots closed in 2023 I think you have already heard of the many issues and these have deteriorated even more since the report was done and all the papers you have. We put out a questionnaire on the social media page last week just asking was there anything anyone had that we could bring to the committee today that hasn't already been raised. We have numerous points

raised by members of the community who require the services of the pharmacist, who have not responded but have added to in recent weeks and months.

Some of the comments raised: “the situation reached a critical point on my most recent visit a few weeks ago when I was advised they could neither fulfil my original prescription nor provide an alternative to me” and the person felt this was an unbelievable position for the sole dispensing practice in Campbeltown to be in and he followed on by saying “in conversation I would like to believe that Boots faces national supply challenges due to their contractual obligations with certain pharmaceutical suppliers, restricting them from sourcing the medication from alternative suppliers when their stock has run out. The health of Campbeltown rely on the sole Boots store and should not be affected by the failings of Boots’ buying arrangements”. Another comment was “there should be two different options in the store which haven’t been available for a long time and they should be separate prescription from the shop sales and I think that is a problem, people are going in to buy non-prescriptive items and the queues are building up all the time when those that are in for prescriptions are waiting”. Someone else commented “I had to go for four days without some tablets, including blood thinners and on one occasion to make a trip to the premises for epilepsy tablets”.

These issues continue and I think over the last week or so, even more so when we have been told that the repeat prescriptions now need to be ordered within four days rather than the previous three days, which just exacerbates the whole problem. We also have the issue with the pharmacy being closed at lunchtime with no indications on the windows or the door of the premises. What happens if someone needs an emergency prescription at that time?

We have real staffing issues and that is from a local perspective. Knowing some of the staff personally, they have just had enough and they have left and so in the respective of getting staff for a new pharmacy I think there will be quite a few people out there waiting for this new pharmacy to be in place and will be applying for jobs. I don’t think new staff will be an issue at all.

The area has been serviced with two pharmacies for many years and in fact going back thirty years or maybe more, we have had three pharmacies and they were all required. We now have, as has been mentioned, an ageing population where they need the provision of pharmacies and we are just not getting that provision now. The decision by Boots was not discussed and not brought to the community’s attention; nobody came to the Community Council; no one has ever sent a Boots representative to a Community Council. There have been more members of the community attending Community Council to explain about this than any other issue. I have been a councillor for ten years and have never seen so much action from local people on anything else but this and the complaints include long queues to hand in prescriptions, dispensing prescriptions taking almost a week. Prescriptions not been ready when due to be collected, prescription medication unavailable.

The size of the shop is a serious problem. It’s a very small shop and in the middle there is a display unit with products for sale out with the pharmacy, and it’s really difficult. We have evidence that there is at some points queues right outside the door on to the street and more than 15 folk waiting in a queue. The prescribing area is far too small, there used to be two chairs for those who are waiting to have a seat and wait. These chairs have gone to try and create a bit more room.

Those living in local villages that I have mentioned have a pretty limited public transport service, and quite often they would come into town to collect their prescription on a bus and hopefully return on a next bus pretty soon after that, only to be told “your prescription will not be ready for another three hours”, and having to wait for a much later bus. Now, in summer time that is perhaps not an issue where you can go and have a seat, go and have a coffee but if that is your

only sole reason for going to town to collect, then that becomes a major issue especially for someone who is maybe elderly or infirm.

The staff in Boots, the current staff are totally blameless in this. They have tried so hard to make only one pharmacy work and it has been highlighted in the responses from members of the public to the consultation that they don't blame the staff at all, the staff have bent over backwards but as I mentioned earlier, some of them have had enough and have left. One I know in particular has been there for the best part of their working life, over forty years working there. The services have become worse because of multiple staff members leaving, as I have said due to pressures; it is closed during lunchtime. The only time anyone from Boots attended a Community Council meeting, was one of the staff at the very first meeting and all they were there to do was to apologise and explain how they have been under severe pressure and they were, in her words, "just winging it", and that is just not good enough.

As mentioned, it is closed at lunchtime when most working folk are there to collect their prescriptions and as I mentioned the small seating area with the two seats have been removed. Campbeltown is ranked, as has been mentioned, as one of two areas that are ranked among the 15% most deprived areas in Scotland with a huge need for a dispensing pharmacy and this new pharmacy would be right in the heart of that. The population is fairly steady but those requiring medication namely the elderly, has increased.

New businesses with planning permission will bring in more people to the area. We have three new distilleries out for planning and some of them with planning permission, we have a huge golf resort which has just received planning permission with many many visitors being in the area during the summer. We have whisky visitors, I mentioned the distilleries, we have three excellent distilleries there. If you ever feel like coming and visiting, I would be more than happy to take you round as long as you are willing to maybe have a dram with me afterwards. We have excellent whisky distilleries and as I have said, three more about to be constructed.

When they are not open at lunchtime, the pharmacy is not available the closure is displayed prominently but I say again, no arrangements for urgent prescriptions. Concerns over Pharmacy First - the pharmacist is now too busy to deal with queries resulting in unnecessary GP appointments. It is difficult to get health advice on a one-to-one basis and a total, absolutely total lack of privacy now for anyone wishing to speak to the pharmacist. The pharmacy is overstretched, too busy to offer satisfactory community service. Unpaid carers often find it difficult to leave their home due to their caring duties and the lack of an accessible pharmacy service exacerbates their challenges as well.

An additional pharmacy will make a huge difference to reducing the workload of our local health service and staff. It will be immeasurable. The difference it will make to our health service staff will be immeasurable. I am painting a very grim picture of the way things are. It's probably hard to believe that things are so bad. From what I have mentioned they are not only bad, they are getting worse and getting worse all the time. We need this pharmacy to be in place as soon as possible. I fear for the health of the community. I'm probably making it too strong here but I feel for the lives of some of our community with the way things are going in the current pharmacy that we have.

I find it incredible that Boots are not even here today to try to defend, what is a pretty damning presentation from Idreece. If that were my company, I would be there to try to defend. Perhaps its indefensible.

So, I will just finish by saying that in my ten years of Community Council as I have mentioned, I have attended Campbeltown Community Council regularly. I have never seen so many members of the public attend to support the bid for a new pharmacy. I have never seen anything else that

has raised the public to come out in a dark evening, cold wet dark evening to make their views clear, and the support for Idreece, Zain and Ali to open this new pharmacy is unbelievable. I have never seen anything like it.

So, can I just thank you for giving me the time today. Can I thank Idreece, Zain and Ali again for all they have done over the last year or so. It has been fantastic and I just hope that you will now consider, without too much difficulty in rewarding them this pharmacy. Thank you.

Chair – Thanks very much John. Idreece, do you have any questions?

Applicant – No, thank you.

Chair – Malcolm, do you have any questions?

APC – No, I don't have any questions for John.

Chair – Do any of the panel have any questions for the Community Council.

Mark – As part of our decision to determine the area covered by the pharmacy, in light of the many comments that have been made this morning and in the papers, are the Community Council content that we treat the area as the one set out in the application? Would you like us to add the outlying villages or consider adding the outlying villages and if so, could you please slowly list them for our clerk so that she can bring it back for us this afternoon?

Community Council - I think it has been raised already, as these people come into the town already, but if it is not going to hold anything up then to increase the area to include these outlying areas, we would be fine with that but if it is going to hold anything up, I am not sure it makes a material difference but I will list the outlying villages and you can take it from there.

Chair – OK thank you. Any other questions for the Community Council?

We now come to the summing up stage, we are nearly at the end of the process and we do this in reverse order so that means that the Community Council are back on almost immediately. However, can I just remind everybody that in summing up we cannot receive any new evidence at this stage, so if you would just confine any summing up you wish to give to evidence that you have already presented please.

Community Council – It is a much needed service, and I urge you to approve the application.

APC – Nothing to add. Following discussions we agree with the boundary we feel that the application would be desirable to provide the public with services in the area.

Chair – OK, thank you. Over to you Idreece.

Applicant - It is incumbent upon the applicant to demonstrate the inadequacy of pharmaceutical services in the defined neighbourhood. I firmly believe that we have achieved that today, presenting overwhelming evidence of inadequacy within Campbelltown. The data presented for AMS, Pharmacy First, MCR, Freedom of Information requests on dispensing errors and complaints, along with the irrefutable findings in the CAR, paint a damning picture of the current state of pharmaceutical provision here.

Boots, as the sole pharmacy, cannot fulfil their contractual obligations as they are clearly overwhelmed. This has led to long queues, lengthy prescription turnaround times, and a lack of meaningful engagement with core services. We will be offering extended opening hours coinciding with surgery appointment times, a reliable delivery service, active engagement with core services like Pharmacy First and MCR and access to a wider range of wholesalers. As demonstrated by the presentation made by representatives of the local community today, the

impact on the residents of Campbeltown - an already highly deprived community with an above-average and growing elderly population - is severe. If Boots were providing an adequate service, then we would expect them to be present at today's Hearing and to object to our application, but the fact they have not done either of those two things speaks volumes in itself.

This inadequacy is only likely to worsen due to the current problems facing Boots such as staff shortages and there being no regular pharmacist in the store. The residents of Campbeltown should not have to endure this inadequacy any longer. This application has garnered a record number of responses and letters of support with 99% of respondents in the CAR supporting the opening of a new pharmacy in Campbeltown. I urge the panel to place themselves in the shoes of this community and grant our application to remedy the clear failings in service. It is time to provide the people of Campbeltown with the high-quality pharmaceutical care they deserve.

I would like to end by thanking the PPC for convening here today and a special thank you to Fiona Clark and her team for organising today's Hearing.

Chair – Thanks very much. So, just finally before some of us withdraw, I just want to clarify a point which came up earlier about the video and some folk hadn't received this. Apologies that I didn't know this earlier on in the proceedings but apparently it is only members of the panel who would go on a site visit and therefore only members of the panel have received the video. I would just say that the video was a pleasure to watch, it was a beautiful day in Campbeltown and I saw a very nice representation of all that it had to offer.

Finally, can I just ask everybody that you are happy that you have received a fair Hearing today?

Yes, OK. So at this point then the applicant and the Interested Parties leave us and only the panel members remain so that the lay members of the panel can ask the professional members of the panel any questions that they feel they would like answered and then only the lay members eventually make the decision. The written decision will be sent out to anyone who submitted a written expression of interest no later than 15 working days from today's date and that letter will also advise about any appeal procedure if that is required.

So thank you all very much for your contribution today and for bearing with the hybrid nature of the meeting and I could now ask people to withdraw.

The Hearing meeting concluded at 12.45 am.

6. Decision

6.1 Neighbourhood

Rationale:

The Committee agreed that the boundary should be as proposed by the applicant. The Committee considered whether the boundary should be altered to encompass some of the surrounding villages as both the interested parties initially queried whether the boundary should be extended. However, following clarification that residents from these villages would be free to access services if the proposed boundary was agreed and following consideration of evidence of existing patterns of use and support for the boundary expressed in the CAR, the Committee agreed that the boundary should be as proposed by the applicant.

Evidence:

Zakpharma's proposed pharmacy catchment area covers a similar extent as the settlement area of Campbeltown defined by the National Records of Scotland and the Campbeltown Intermediate Zone Geography.

Following clarification that residents in surrounding villages would be free to access services from Zakpharma both Interested Parties supported the proposed boundary.

In response to the question: *Do you think the area, outlined in white in the undernoted map, describes the 'neighbourhood' where the proposed community pharmacy will be situated?* 88% of respondents agreed and 77% of respondents lived within the boundary proposed.

Boundaries:

North – Tarbert Road

South – Crosshill Loch

West – Witchburn Road on to Winhill Road

South East – Where Rockyburn meet Kilkerran Road

South West – End of Tomaig Road

East – B842 meets Baraskomill Burn

Rationale:

The applicant's indicated pharmacy catchment area, 4,500 people, is considered to be the core population served. Further potential demand from the immediate area surrounding the town, principally registered with the Campbeltown Medical Practice, amounts to 1,500 additional people.

The population of the Campbeltown area has been declining while ageing, with larger cohorts of people moving into older age ranges. Currently, 27 percent of the Campbeltown population is over 65, a proportion similar to Argyll and Bute. Both area populations are anticipated to continue ageing, with one in three of the Argyll and Bute population projected to be over 65 by 2032. The general epidemiological picture shows an older population managing chronic conditions that can limit activity and harm health and well-being. The use of medications by older adults is acknowledged to be the most common form of medical intervention for many acute and chronic conditions, and prescribing rates in the population are predicted to continue to increase.

A quarter of Campbeltown's population lives in two small areas considered among Scotland's 15 percent most deprived. The links between deprivation and poorer health outcomes are well established. Both areas have health domain scores in the worst 20% in Scotland.

According to the 2022 Census, of the 4,425 people living in Campbeltown, 95 came from Black/minority ethnic (BME) backgrounds, 2.3 percent of the population compared to 7.1 percent nationally. Although small in absolute numbers, Campbeltown's minority ethnic population is diverse and will have different ethnic identities, languages, and cultures. These individuals and households may present with identity-specific needs to local healthcare and social services.

Evidence:

The current population estimates for the areas covered by nationally recognised definitions referred to above are 4,500 and 4,514. Data from the 2022 Census recorded a population of 4,425 in the Intermediate Zone 3.

National Records of Scotland, Mid-2021 Small Area Population Estimates Scotland. National Records of Scotland. Edinburgh. [Small Area Population Estimates \(2011 Data Zone based\) | National Records of Scotland \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk/publications/small-area-population-estimates-2021)

National Records of Scotland, Settlements and Localities: Mid-2020 Population Estimates for Settlement and Localities in Scotland. National Records of Scotland. Edinburgh.

[Settlements and Localities | National Records of Scotland \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk/publications/settlements-and-localities)

[Sub-National Population Projections | National Records of Scotland \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk/publications/sub-national-population-projections)

Barry HE, Hughes CM. An Update on Medication Use in Older Adults: a Narrative Review. Current Epidemiology Reports. 2021;8(3):108-115

The Scottish Index of Multiple Deprivation (SIMD) measures how deprived an area is. All of Scotland's datazones (small area geographies) are given a score based on several deprivation indicators. The datazones are then ranked 1 to 6,976 based on their score. The rankings are split into 10 equally sized groups for SIMD deciles and five groups for SIMD quintiles. More information can be found on the Scottish Government website: Scottish Index of Multiple Deprivation 2020 - gov.scot (www.gov.scot)

The proposed pharmacy's catchment population registered with general practice is around 4,700, with almost all residents registered with the Campbeltown Medical Practice. The Campbeltown Medical Practice has a total list population of 6,077. Practitioner Services Scotland, General Practice list sizes by age, sex and residential postcode in April 2024. Data made available to the NHS Highland Public Health Intelligence Team.

National Records of Scotland, Scotland's Census 2022 Table UV201 - Ethnic group. Available online: <https://www.scotlandscensus.gov.uk/search-the-census#/search-by>

6.2 Adequacy

- Is the provision of pharmaceutical services to the neighbourhood from existing pharmacies adequate now and in the future?

Answer - **No**

- Was due consideration given to both the Pharmaceutical Care Plan/CAR?

Answer - **Yes**

Rationale:

- Did the population of the neighbourhood think that services were adequate, did PPC agree and if so why?

A single Boots community pharmacy currently provides a service in Campbeltown. Service was reduced from two pharmacies to one when a second Boots branch in Campbeltown closed in December 2023. There was overwhelming evidence that the local population and a variety of agencies providing services in the neighbourhood consider the current service inadequate. 995 responses were received to the CAR and 912 considered viable for inclusion in the report. 20

letters and emails supporting the opening of a new pharmacy were received, including from several health and social care providers. Problems with the current service reported by the Community Council representative mirrored many comments made in the CAR and covered topics such as: long queues and waits, lack of privacy, shortage of stock leading to inability to obtain prescriptions in a timely manner, staff shortages combined with increased workload following closure of the second branch leading to inability to access non-prescription services within the core contract, errors and mix-ups with prescriptions. Data indicated that since the closure of the second branch there has been a huge increase in prescriptions fulfilled by Boots Longrow however activity in a number of other core contract services has not increased, suggesting unmet need for those people who previously received these services from the second branch. The applicant referred to information obtained under Freedom of Information legislation establishing that since the closure of the second branch, Boots has reported 12 dispensing incidents compared to 0 reported in the 11 months prior to the closure. The views expressed in the CAR and by various local organisations that the current service is inadequate were unchallenged. No evidence was presented that the current service is likely to improve in the future. Given all of the above the panel agreed that current provision of services is inadequate.

- Does the data relating to the demographics, social environment, economic opportunities and the health and wellbeing of the residents indicate a higher than average level of need for pharmaceutical services in this neighbourhood?

Answer - **Yes.**

Campbeltown is a very remote small town. As with many rural and remote communities the population structure is ageing with more of the population moving into the over 65 age group. Whilst the proportion of elderly people is similar to Argyll and Bute evidence provided by the applicant suggests it is higher than the NHS Highland and Scottish average. Multi-morbidity, defined as the presence of two or more chronic conditions - both diseases and geriatric syndromes such as frailty - is a mounting public health challenge as the population ages and is associated with health inequalities, poorer health outcomes and reduced quality of life.

The evidence from the latest available ScotPHO area profile indicators suggests that Campbeltown is a relatively healthy place to live, according to most metrics and in comparison to the Scottish average. The exceptions to this pattern are two small areas identified as among Scotland's most deprived, with a population of about 1,000. Both places have health domain scores among the worst twenty percent in Scotland. Evidence shows that those living in the most deprived areas have the worst healthcare outcomes and can experience inequalities in healthcare access.

The applicants presented a variety of evidence that Campbeltown faces significant socio-economic challenges and health needs including a higher percentage of the population: being income and employment deprived, living in fuel poverty, living in social rented housing, being prescribed for mental health conditions.

- Is the provision of core service from the adjacent pharmacies meeting the population level of need for these services? **NO**

There was strong evidence presented to the panel that the existing pharmacy in the town is not meeting the population's need for a number of core services. The closure of Boots on Main Street has resulted in Boots, Longrow now dispensing over twice the NHS Highland average of prescribed items. As demonstrated by the CAR, the evidence from the Community Council and the many letters of support received, this has led to:

- Inadequate provision of AMS with dispensing not being done in a timely manner, as evidenced by long queues, long waits, issues with stock control and multiple visits to have prescriptions completely fulfilled.
- The inadequate provision of Pharmacy First and MCR with data demonstrating that in Campbeltown there is now a significantly lower number of Pharmacy First items dispensed and significantly lower number of MCR patients registered than in previous years when there were two pharmacies in the town.
- See Appendices B and C of the Applicant's statement as well as the many examples of inadequate service given in the CAR and the letters of support which go beyond the difficulties with prescription items. Has the committee considered their responsibility under the Equality Act to reduce inequality?

Answer – **Yes.**

The committee considered issues of inequality highlighted in the reports and evidence presented to it. It considered the data highlighted above which shows that many of the local population will have a greater need for pharmacy services. In addition the Committee had evidence from the CAR, the Community Council and the letters of support that some people face particular difficulties in accessing existing services:

-people with disabilities, parents with prams, people with conditions that make it difficult for them to stand for long periods of time are experiencing problems due to the size of the premises and frequent long queues

-people from outlying villages travelling into Campbeltown to the pharmacy may incur additional costs if they have to visit more than once to get a prescription fulfilled or wait for a long time in town.

-difficulties in offering privacy may be disadvantaging some customers such as those with a methadone prescription or seeking emergency contraception.

- Does the difficulty that some residents have accessing services out with their local area contribute to making service provision inadequate?

Answer - **Yes.**

Campbeltown is a very remote small town. It is situated on the southeastern side of the Kintyre Peninsula, a primarily remote and rural area of Argyll and Bute. The peninsula stretches about 30 miles, from the Mull of Kintyre in the south to East and West Loch Tarbert in the north, and is long and narrow, at no point more than 11 miles wide. Campbeltown is the principal town of the area and is 38 miles from Tarbert by the A83, a journey time of three-quarters of an hour by car or an hour by bus, and the location of the next nearest community pharmacy.

Dispensing practices provide pharmaceutical services for other areas in the peninsula, allowing patients who live remotely from the community pharmacies in Campbeltown and Tarbert access to medicines and healthcare in single locations. However these dispensing practices are some distance from Campbeltown (Furthest 30 minutes nearest 15 minutes) and unless people happened to work in the locality of the dispensing practices it would involve considerable time and expense to make the necessary journeys to obtain prescriptions.

Existing data indicates that only four percent of items the Campbeltown Medical Practice prescribed were dispensed elsewhere.

- Do the delivery services meet the population need for pharmaceutical services?

Answer - **No.**

One branch of Boots is attempting to fulfil the needs of the population (which are likely to continue to increase due to the demographic structure) when historically there have been two branches in the town. As evidenced in the CAR, by the letters of support and the applicant's evidence (all of which was unchallenged) current services do not meet the population's need for pharmacy services.

Evidence:

A total of 995 responses to the consultation were received, 912 of which were considered complete. 50% of respondents faced issues or challenges accessing pharmacy services. For a list of 17 different services respondents were asked if the current service was adequate. Setting aside those who answered 'don't know', 16 out of the 17 services were considered inadequate. 95% of respondents thought the services to be offered by the applicant would be adequate. Of the 560 comments made, 40% commented they were in support of the extra services the Applicant wishes to provide, 15% commented they were in support of a delivery service. Only 1% of people commented they were satisfied with the current pharmacy services.

Of the 50% positive responses to a question about whether respondents faced any issues or challenges accessing current services, comments included access difficulty due to lengthy queues, staff workload, incomplete prescriptions and lengthy turnaround times as well as unscheduled closures. Comments were also received about the advantage of longer opening hours. These themes were repeated in the letters of support and evidence of the Community Council and were unchallenged at the hearing. Of the 167 responders who commented they did not face challenges, some comments were still made regarding length of queues, increased staff workload and incomplete prescriptions.

The 96% of responders to Q17 about whether a new pharmacy would have a positive impact on the neighbourhood said yes it would. Responses included choice of pharmacy (13%), reduced waiting times/long queues (21%), relieving pressures on current services (15%) and improved services (11.2%). 15% commented that the additional services on offer by the applicant would be positive for the neighbourhood. A small number of responses included comments such as alleviating stock issues, the current pharmacy being too small for the size of the population it served, employment opportunities and improving accessibility.

Intelligence Report notes 9,12,13

Barry HE, Hughes CM. An Update on Medication Use in Older Adults: a Narrative Review. *Current Epidemiology Reports*. 2021;8(3):108-115.

Barnett K, Mercer SW, Norbury M, Watt G, Wyke S, Guthrie B. Epidemiology of multimorbidity and implications for health care, research, and medical education: a cross-sectional study. *Lancet* 2012;380:37-43

Mercer SW, Blane D, Donaghy E, Henderson D, Lunan C, Sweeney K. Health inequalities, multimorbidity and primary care in Scotland. *Future Healthcare Journal*. 2023 Nov;10(3):219-225

Intelligence Report Figure 5

Intelligence Report notes iv and 15

[Scottish Index of Multiple Deprivation 2020 - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/scottish-index-of-multiple-deprivation-2020/pages/introduction.aspx)

[Scotland's Health and Demographic Profile \(www.gov.scot\)](https://www.gov.scot/publications/scotland-health-demographic-profile/pages/introduction.aspx)

Intelligence Report Map 1

Intelligence Report Figure 6

6.3 Securing Adequacy of Provision for the Future

In answer to the question - Is any existing pharmacy likely to close at a future date as a result of this application being granted? It was agreed **NO**.

Rationale:

- a) Consider if any possible reduction in service provision which might occur is likely to be sufficient to cause any existing pharmacy to close?

The panel considered a variety of evidence in deciding whether the existing pharmacy was likely to close if the application was granted. This included:

- the historical pattern of provision in the town which for many years has supported two pharmacies
- the prescribing data which showed that the historical and likely future demand for services could sustain two pharmacies. This interpretation of the data was supported by the professional members of the panel.
- the evidence submitted in support of the application was unchallenged and the owners of the existing pharmacy chose not to be represented at the hearing
- the Pharmaceutical Services Plan which indicated that the recent closure of services in Campbeltown may mean potential unmet need for pharmacy services
- the responses in the CAR which did not indicate any concerns amongst the population that granting the application would negatively impact on the existing pharmacy services.

For all these reasons the panel concluded that it is unlikely that existing services will close as a result of granting the application.

- b) Is there any current unmet need for pharmaceutical services which if this were to be addressed would generate additional income for the pharmacies?

Not possible to comment on this as there was no representation from Boots at the Hearing.

Evidence:

Public Health Scotland, Prescriptions in the Community. Scottish Health and Social Care Open Data.

[Prescriptions in the Community - Datasets - Scottish Health and Social Care Open Data \(nhs.scot\)](https://data.scot.nhs.uk/datasets/prescriptions-in-the-community)

6.4 Viability of Proposed Pharmacy

In answer to the question – Is the proposed pharmacy likely to close at a future date – It was agreed **NO**.

Rationale:

- a) How many people is the pharmacy likely to provide services to and is this sufficient to be sustainable?

The applicant's indicated pharmacy catchment area, 4,500 people, is considered to be the core population served. Further potential demand from the immediate area surrounding the town, principally registered with the Campbeltown Medical Practice, amounts to 1,500 additional people. Current data shows that Less than 40 patients registered with practices other than the Campbeltown Medical Practice live in the town area within the application. Analysis of available prescribing and dispensing data suggests that over 96 percent of all items dispensed in Campbeltown were prescribed to patients registered with the Campbeltown Medical Practice. Only four percent of items the Campbeltown Medical Practice prescribed were dispensed elsewhere. Around 130,000 items have been dispensed annually in Campbeltown in the last three years. Previously the workload was shared between two Boots branches. Current activity at the remaining branch is more than double the average number of items dispensed by a community pharmacy in NHS Highland. There was evidence of overwhelming support for a new pharmacy in the town amongst the local population.

The applicant does not operate any community pharmacies at present although they have experience managing and working in independent pharmacies. The panel asked a number of questions to test the applicant's confidence that their business would be sustainable including ability to provide cover for the main pharmacist, ability to maintain adequate stock levels and their understanding of the costs involved in operating services such as deliveries in a rural area. From the applicant's responses and the amount of groundwork the applicant had put into understanding the local area and the pattern of existing services evidence in their statement, the panel had a reasonable level of confidence a new pharmacy was unlikely to close in the near future.

- b) Would the local population be likely to continue to support a local pharmacy?

99% of respondents supported the opening of a new pharmacy. Of 911 responders 76% agreed an additional pharmacy would change the way they currently accessed NHS pharmaceutical services. Comments included making use of extended opening hours, access to delivery service thus relieving pressure on existing pharmacy and other NHS services, as well as offering freedom of choice. Also, the lengthy waiting times for medication and lengthy queues. Those responders replying the additional pharmacy would not change the way they accessed pharmacy services also commented on the lengthy queues and reduced waiting times. The advantages of having a second pharmacy with regard to ease of access, delivery service as well as easing pressure on GPs was commented even by respondents currently registered with a dispensing practice.

Evidence:

Intelligence Report

Applicant's statement Appendix A

Community Council statement confirming various visits to the town by the applicant representatives and letters of support indicating applicant has met with local organisations.

CAR Q21, Q14

In answer to the question - Is it necessary to grant the application to make up for a shortfall? It was agreed **YES**.

Rationale:

Yes. There was overwhelming evidence from the CAR, from the applicant, the Community Council and many local organisations/representatives that it is necessary to grant the application. A town that has historically been served by two pharmacies is now relying on one. The evidence presented showed that whilst a similar level of prescriptions are being fulfilled the manner in which this is being achieved is wholly unsatisfactory with long queues, long waits and/or repeat visits necessary due to staff or stock shortages, errors and inability to meet the needs of the population for other core contract services. This evidence was unchallenged by the existing provider.

Evidence:

See all references above.

6.5 Necessary/Desirable

The panel did think it **necessary** to **grant** the application to make up for a shortfall.

Rationale:

There was overwhelming evidence from the CAR, from the applicant, the Community Council and many local organisations/representatives that it is necessary to grant the application. A town that has historically been served by two pharmacies is now relying on one. The evidence presented showed that whilst a similar level of prescriptions are being fulfilled the manner in which this is being achieved is wholly unsatisfactory with long queues, long waits and/or repeat visits necessary due to staff or stock shortages, errors and inability to meet the needs of the population for other core contract services. This evidence was unchallenged by the existing provider.

7. Outcome of the PPC

The Chair invited members of the Committee to vote on the Application by Zakpharma Ltd to provide pharmaceutical services at 2 Mafeking Place, Longrow, Campbeltown. The Committee unanimously agreed to **Grant** the Application.

Signed : 

Date : 13th November, 2024

Ann Clark
Chair, Pharmacy Practices Committee