

Minutes of the meeting of the NHS Forth Valley Pharmacy Practices Committee (PPC) held on Thursday, 22 September 2022 at 10:00 hours in the Board Room, Carseview House, Castle Business Park, Stirling, FK9 4SW.

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| Committee | John Stuart Claire Colligan Arif Hanif Martin Kenny Sheila McGhee | Chair Non-Contractor Pharmacist Member Contractor Pharmacist Member Lay Member Lay Member |
| Attendees | Noel Wicks Richard Stephenson Tom Arnott Tanusia Sudhakaran June Friel Martin Green James Alexander Susan Murray | WEB Pharmacy, Applicant Accompanying the Applicant Lloyds Pharmacy, Interested Party Lloyds Pharmacy, accompanying Mr Arnott Larbert Pharmacy, Interested Party McLeans Pharmacy, accompanying Ms Friel Kinnaird Village and the Inches Residents Association (KVTIRA), Residents Committee Representative Central Legal Office, NHS National Services Scotland |
| Secretariat: | Tracy Bone Jenna Stone | Committee Services, NHS National Services Scotland Committee Services, NHS National Services Scotland |

Application by WEB Pharmacy

- 1.1. There was an application and supporting documents submitted from WEB Pharmacy received on 2 December 2021, for inclusion in the pharmaceutical list of a new pharmacy at Unit 6, Kinnaird Village, McIntyre Avenue, Larbert, FK5 4XT.

Submission of Interested Parties

- 1.1.1. The following documents were received.
- 1.1.1.1. Letter dated 29 December 2021 from June Friel, AD Healthcare Limited t/a Larbert Pharmacy
- 1.1.1.2. Letter 10 December 2021 from Campbell Shimmins, Area Pharmaceutical Committee
- 1.1.1.3. Letter dated 31 December 2021 from Matthew Cox, Lloyds Pharmacy
- 1.1.1.4. Email dated 4 January 2022 from Stephen Clarke, Kinnaird Village and The Inches Residents Association (KVTIRA).

V1.0 approved

1.2. Correspondence from the Wider Consultation Process Undertaken Jointly by NHS Forth Valley and WEB Pharmacy

1.2.1. Joint Consultation Analysis Report (CAR)

Procedure

- 1.3.** At 09:40 hours on Thursday 22 September 2022, the NHS Forth Valley Pharmacy Practices Committee (“the Committee”) convened to hear the application by Noel Wicks of WEB Pharmacy (“the Applicant”). The hearing was convened under Paragraph 2 of Schedule 3 of The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, as amended, (S.S.I. 2009 No.183) (“the Regulations”). In terms of paragraph 2(2) of Schedule 4 of the Regulations, the Committee, exercising the function on behalf of the Board, shall “determine any application in such manner as it thinks fit”. In terms of Regulation 5(10) of the Regulations, the question for the Committee was whether “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 by persons whose names are included in the Pharmaceutical List”.
- 1.4.** The Chair welcomed all to the meeting and introductions were made. When asked by the Chair, members confirmed that the hearing papers had been received and considered. When committee members were asked by the Chair in turn to declare any interests in the application, none were declared.
- 1.5.** It was noted that members of the committee had previously undertaken site visits to Unit 6 Kinnaird Village independently during various times of the day and week to gather a sense of the natural working patterns of residents and visitors to the various premises. All confirmed that in doing so each had noted the location of the premises, existing pharmacies, general medical practices and other amenities in the area such as, but not limited to, banks, post office, supermarkets, churches, schools and sports facilities.
- 1.6.** Having ascertained that that there were no conflicts of interest or questions from Committee Members the Chair confirmed that the Oral Hearing would be conducted in accordance with the guidance notes contained within the papers circulated. The Applicant and Interested Parties were invited to enter the hearing.

The open session convened at 10:10 hours.

Attendance of Parties

- 1.7.** The Chair welcomed all, and introductions were made. The Chair explained that Ms Murray was in attendance to provide legal advice and Ms Bone and Ms Stone to provide Secretariat support. These attendees would not have any involvement in the making a decision. The meeting was being recorded and was held in accordance with GDPR. The recording would be deleted when the Minutes had been finalised.
- 1.8.** The Applicant, WEB Pharmacy, was represented by Noel Wicks accompanied by Richard Stephenson. From the Interested Parties eligible to attend the hearing, the following accepted the invitation: (i) Tom Arnott, accompanied by Tanusia Sudhakaran representing Lloyds Pharmacy, (ii) June Friel, representing Larbert Pharmacy accompanied by Martin Green of McLeans Pharmacy and (iii) James Alexander representing the Kinnaird Village and the Inches Residents Association (KVTIRA) Residents' Committee.
- 1.9.** The Chair advised all present that the meeting was convened as an Oral Hearing to determine the application submitted by WEB Pharmacy in respect of a proposed new pharmacy at Unit 6 Kinnaird Village, McIntyre Avenue, Larbert, FK5 4XT. The Chair noted that the original application had been for Unit 2 and subsequently changed to Unit 6. The Health Board had considered this and sought legal advice from Central Legal Office and were content for the application to proceed.
- 1.10.** The Chair confirmed to all parties present that the decision of the Committee would be based entirely on the evidence submitted in writing as part of the application and consultation process, and the verbal evidence presented at the hearing itself, and according to the statutory test as set out in Regulations 5(10) of the NHS National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 Regulations, as amended, which the Chair read out in part:
- 1.11.** "5(10) an application shall be granted if the NHS Health Board 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..."
- 1.12.** The three components of the statutory test were emphasised. It was explained that the Committee, in making its decision, would consider these in reverse order, i.e., determine the neighbourhood first and then decide if the

existing pharmaceutical services within and into that neighbourhood were adequate. Only if the Committee decided that existing services were inadequate would the Committee go on to consider whether the services to be provided by the applicant were necessary or desirable in order to secure adequate services. That approach was accepted by all present.

- 1.13.** The Chair advised all parties of the hearing procedure to be followed.
- 1.14.** The Chair confirmed that members of the Committee had independently conducted site visits in order to understand better the issues arising from this application. Assurance was given that no member of the Committee had any interest in the application.
- 1.15.** The Chair reported that joint public consultation process had been undertaken as required under the 2014 amended Regulations, which had involved the Applicant and representatives from the Health Board's Primary Care Contractor Services to agree the joint consultation process. A notice advertised on the Falkirk Herald website on 29 April 2021. The Applicant had undertaken a door-to-door leaflet drop of the Falkirk Herald advert to the Neighbourhood Area as defined in the Consultation Analysis Report. A notice on the NHS Forth Valley website on 29 April 2021, and a questionnaire on the NHS Forth Valley website. A questionnaire was available on hard copy on request from the Health Board and was also available to be downloaded. Questionnaire and Information was available from the Applicant's website. The consultation commenced on 29 April 2021 and ended on 7 September 2021, and the results of the consultation were contained within the Consultation Analysis Report which had been agreed by both parties.
- 1.16.** The Chair confirmed that all had received the hearing papers by running through the titles of the papers which were included in the pack (see paragraph 20).
- 1.17.** The Chair asked for confirmation that all parties fully understood the procedures to be operated during the hearing as explained, had no questions or queries about those procedures and were content to proceed. All confirmed agreement.
- 1.18.** Ms Friel raised an objection on behalf of all the Pharmacies to the Application and stated that there was an error in law and objected to the legal competence of the Application. Ms Friel noted that the 2009 Regulations as amended required that the Applicant use Form A1. The Application had

been submitted in relation to Unit 2 and not Unit 6, and Ms Friel further noted that under Section 2(b)(ii) of Form A1, the Applicant had confirmed that the premises were in the Applicant's possession through lease or ownership. Ms Friel's view was that if for whatever reason the Applicant was no longer in possession of the premises (Unit 2), there was no provision to change the address, and the Applicant should therefore reapply using Form A1 with the new address for Unit 6 at the new address. Ms Friel said the Pharmacies objected being asked to consider Unit 6 when the Application had been for Unit 2 and said that they could not consider an application for Unit 6 for when there was no application for Unit 6, only Unit 2. Ms Friel stated that this would merit an appeal and requested that the Hearing be adjourned.

- 1.19.** Mr Alexander noted that an application for a pharmacy in NHS Lothian (Pumpherston) had been abandoned because of an incorrect postcode. The Applicant noted an application at Carronshore which had an incorrect address, but the Health Board had still proceeded with the Hearing, and the contract had been granted, and emphasised that NHS Forth Valley had a precedence and further noted that they had notified the Health Board to take advice from CLO regarding the change of Unit.
- 1.20.** The Chair acknowledged the comments and confirmed the Health Board had been aware of the change and, having considered the legal advice given by CLO, it had been agreed to proceed with the Application, since the address for Unit 6 was just 80m away from Unit 2 and was within the same building.

The Applicant's Submission

- 1.21.** The Chair invited the Applicant to speak in support of the application.
- 1.22.** The Applicant Mr Noel Wicks introduced himself as part owner of Web Pharmacy which traded as Right Medicine Pharmacy, and gave a presentation as follows.

Background

- 1.23.** Right Medicine has a total of 35 pharmacies right across Scotland. We have been running pharmacies since 2000 and have received many awards for our innovation and services to patients.
- 1.24.** We have opened 4 new pharmacies from scratch after being through this application process before and each of those pharmacies is now an integral part of those neighbourhoods, providing valued pharmaceutical services to

patients. I believe our history here is important to give the committee complete confidence that.

- (a) we can reliably identify gaps in pharmaceutical service provision.
- (b) we are fully capable of opening a pharmacy within the required timescales and go on to provide the highest level of care and
- (c) that we have a 100% track record in creating and running viable pharmacy businesses.

Proposed site:

- 1.25.** As you will have seen from your site visit, the parade at the heart of Kinnaird Village is now a busy and vibrant place. It has a range of shops and services available including a Sainsburys, a butcher, a café, takeaways and an NHS Dental practice.
- 1.26.** As you will have noted, the single remaining unit is one of the largest with over 2000 square feet available at ground level. There is plenty of room for a large dispensary, state of the art multi-disciplinary consultation rooms, retail, health promotion areas and a comfortable waiting space. It will be ideally situated right at the heart of this village community and be fully DDA compliant. Right outside the unit there are 68 parking spaces some of which are dedicated disabled spaces.

Neighbourhood:

- 1.27.** The neighbourhood as defined in our application is as follows:
 - (a) To the West – the train line as there is not a single crossing point on the railway without coming out of the housing estate on to Bellsdyke Road. Also, the other side of the train line is commercial rather than residential.
 - (b) To the North – The M876 motorway because it is a physical boundary (only passable on Hamilton Road and Old Moss Road) and the other side of it is agricultural, as opposed to residential, land.
 - (c) To the East – the unnamed road known locally as Old Moss Road as the Eastern Boundary. This road is the boundary of the land currently being developed and indeed I am sure you will have seen that groundworks and services are now being completed to the furthest reaches of the site's boundary.
 - (d) Finally, to the South – the A88 Bellsdyke Road. This is an extremely busy road along which some people drive very fast regardless of the speed limit. It also only has one assisted crossing so is a substantial barrier to

peoples' movements into / out of the neighbourhood. Also, across Bellsdyke Road from Kinnaird there is a change in land use as much of it is recreational – a golf course and cricket grounds – and, where housing does exist, it is of a completely different age and character to that within Kinnaird.

- 1.28.** The neighbourhood, as we have defined it, is consistent with previous definitions from the application for Larbert Pharmacy and the NAP decision regarding Larbert being a separate Neighbourhood to Stenhousemuir and the boundaries that therefore apply. The APC also agrees with our neighbourhood definition. Of course, the real measure of the neighbourhood has to come from the people within it and there was overwhelming support in the consultation with 98% of respondents agreeing on our definition of neighbourhood.
- 1.29.** This neighbourhood has undergone explosive development in recent years with large numbers of houses and flats continually being erected and with more to come. With around 3000 homes and a current population of circa 9,000 it is clear to see that this has been a rapidly expanding area with a population that is already twice that of the national average per pharmacy.
- 1.30.** In the time since 2016 census information provided to the PPC, the proposed area has grown dramatically and as pointed out by the local Councillor, around 25% of the housing in Kinnaird constitutes housing for social rent or affordable housing. This part of the population will not have the same access to private transport and, as such, face much greater transportation challenges in accessing pharmacy services in surrounding neighbourhoods.
- 1.31.** The neighbourhood also contains a comparatively disproportionate number of children as part of its population and indeed the local primary school has had to expand many times over since its inception. Of course, this means that there is a lower-than-average elderly population who along with children are frequent users of pharmacy services. But think about this, the percentage of elderly residents may be less, but it is of a population twice that of the average pharmacy.

Current provision of Pharmaceutical Services:

- 1.32.** At the moment there are no pharmaceutical services offered within the neighbourhood. Patients must make a special trip most likely to the pharmacy in Larbert or the pharmacies in Stenhousemuir. These are busy pharmacies serving their own growing neighbourhoods. The shortest journey from the closest parts of the neighbourhood starts at about a mile. Of course, the vast majority of residents do not live at the corners closest to

existing pharmacies. Instead, the bulk of the housing is further back from the road, past our proposed site and therefore people face journeys of up to two miles each way (a four-mile round trip). For journeys to existing pharmacies, there are three options – by car, by foot or by public transport.

- 1.33.** First of all, by car – Access to and from the Kinnaird Village by car is quite limited. There are currently only three road access points - all off Bellsdyke Road. Once out of Kinnaird Village you would need to drive down Tryst Road to get to the closest pharmacy. As a local resident, I have first-hand experience of the massive increase in traffic and the difficulty in turning right onto Stenhousemuir Main Street leading to a prolonged wait at this junction. Local bodies have highlighted this and also the heavy traffic on Hallam and Main Street as a major source of local congestion. Once you have managed to get to a pharmacy and found a parking spot (not easy at Larbert or the two pharmacies in Main Street) the road must be negotiated by foot to get into the pharmacies. The traffic becomes exponentially worse at School and Nursery run times with Stenhousemuir and Larbert primary generating significantly more vehicles which require access into these areas.
- 1.34.** On foot, from the proposed site to the nearest pharmacy takes me just over 20 minutes. Whilst most of the path is of a reasonable quality, there are some sections where it does narrow, making a walk with a pram difficult. This means a return journey to a pharmacy would take well over an hour from the proposed site and would be considerably longer for people living further away. As we have highlighted, you are looking at a 4-mile round trip for those at extremes of the neighbourhood and circa 3 miles for those in the middle.
- 1.35.** Finally, as regards buses, there is a single bus service which goes through only a fraction of one corner part of the neighbourhood and then only once each hour. This means if you wanted to take the bus you would firstly need to walk to the bus stop near Kinnaird Primary School, which could be up to a 20-minute walk for a healthy person. The number 8 bus service leaves only once an hour. When arriving at ASDA in Stenhousemuir someone would have only 20 minutes (assuming the bus isn't delayed) to get off the bus, walk to any of the three pharmacies in Stenhousemuir, queue to be seen, hand in their prescription, wait for it to be dispensed or to wait and receive a consultation and have something dispensed on Pharmacy First and then make it back to the bus. If all that cannot be done in less than 20 minutes, then it is a one hour wait for the next bus. By the time you add in the return walk once back in Kinnaird, you would be looking at a best case of around an hour and a half. What is more likely is that it would be a two and a half hour round trip. It is also important to consider the cost of a bus journey to either Larbert or Stenhousemuir. An Adult will pay around £2.70 return and a

child's fare is £1.70. if a parent with a couple of children needed to go the pharmacy to access the advice of a pharmacist or the Pharmacy First scheme, this could mean over £6 for one return trip. But what do people in the area think of the current provision of service? As you can see from what I believe is Forth Valley's largest ever response to a pharmacy consultation, the overwhelming majority of respondents are in favour of the pharmacy and felt the granting of it would have a positive impact. 98% of respondents agree with the definition of the neighbourhood. 90% said there were gaps in current provision. Two thirds felt the distance from the defined area to access other neighbouring services was inadequate.

1.36. Furthermore, the CAR highlighted the low levels of satisfaction from those within the neighbourhood, with only one third saying they were satisfied with dispensing of prescription and even less with the Pharmacy First Service. In addition, 80% of respondents felt it was inadequate to access current services by foot and 65% felt transport options were also inadequate in order to access services. These and many comments submitted to the consultation along with the input from the representative organisations and Councillors all point in the same direction – that current service provision for this neighbourhood is inadequate.

1.37. As well as offering the required contractual NHS services we will also have a pharmacist independent prescriber ready to go into the new pharmacy right from opening. They will be able to offer the Pharmacy First Plus service which will allow access to a much wider range of treatments than is possible via normal Pharmacy First service. Something which I think you will agree will be of benefit as I do not believe it is on offer at any of the nearby pharmacies. This is particularly relevant considering the difficulty that we know residents have in accessing medical services.

20 Minute communities:

1.38. You will see that one of your papers for today is titled "20-minute neighbourhoods" and sets out Scottish Government's commitment for places that are designed so residents have the ability to meet the vast majority of their day to day needs within a 20-minute walk (approximately 800 metres) of their home. It comes as no surprise that this is a key focus of the Government given the desire to reduce unnecessary journeys and create local access. We would argue that access to healthcare advice, services and medicines are a day to day need and whilst the population of the neighbourhood can access the vast majority of their other needs within this scope, they cannot access a pharmacy and the NHS services it provides.

Summary:

1.39. In the last few years, this neighbourhood has seen and continues to see significant growth in this population. Neighbourhood is a very subjective thing – it is not a bank or a post office or even a school that determines a neighbourhood, it is not even lines on a map. It is quite simply the views of the people that reside in a defined area of who their neighbours are and who they identify with. This comes across very clearly whenever you speak to someone in this neighbourhood about where they stay, and this was made clear in the consultation.

1.40. This population is now a diverse one with around 9000 residents spanning all ages and socio-economic backgrounds. There has already been a gap identified and filled in the NHS Dental service and we believe we have shown the same gap is true for NHS Pharmacy services. In order to access pharmacy services, people have to travel outside of the neighbourhood. The journeys involved, both in terms of time, distance, and costs, even from the edge of the neighbourhood, are significant. These journeys are only likely to become more difficult as the population of this and the surrounding areas increases, and resultant traffic grows. The consultation process highlighted just how inadequate the current access is and that quite clearly the residents of this neighbourhood want and need their own pharmacy. We would therefore respectfully suggest that this makes the granting of our application both necessary and desirable.

This concluded the presentation from the Applicant.

The Chair invited questions from the Interested Parties in turn to the Applicant.

1.41. Mr Arnott (Lloyds Pharmacy) Questions to the Applicant

1.41.1. Mr Arnott asked how often would a healthy person attend a pharmacy?

1.41.1.1. The Applicant responded that he did not know but perhaps monthly for someone in their 20's.

1.41.2. Mr Arnott referred to the Applicant's statement that the APC agreed with his definition of the Neighbourhood boundary but did not see anything saying that in their letter. Mr Arnott read part of the letter from the APC which said "... the Committee agreed with the neighbourhood proposed by the Applicant within the application. However, the Committee then discussed the current provision of pharmaceutical services. There are four community pharmacies within 2 miles radius of the centre of the neighbourhood".

V1.0 approved

1.41.2.1. The Applicant confirmed that this showed that APC had agreed with his definition of the Neighbourhood.

1.41.3. Mr Arnott queried if the Applicant had disagreed with the previous boundaries defined by the previous two applications.

1.41.3.1. The Applicant responded that he had always been consistent in the definition of the neighbourhood; he did not have details of other applications, so if other people had not agreed with the neighbourhood, he would disagree with them.

1.41.4. Where have the residents in your neighbourhood gone to see a GP?

1.41.4.1. The Applicant responded I would imagine that many of them are registered with Stenhousemuir practices although I think increasingly the list there is full and so they will be focused further afield.

1.41.5. Mr Arnott asked where residents went for their weekly shop.

1.41.5.1. The Applicant replied that it was a bit of a blended mix. People may have it delivered, but their day-to-day items would be from the same location / local shop.

5.1.5

5.1.5.1 The Applicant replied that this was not necessarily the case. He acknowledged that he was not a bus operator so could not confirm what went into the calculations of what made a successful route, but people had protested for years within the Neighbourhood regarding lack of bus service.

5.1.6. Mr Arnott asked how much a person over 60 would pay on a bus, or an individual 22 years and younger, and referenced that Scottish Government had introduced free bus travel for people of 22 and under.

5.1.6.1. The Applicant replied that age 22 did not fall into a child clarification and said that 16 was the cut off for a child to an adult fare for £2.70 and the child would be less. . The Applicant noted his son had a Young Scot Card which would enable him for free bus travel but possibly not the person accompanying them.

5.1.6 Mr Arnott asked if Pharmacy First Plus was a core service.

5.1.6.1 The Applicant confirmed it was not at present, but in his view, it was the intention that in future it was likely to be.

V1.0 approved

5.1.7 Mr Arnott asked if the Applicant agreed that PPC must discuss the adequacy the provision of core services, not Pharmacy First Plus

5.1.7.1 The Applicant agreed it was not a core service, but it was up to the PPC to discuss.

5.1.8 The Chair asked for clarity on the Pharmacy First Plus Service

5.1.8.1 Mr Arnott said Pharmacy First had taken over from EMAS. Pharmacy First Plus was for pharmacists who had done a certain course and could utilise their skills to dispense medications or look at individual ailments.

5.1.8.2 The Applicant added that they had an ability to prescribe so had a greater portfolio of things they were able to prescribe from.

5.1.9 Mr Arnott referred to the Applicant's map which was old and queried if it was correct that within the Applicant's definition of his neighbourhood there were 9,000 residents.

5.1.9.1 The Applicant confirmed this was correct, but the map did not show half the buildings in the neighbourhood.

5.1.10 Mr Arnott referred to the latest population figures for Larbert and Stenhousemuir which gave a total population of 20,678, and queried if this meant half the residents of Stenhousemuir and Larbert were within his neighbourhood. The figures were from the SIMD, and also from figures provided by the Applicant within the papers.

5.1.10.1 The Applicant said that this would assume that Mr Arnott's figures were correct. The Applicant referred to the article on local residents looking for better services, which was over a year old, which had quoted a population of 8,000.

5.1.11 Mr Arnott noted the total population of Larbert in 2016 was 10,951 but queried if the Applicant meant that to the west and south, this meant there was only 1500 people in that area.

5.1.11.1 The Applicant replied that the information provided by the Health Board (the 2016 census) was 6 years out of date and although they did not have the most current census figures, as a local resident, he stated that there had been around 1700 homes built since that time.

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- 5.1.12 Mr Arnott referred to the most SIMD figures that showed the population for the whole of Larbert was around 11,000 and queried if this meant that there were only 2,000 people out with his neighbourhood who lived in Larbert.
- 5.1.12.1 The Applicant replied this was incorrect, but because Mr Arnott had not submitted the information for the Applicant to scrutinise, he could not speak to the piece of paper in Mr Arnott's hand.
- 5.1.13 Mr Arnott asked if the Applicant would be surprised, when looking at the SIMD figures, the residents of Larbert and Stenhousemuir, of the 20,600, almost 1567 or 7.6% residents were in the bottom 20% of the whole of Scotland regards health.
- 5.1.13.1 The Applicant replied he was not surprised that the neighbourhood as he defined it did not appear low down on a socio-economic measure because of the volume of people within it, and the percentage of the social and low-cost housing was diluted.
- 5.1.14 Mr Arnott noted Larbert was made up of 11 data zones in SIMD, and asked if the Applicant would be surprised that 9 of the data zones were in the top 50% for income in the whole of Scotland, and of the same 9 data zones, most were in the top 50% for health in Scotland.
- 5.1.14.1 The Applicant replied he was not surprised, because of the way averaging worked.
- 5.1.15 Mr Arnott asked if the Applicant agreed residents were generally affluent, mobile and healthy.
- 5.1.15.1 The Applicant disagreed with "generally", but acknowledged there were a portion who were affluent and mobile but stated there was a growing percentage who were not but got lost in the averaging of the data.
- 5.1.16 Mr Arnott asked if the Applicant agreed with the SIMD figure, that of the 20,600 residents of Larbert and Stenhousemuir, only 1567 were in the bottom 20% for health.
- 5.1.16.1 The Applicant replied it was probably correct at the time it was written, but how relevant to his neighbourhood now, he was not able to speak to.
- 5.1.16.2 Mr Arnott noted the SIMD figures were from 2020.

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- 5.1.17 Mr Arnott asked if the Applicant would describe his neighbourhood as a neighbourhood for all purposes, as there was no bank, GP or major supermarket.
- 5.1.17.1 The Applicant replied that Stenhousemuir had no bank and said that he did not consider all those were necessary, and referred to his statement, that the neighbourhood did not need to certain services.
- 5.1.18 Mr Arnott referred to the 20 Minute Neighbourhood, noted two pharmacies that could be accessed within 20 minutes, but there were no supermarkets, GPs, no bank, no sports facilities.
- 5.1.18.1 The Applicant replied there were play facilities, pictures at the school, access to food and non grocery item, NHS dental services, but emphasised that importantly, people of the area considered themselves to be in the neighbourhood.
- 5.1.19 Mr Arnott asked if the Applicant agreed that the majority of the residents needed to leave the Applicant's defined neighbourhood in order to access services.
- 5.1.19.1 The Applicant replied they definitely needed to leave the neighbourhood in order to access pharmaceutical services, and possibly some other services they might need to access, but whether there should be more services in the neighbourhood was one point to be considered.
- 5.1.20 Mr Arnott had no further questions.

Ms Friel (Larbert Pharmacy) Questions to the Applicant

- 1.41.6. Ms Friel asked if the Applicant owned or had a lease for Unit 6, and asked for some documentary evidence since the property is still being marketed for rent, and queried what would happen if another application came in – e.g., for a Chinese or Indian restaurant.
- 1.41.6.1. The Applicant had he had an agreement to lease and noted he had leased a unit previously. Evidence about the leasing arrangement had been submitted to the Health Board but the Applicant did not have it to hand. The Applicant acknowledged that the property was still being marketed but although no lease had been signed at this time, there was a signed agreement to create a lease for the property. The Applicant noted that if another application came in, they would have an option to commit to lease the unit or not – they had had a similar agreement to lease a unit for 5 years for a previously

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unsuccessful application, and it was their decision whether to commit to lease the unit or not.

1.41.7. Ms Friel asked whether the Applicant agreed that the Area Pharmacy Committee (APC) were experts in their field, as they were renowned for their ability to produce information.

1.41.7.1. The Applicant replied that he would believe them to be experts in pharmacy, but they did not have the experience that a PPC had as they had a different function.

1.41.8. Ms Friel asked if it was correct that the APC did not support the application.

1.41.8.1. The Applicant replied the APC agreed with the neighbourhood but in their opinion, the residents could access adequate services available outside the neighbourhood.

1.41.9. Ms Friel stated that the Pharmaceutical Care Services Plan, produced by the Health Board, showed no inadequacies, and that services were currently adequate. This was not a question, but a statement given by Ms Friel for Lay Members.

1.41.10. Ms Friel noted that figures showed the area of Kinnaird and Inches as being affluent and had access to vehicles and went out with for other services, like visiting the GP.

1.41.10.1. The Applicant replied some people in the area were affluent and mobile and would access services outside the neighbourhood.

1.41.11. Ms Friel said the Applicant had made a wrong statement earlier and stated that Ochillview was still accepting patients. She had spoken who had stated they were open for new patients.

1.41.11.1. The Applicant replied that, from speaking to residents, some people were having difficulty in getting on the books there. The Applicant noted it was a new brand-new bespoke centre, and that the PPC would have a breakdown of the numbers, and there may be capacity, but residents said they had issues.

1.41.12. Ms Friel referred to the Applicant's Appendix to his application which stated that 80% of housing had already been produced. The housing development, now 10 years old, indicated that current services were already being serviced by the Neighbourhood?

1.41.12.1. The Applicant replied that the current population, as stated from the CAR, found the current service provision inadequate, due to lack of choice and had to access pharmaceutical services out with the neighbourhood. But the sort of buildings going in now were more social housing and rental buildings, but he could not predict what the future development might be.

1.41.13. Ms Friel asked if the Applicant was aware of the development for an industrial area, information obtained via the Government Website for the map and zones of Hill of Kinnaird, which was for industrial use or overflow of things that had not been done such as parks or any social things.

1.41.13.1. The Applicant replied that this was not within his Neighbourhood as this referred to the development on the other side of the Old Moss Road.

1.41.14. Ms Friel asked if the Applicant agreed that residents would need to go out with the neighbourhood to visit their GP or do their weekly shop, as there was only a convenience shop in the area.

1.41.14.1. The Applicant acknowledged it was a Sainsbury's Local.

1.41.15. Ms Friel asked if someone is housebound, they would not be able to visit the Applicant's premises as they would experience the same difficulties and therefore there was no benefit for anyone who was housebound to having a pharmacy within the Applicant's neighbourhood.

1.41.15.1. The Applicant replied anyone who was housebound would have difficulty in getting services to visit them.

1.41.16. Ms Friel asked whether anyone going to a GP was more likely to go to an adjacent pharmacy.

1.41.16.1. The Applicant replied that if they were housebound and went to Stenhousemuir, they would need to find parking, and there were no spaces outside Ms Friel's pharmacy due to the bus stop (Ms Friel interjected there were spaces available). The Applicant acknowledged that if a housebound patient had to make a physical journey to visit a GP, they would need to make another journey to visit a pharmacy as there were no pharmacies within the medical centre.

1.41.16.2. Ms Friel stated that her pharmacy free collection and deliveries to patients 6 days a week, video and telephone consultations, and would then deliver the medicines.

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1.41.17. Ms Friel asked for evidence of inadequacies as she had only heard hearsay and statements of convenience.

1.41.17.1. The Applicant replied the CAR was not hearsay, but the views of the population from the neighbourhood, plus representations from Councillors. In his view, the purpose was not to consider services out with the neighbourhood but to consider his neighbourhood and current services within it, and to consider inadequacy: his view was it was at least a mile, if not two, to access pharmaceutical services outside the neighbourhood, which he regarded as inadequate for a population the size and scale within the neighbourhood he had defined.

1.41.18. Ms Friel referred to the CAR and the Applicant's advertising marketing strategy, and noted there had been 701 responses, given the advert had been placed in the Falkirk Herald on 29 April, which only being 875 copies. Ms Friel also noted inclusion on the Right Medicine website and not Webb Pharmacy. Ms Friel had also checked the archives on Facebook and there were no posts in April, May, June (16 likes for a dental incentive) and then no posts in July or September. Is that correct?

1.41.18.1. The Applicant replied that he could not say anything about the Facebook posts but going back to the Falkirk Herald, it was the health board which decided which newspapers they placed the advert / notice into. The Applicant had listed all the places they had listed or promoted the application, and also noted that Right Medicine was the trading name of Web Pharmacy.

1.41.19. Ms Friel noted that 258 respondents had given their name, and asked how many were from Kinnaird, and said that The CAR had covered Falkirk, Grangemouth, Larbert, Stenhousemuir, Denny, Polmont, Reading and Brighton.

1.41.19.1. The Applicant replied he did not know how many were from Kinnaird, and this information would be held by the Health Board. He added that the CAR had asked if they lived within the neighbourhood and the vast majority had confirmed.

1.41.20. Ms Friel asked how many leaflet drops the Applicant had undertaken.

1.41.20.1. The Applicant replied there was one leaflet drop.

1.41.21. Ms Friel referred to the CAR and stated that she could only see hearsay and not evidence. For every positive, there was a negative, such as the concerns

around drug misuse, and being near a school. Ms Friel stated there was no evidence of inadequacy in the existing services.

1.41.21.1. The Applicant disagreed. The vast majority of responses had been very positive. Some concerns had been raised about substance misuse, but personal opinion was often misguided about how substance misuse patients were dealt with in pharmacies and what the connotations of that were. But it was not uncommon within applications of people have concerns about that. However, in terms of adequacy, the Applicant referred to the question where respondents were asked whether the service was adequate or not, and people are saying that the service is inadequate.

1.41.21.2. Ms Friel's view was this did not equate to evidence to show inadequacies and was people's personal opinions.

1.41.22. The Chair emphasised the need to ensure questions were asked rather than statements.

1.41.23. Ms Friel asked whether the Applicant was accepting new patients for blister packs, as earlier in the week she had phoned a couple of the Applicant's branches (Currieburn and another branch) and was told that they were not taking on new boxes and that she would have to go to Bannockburn and could only deal with regulated ones, not ones with changes, discharges from hospitals etc, and asked if this was correct.

1.41.23.1. The Applicant confirmed they were accepting new patients, and that Ms Friel was incorrect. There was a hub that looked after local pharmacies in that area, but as he had not been party to the conversations, he could not comment on something he had not heard. (Ms Friel offered to give him the names and times).

1.41.24. Ms Friel asked whether car ownership in the area was high.

1.41.24.1. The Applicant acknowledged there was a good proportion of the people there have high levels of car ownership.

1.41.25. Ms Friel referred to comments from his community group stated that this was a suburban area, with a huge proportion of people either working in Glasgow or Edinburgh and would obviously commute by train. Ms Friel asked if the Applicant agreed.

1.41.25.1. The Applicant replied there were many commuters who would, on some days of the week, be commuting, and likewise a number who would be working from home.

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1.41.26. Ms Friel asked if the Applicant agreed top three things were that people wanted in the community were a restaurant, café and pub.

1.41.26.1. The Applicant confirmed this was the top three.

Mr Alexander (Kinnaird Village & The Inches Residents Association (KVTIRA), Residents Committee Representative) Questions to the Applicant

1.41.27. Mr Alexander asked whether the figures that are produced by the Government were a true reflection of the actual development of the area?

1.41.27.1. The Applicant replied that the figures were out of date and therefore not representative and it was challenging to make an accurate assessment of exactly what is on the ground there because it moved so quickly.

Having established there were no further questions from the Interested Parties, the Chair invited Questions from Committee Members in turn.

Mr Hanif (Contractor Member)

1.41.28. Mr Hanif noted there had been discussion on car ownership for your neighbourhood and asked if the Applicant had any data.

1.41.28.1. The Applicant replied that he did not.

6.1.2. Mr Hanif noted some applications contained a drawing or architect's layout of the of the premises and asked the Applicant to describe the layout and set up of the pharmacy (e.g., if it had two consultation rooms, retailing)

6.1.2.1. The Applicant replied that the original planned build was for a smaller unit (1100 sq. ft), but larger unit (2000 sq. ft) would be to enlarge things. The original planned build would have had two consultant rooms, a collection robot: a staff room, a large dispensary area as well as a suitably sized retail area. With the expanded unit, they planned to add in more rooms: not only would they have Pharmacy First Plus there, and a consultation room for the ordinary pharmacy activity, but also a couple of treatment rooms to allow other practitioners to come into the neighbourhood to offer things like podiatry and chiropractic care.

6.1.3. Mr Hanif asked whether, if application was granted, would the Applicant be able to open within six months.

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- 6.1.3.1. The Applicant confirmed – he had engaged with Falkirk Council and had been clear they could complete work within the timescale and be ready to go with regard to shop fitting and did not foresee any problems.
- 6.1.4. Mr Hanif noted the PPC would need to consider viability of the Applicant's pharmacy if the application was granted and asked for an indication of his staffing levels when he first set up.
- 6.1.4.1. The Applicant replied there the initial set up would be for pharmacy manager, a counter assistant at all times, and at least one dispenser if not more depending on demand. The Applicant noted they had quite a few pharmacies and could release staff locally so could be fully flexible depending on requirements. More could be pulled in if required. Also they would have an Independent Prescriber available 25 hours a week for Pharmacy First who would be there alongside other pharmacists, for which there was funding to cover this. And although not a core service, they already had a delivery driver located at Carronshore Pharmacy, so they already had one.

Ms Colligan (Non-Contractor Member)

- 6.2.1. Ms Colligan asked terms of the young population around young families and considering pharmacies with similar demographics, how much of the Applicant's Day would be taken up with young mother's seeking advice or support from his pharmacy.
- 6.2.1.1. The Applicant replied there were usually particularly two high points in the day with anywhere where they had pharmacies with a larger young population in the area: first would be after the children were dropped off at school (when people would be going home after dropping off children), and second would be the end of the day when school finishes. Looking at the Minor Ailments Service for items prescribed a large number were childhood liquids like paracetamol. Having a large number of children in the neighbourhood, the Applicant saw them as regular visitors.
- 6.2.2. Ms Colligan asked whether Booster packs were a core service.
- 6.2.2.1. The Applicant replied they were not.

Ms McGhee (Lay Member)

- 6.3.1. Ms McGhee asked if the Applicant would ensure the premises were adequate for wheelchairs, people with Delta walkers and other aids to move around the shop, and because of having a bigger unit whether there was greater scope.
 - 6.3.1.1. The Applicant acknowledged this would be adequate. One issue with older pharmacies which were often smaller, but may have needed steps to go up, no automated door, no ability moves around or have separate seating areas or doors wide enough, plus sufficient turning inside a room / the shop. The Applicant confirmed he would have an abundance of space and would be making sure that they were accessible to all.
- 6.3.2. Ms McGhee noted that outside the supermarket there were 3 disabled bays and asked if there were plans for more and if not, how close they were to the Applicant's unit.
 - 6.3.2.1. The Applicant acknowledged disabled spaces had been outside Unit 2, but for Unit 6, the two disabled spaces were just a little further away. The Dental Practice had also made a request to provide more disabled spaces. The Applicant noted the parking area would require alteration and although it had been agreed, it was within the power of the developer to do this.

Mr Kenny (Lay Member)

- 6.3.1. Mr Kenny asked if the Applicant would offer a delivery service, whether there was a capacity on the delivery service, and if they would prioritise patients.
 - 6.3.1.1. The Applicant confirmed a delivery service would be offered, there were no capacity issues, and no rules on delivery services in the Forth Valley area – anyone who asked would receive it.
- 6.3.2. Mr Kenny referred to staff shortages across all industries and, whilst acknowledging that some pharmacies had been closed unexpectedly, asked how would the Applicant and his company try to mitigate this in the event that anyone who had to visit a pharmacy, turned up at a pharmacy to find it closed.
 - 6.3.2.1. The Applicant acknowledged the pressures experienced which in some cases led to closures. In his case, they had not had any closures, and there were two pharmacists (both himself and his observer Mike Embrey were

pharmacists who did not work routinely day to day in pharmacies) who were back-stops – a double-back stop – Mr Embrey lived in Carron and he lived near Larbert. This was the plan and it had worked thus far.

6.3.3. Mr Kenny noted that as a new business opening up, there would be a clear detrimental effect on other pharmacies in the area and asked if the Applicant had projected the costs to those pharmacies.

6.3.3.1. The Applicant replied that dispensing numbers were published, so it was possible to see how pharmacies had grown over the years, and he accepted that other pharmacies would not like another new pharmacy in the area. But from his understanding of information publicly available, opening his pharmacy would not be to the detriment of other pharmacies as far as closing them due to low volumes of business. Also, there was building work in other areas out with his neighbourhood (which he knew due to traffic jams), so the area was undergoing enormous growth, so he did not believe they would be putting another pharmacy in jeopardy by opening his own pharmacy in the neighbourhood.

6.3.4. Mr Kenny referred to the Applicant's statement that he would be a local business and the demographic of what he would be providing to would be a mix of mainly younger families, a small number of older people and 25% of social housing residents. Mr Kenny asked if there were plans to support local charities, schools, sports clubs etc. H

6.3.4.1. The Applicant confirmed they did provide a fair amount of support, and noted they donated a first-aid kit to the Youth Section in Stirling each year. They sponsored local sports teams, mainly because he coached both and girls' rugby teams for his children, so it tended to be orientated towards children's sports. The Applicant noted they did a lot of work with charities and had a chosen charity every year. They were asked about local initiatives for the neighbourhood that they served (e.g., bowling or cricket club), and would set an amount aside an amount each year to assist with requests.

Mr Stuart (Chair)

6.3.1. The Chair asked if it was a six-day service – Monday to Saturday.

6.3.1.1. The Applicant confirmed this was correct.

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- 6.3.2. The Chair referred to the CAR and the reference to a potential huge rise in traffic and the amount of people coming into Kinnaird Village and another point that it would bring abuse into the area, and asked how would the Applicant respond to the concerns.
- 6.3.2.1. The Applicant replied, that with regard to traffic, he did not think people would go into Kinnaird unless they were already in Kinnaird and The Inches. It might mean an increase of people going there to access services, but likewise, they would also be interacting with other neighbourhoods in terms of traffic and moving to places. So, he was not sure there would be more or less than currently there.
- 6.3.2.2. In terms of abuse, his experience was if there was a new pharmacy or relocation of an existing pharmacy, there were concerns that there would be issues. The Applicant felt that people may not understand what the consequences of not dealing with any substance misuse might be within their community, and actually by having an outlet where people can receive ongoing treatment and support, this was better than not having any facility there. Whilst it might not be a major problem within Kinnaird and The Inches, the Applicant acknowledged there may be some people who might benefit from that particular part of the contract, but he did not agree there would be more concerns on this point as a result of the pharmacy being there.

Chair called a comfort break at 11:15:11:20

Having ascertained there were no further questions to the Applicant, the Chair invited the Interested Parties to make their presentations.

Mr Arnott (Lloyds Pharmacy / Interested Party) spoke from his presentation.

- 7.1.2. I would like to thank the Panel for allowing me to speak today.
- 7.1.3. The Applicant's reason for making this application seems to be that the Pharmaceutical Services provided by current Contractors is inadequate only because there are no Pharmacy premises in his definition of the neighbourhood.
- 7.1.4. I must admit I was bit surprised that the papers from Forth Valley Health board did not arrive until Monday 12 September 2022.
- 7.1.5. There are, as the Panel is aware numerous examples from Pharmacy Practice Committee Hearing's and numerous National Appeal Panel

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Hearings that adequate Pharmaceutical Services can be provided to a neighbourhood from pharmacies situated out with that neighbourhood and this is the case in this in this Application.

- 7.1.6. Indeed, the Panel will see from the advice and guidance for those attending the Pharmacy Practices Committee that they must consider what are the existing pharmaceutical services in the neighbourhood or in any adjoining neighbourhood.
- 7.1.7. There are four Pharmacies within 1.4 miles of the Applicant's proposed pharmacy.
- 7.1.8. Two of the three Pharmacies in Stenhousemuir are within one mile of the Applicants proposed Pharmacy, and all existing Pharmacies provide all core Services.
- 7.1.9. As regards neighbourhood, the Applicant has simply defined his neighbourhood to exclude the existing pharmacies.
- 7.1.10. At a previous PPC hearing, the neighbourhood was agreed by both the PPC, and the Area Pharmaceutical Committee as follows.
- NORTHERN Boundary - the M876 until it met the unnamed Road known as Moss Road
 - EASTERS Boundary - from Moss Road heading South until it reached Bellsdyke Road, followed East to the roundabout, and then South along the B902 New Carron Road until it reaches the River Carron
 - SOUTHERN Boundary - the River Carron until it passed under the Railway Line
 - WESTERN Boundary - the Railway Line heading North until it intersects with M876.
- 7.1.11. Since that PPC there has been no significant housebuilding out with these defined boundaries, and I see no reason to define the neighbourhood as anything but these previously agreed boundaries.
- 7.1.12. The Applicant's proposed Opening Hours are no longer than those already provided by existing contractors.
- 7.1.13. The combined population of Larbert and Stenhousemuir is 20,678. In 2013 using figures supplied by the Applicant, the combined population with 20,099.

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In almost 10 years there has only been population growth of 579 and there is no evidence it will increase substantially in the near future.

- 7.1.14. The residents of the Applicant's proposed neighbourhood travel out with his definition of the neighbourhood on a regular basis to access supermarkets, banks, GP Surgeries and indeed pharmaceutical services.
- 7.1.15. At the Applicant's proposed site, there is a Sainsbury's convenience store Cellos Fish and Chips, a small Coffee Shop, Glenbervie Dental Care (now a butcher) and something called Spice Magic (which I am not sure is still Trading)
- 7.1.16. This hardly constitutes the Hub of a neighbourhood and is further proof on a regular basis the residents access services out with the Applicant's definition of the neighbourhood, which has been designed with the purpose of excluding existing pharmacies.
- 7.1.17. The following is taken from the NHS (Pharmaceutical Services) (Scotland) Regulations as amended :
- 7.1.18. "Should the panel deem the existing service inadequate but also consider the Applicant's business not likely to be viable, and therefore not securing adequate provision of pharmaceutical services, the Application should be refused."
- 7.1.19. I have grave doubts as to whether a pharmacy servicing the residents of the Applicant's defined neighbourhood would be viable, and even more so now we have found out it is a unit twice the original size.
- 7.1.20. Demographic Information from the 2020 Scottish Index of Multiple Deprivation (SIMD) show the vast majority of the residents of Larbert and Stenhousemuir are in good health and are generally affluent. Indeed only 1,567 or 7.6% of the residents are in the bottom 20% in the whole of Scotland as regards health. As regards income, only 802 or 3.9% are in the bottom 20% in the whole of Scotland. The residents are in general affluent healthy and mobile.
- 7.1.21. Indeed only 14% are aged over 65 years, well below the Scottish Average of 18%. Of the 11 Data Zones that make up Larbert, 9 are in the Top 50% for Income in the whole of Scotland and the same 9 Data Zones are in the Top 50% for health in the whole of Scotland.

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- 7.1.22. The Panel must take account as to whether the granting of an application would adversely impact on the security and sustainable provision of existing NHS primary medical and pharmaceutical services in the area concerned.
- 7.1.23. Although delivery is not a Core Service, all Contractors offer this service for anyone who is housebound, and I cannot see how, if someone is housebound, and requires delivery, the granting of this Contract would help them.
- 7.1.24. All existing pharmacies offer all Core Services and Lloyds Pharmacies are fully engaged with CMS (now the Medicine Care Review, Pharmacy First and EMS
- 7.1.25. Convenience is not a reason for granting a pharmacy contract. Indeed, the Applicant has shown no inadequacies in current service provision.
- 7.1.26. The Applicant, in support of his application has carried out a Consultation Exercise. Many of those responding mention Convenience and many mentions poor public transport.

I wonder if the Local Councillors and MPs have sought to rectify the transport issue.

- 7.1.27. Convenience is not a reason for granting a pharmacy contract.
- 7.1.28. Only 702 responses were submitted in response to the CAR; this is only 3.4% of the residents of Stenhousemuir and Larbert which I have to assume were eligible to comment on the CAR. This a very low response rate
- 7.1.29. Examples of this are below, and numbers do not mean it is a good response as there are many examples with a higher response rate.

- Ferniegair 59%
- Monkton 22.7%
- Townhill 21.1%
- Fenwick 17.0%
- Blackburn 12/9%
- Moffat 10.0%
- Aberlady 9.6%
- Mid Calder 9.5%
- Bishopton 9.0%
- Pitmedden 8.0%
- Burntisland 6.7%

- 7.1.30. Looking at the Responses to Question 6 “Please rate your level of Satisfaction with the services you currently access”.
- 7.1.31. Dispensing of Prescriptions: only 216 of the 702 who responded said they were dissatisfied which was only 31%
- 7.1.32. National Pharmaceutical Public Health Services (including help to stop smoking cessation and Emergency contraception) Only 29 or 4.1% said they were dissatisfied with the current services.
- 7.1.33. Unscheduled Care (Urgent supply of repeat medicines if you run out). Only 131 or 18.7 % said they were dissatisfied.
- 7.1.34. Pharmacy First Service (Advice / Treatment of common clinical conditions. Only 88 or 12.5% said they were dissatisfied.
- 7.1.35. This does not suggest there is a major issue with current pharmaceutical services.
- 7.1.36. In response to Question 8 “When would you be most likely to use the proposed Pharmacy” 142 stated between 8.00 and 9.00 am. The Applicant does not propose to open until 9.00am. The Lloyds Pharmacy at Hallam Road opens at 8.30 am.
- 7.1.37. 170 stated they would use the Proposed Pharmacy after 6.00pm. The Applicant is not proposing to open after 6.00pm.
- 7.1.38. Also provided by the Applicant is a survey from the Kinnaird and Inches Residents Association to which there were only 233 responses.

In Question 6 residents are asked “what Community Facilities and amenities you would like to see developed on the available land within Kinnaird or nearby”.
- 7.1.39. In response, a pub, a restaurant and a café were the top 3 over and above a pharmacy.
- 7.1.40. The Applicant as part of his application has provided a document “Climate Change 20-minute Neighbourhoods in a Scottish Context”.
- 7.1.41. Can I point out that there are two pharmacies within a 20-minute walking distance of the Applicant’s proposed pharmacy, although there are many

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features of a neighbourhood in Scotland that are not within 20 minutes walking distance, such as leisure facilities and GP Practices.

- 7.1.42. The Area Pharmaceutical Committee were asked to comment, and I quote.
- 7.1.43. “There are 4 Community Pharmacies within a 2-mile radius of the centre of the neighbourhood” and the population were deemed affluent. There was no evidence available to the APC via the Health Board or Applicant to suggest that the current pharmaceutical service to the neighbourhood is inadequate in any way. No workforce related closures either, and existing services deemed adequate. Therefore, the Area Pharmaceutical Committee are unable to support the Application”.
- 7.1.44. There is, at this time, a critical shortage of Community Pharmacists and Pharmacy Staff. Pharmacists are now on the Government’s list of Professions where there are shortages and recruitment issues.
- 7.1.45. Recently, Community Pharmacy Scotland have requested that Health Boards stop recruiting Pharmacists and Technicians from Community Pharmacy. Over the past 3 to 4 years almost 600 full time equivalent Pharmacists and 300 Pharmacy Technicians have been recruited into General Practice
- 7.1.46. The granting of this unnecessary contract would only exacerbate this shortage.

The Panel must consider what are the existing pharmaceutical services in the neighbourhood or any adjoining neighbourhood.

- 7.1.47. The following is taken from the NHS (Pharmaceutical Services (Scotland) Regulations as amended.
- 7.1.48. “Should the panel deem the existing service inadequate but also consider the Applicant’s business not likely to be viable and therefore not secure adequate provision of pharmaceutical services, the application should be refused”.
- 7.1.49. The following is also taken from the NHS (Pharmaceutical Services (Scotland) Regulations as amended.
- 7.1.50. “The viability of existing service providers is also relevant in this context. If granting the application would affect viability of those who currently provide a service in the neighbourhood, then it may be that granting the

application would have a negative effect upon services in the neighbourhood as a whole. Such an application may be refused. Similarly, if granting of an application would have a detrimental effect upon the provision of services in the neighbourhood for some other reason, then refusal may be justifiable.”

- 7.1.51. Having examined the NHS Forth Valley Pharmaceutical Care Services Plan, I can see no reference to there being a need for a Pharmacy in the Applicant’s proposed neighbourhood and indeed there have been no complaints to the Health Board regarding existing service provisions.
- 7.1.52. I would therefore ask the Panel to refuse this application as it is neither necessary nor desirable in order to secure the adequate provision of Pharmaceutical Services in the neighbourhood in which the premises are located.

This concluded the presentation from Mr Arnott

Questions from the Applicant to Mr Arnott

- 7.2.1. The Applicant asked, if the contract were to be granted, would Mr Arnott be closing any of the pharmacies in Stenhousemuir.
- 7.2.1.1. Mr Arnott replied he had no idea how much business might be lost, but he was sure he would lose a substantial part which could put one of the pharmacies at jeopardy.
- 7.2.2. The Applicant asked if Mr Arnott would be reducing any core services as a result of the application?
- 7.2.2.1. Mr Arnott replied that they would continue with all core services but delivery, which was not a core service, might need to be reviewed.
- 7.2.3. The Applicant referred to the response rate of 59% quoted by Mr Arnott for the application for Ferniegair. He said he not remember 59% of the Greater Hamilton area responding but 59% of the small neighbourhood. The Applicant said he had attended at the hearing for that application on behalf of the wider area, but the percentage quoted by Mr Arnott was not the wider area. The Applicant queried Mr Arnott’s percentage for Larbert and Stenhousemuir, which was not for his neighbourhood.
- 7.2.3.1. Mr Arnott replied that the CAR would have been available to all residents in Stenhousemuir and Larbert and acknowledged that the percentage calculation included the wider area.

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- 7.2.4. The Applicant referred to the “20 Minute Community” paper, and there being two pharmacies within 20-minute walk, and asked if Arnott had noticed the distance it had given of 800 meters as being a 20-minute walk?
- 7.2.4.1. Mr Arnott noted on the papers provided, McLean and Sons on King Street, Stenhousemuir was a 19 minute walking distance and then for some reason it stated that Lloyds Pharmacy in Main Street, Stenhousemuir was 1.3 miles away which was incorrect, as it was across the road so there are two pharmacies right within a 20 minute walking distance.
- 7.2.5. The Applicant disagreed, and disputed whether 800m was a 20-minute walk away.
- 7.2.5.1. Mr Arnott acknowledged that he had driven and agreed with the distances provided in the paper except for the distance of 1.3 miles to Lloyds on Main Street.
- 7.2.6. The Applicant asked if Mr Arnott agreed that the APC now agreed with the neighbourhood as defined by the Applicant.
- 7.2.6.1. Mr Arnott confirmed he did but added that he had no idea why it had been changed from the neighbourhood defined by two previous hearings.
- 7.2.7. The Applicant asked if a pharmacy servicing a population of 9000 would be viable.
- 7.2.8. Mr Arnott acknowledged a pharmacy serving a population of 9000 would be viable but was wary of the impact and damage to existing pharmacies.
- 7.2.9. The Applicant asked whether being located a mile or more away from the nearest pharmacy was adequate in terms of access, for a population between 6000-9000.
- 7.2.10. Mr Arnott replied there were plenty of examples where not having a pharmacy within one mile was an example of an inadequate service.
- 7.2.11. The Applicant asked if a round trip of 1.5 – 2 hours was adequate to access pharmaceutical services.
- 7.2.7.1 Mr Arnott referred to a previous question of how often a normal person might need to access pharmaceutical services being once a month. For a planned visit – and since 80% of medication was repeat medication - Mr Arnott’s view was there would be few people likely to be impacted by that.
- 7.2.12. Mr Applicant said his reply had been that someone in their twenties would access services once a month, and asked if other people of different ages would access it more frequently.

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7.2.12.1. Mr Arnott said that would depend on their health. But the demographics of the Applicant's neighbourhood showed that most people were healthy.

Having established that the Applicant had no further questions the other Interested Parties were given the opportunity to ask Questions to Mr Arnott

Questions from Ms Friel (Larbert Pharmacy) to Mr Arnott

7.2.13. Ms Friel had no questions for Mr Arnott

Mr Alexander (Kinnaird Village Residents Association Representative) Questions to Mr Arnott

7.2.14. Mr Alexander referred to Mr Arnott's point about walking a mile in 20 minutes, and that the Government legislation stated 800 metres as the defined distance for a 20-minute walk, and asked if Mr Arnott agreed that there was no pharmacy within 800 metres for a population size of 9000 people.

7.2.14.1. Mr Arnott agreed there was no pharmacy within 800 metres and added that it was a recommendation but was not always practicable and was not feasible for every person to have a pharmacy within 800 metres of their home. Mr Arnott noted that there were parts of Glasgow without a pharmacy within 800 metres or more. It would cost up to £50,000 to open a new pharmacy.

7.2.15. Mr Alexander asked if Mr Arnott had walked from the proposed site to the nearest pharmacy or had driven.

7.2.15.1. Mr Arnott acknowledged he had driven but said that there were many young healthy people who would be able to walk that distance if they did not have a car, of which there were very few.

7.2.16. Mr Alexander referenced the building regulations that said that there needed to be a minimum of 20% of affordable housing within a building development. Of the current number of properties, it equated to between of 3500-4500 of the existing development. A lot of people within that 20-25% could not afford a car, so therefore they would need to either walk or take a bus to receive a free NHS Service. Mr Alexander asked if Mr Arnott believed that the road was completely safe for people to be walking along.

7.2.16.1. Mr Arnott noted his surprise when the Applicant had said that Bellsdyke Road was very busy. He had been Area Manager for local branches in Falkirk for about 10 years. Had always been able to park and had never seen it that busy. From his personal experience, he had used to come from Falkirk

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going through the bit that came out at the top of the retail park and had always gone up Bellsdyke Road as it had been quiet.

7.2.17. The Chair interjected to seek to summarise the point, and to clarify Mr Arnott's response to the question whether he considered it safe to walk.

7.2.17.1. Mr Arnott confirmed he deemed it safe to walk.

7.2.18. Mr Alexander asked if Mr Arnott was aware of multiple accidents of younger people on the road, including a death over the past 18 months and asked if people were expected to walk that distance when it had been proven to be unsafe, and Mr Alexander noted campaigns ongoing. An individual would need to cross the main road in order to access a Pharmacy and asked if it was suitable or safe.

7.2.18.1. Mr Arnott said he was not sure who was at fault at the incident. Whether the fault of the individual who was injured or someone who had been speeding. Mr Arnott replied that he had never had any personal experience of Bellsdyke Road being a busy Road.

Having ascertained that the Interested Parties had no further questions, the Committee were invited to ask Questions to Mr Arnott

Questions from Mr Hanif (Contractor Member) to Mr Arnott

7.5.1 Mr Hanif noted that Mr Arnott provided all core services at the moment and asked if he provided a collection service from all GP practices in the area, and if patients were able to phone the pharmacy to order a prescription.

7.5.1.1. Mr Arnott confirmed a collection service was provided from all GP practices.

7.5.2. Mr Hanif asked if there was capacity for new patients at one or both branches?

7.5.2.1. Mr Arnott confirmed both pharmacies had capacity. Mr Arnott added that, like many pharmacies, they had an offsite dispensing Hub in Glasgow which made up the prescriptions so there were no capacity issues.

7.5.3. Mr Hanif asked whether there was any waiting time information about how long the average patient waited.

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7.5.3.1. Mr Arnott replied he had no current waiting time information, but had spoken with the Chief Pharmacist, and it was rarely over 10 minutes. Mr Arnott acknowledged that there would be some peaks.

7.5.4. Mr Hanif referred to the Lloyds Branch in Main Street and noted a substantial reduction of prescriptions between the first quarter of 2021 compared to the first quarter of 2022 and asked if there any reason for the decrease.

7.5.4.1. Mr Arnott acknowledged the lower figures for the pharmacy in Main Street and the potential impact on viability with Applicant's proposed pharmacy.

7.5.5. Mr Hanif asked if there were concerns with the viability of that pharmacy, if another pharmacy was to open in the area?

7.5.5.1. Mr Arnott replied that he would have to wait and see what the impact was.

Questions from Ms Colligan (Non-Contractor Member) to Mr Arnott

7.6.1. Ms Colligan referred to Mr Arnott's comment that it would be detrimental for community pharmacies to have more community pharmacists working, and asked why Mr Arnott thought increasing community pharmacies by giving another contract was detrimental.

7.6.2.1 Mr Arnott said there was no necessity for another pharmacy to open at the Applicant's proposed premises, as one pharmacist would already working somewhere else, would now work in that pharmacy. It was not necessary to open a new pharmacy.

Questions from Ms McGhee (Lay Member) to Mr Arnott

7.7.1. Ms McGhee said that she had driven from the proposed site out of Kinnaird across a busy road and along Larbert Road, which was quite a distance driving there, but would not like to travel that distance in a motorised wheelchair, as it didn't look as straightforward as it appeared on the map. Ms McGhee queried whether it was one mile from Kinnaird Village and the nearest pharmacy as the crow flies as it was further than a mile in her vehicle.

7.7.1.1. Mr Arnott noted that from the proposed site to McLeans' pharmacy it was between 0.9 and 1.0 mile in his car.

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- 7.7.2. Ms McGhee noted that it had been very busy the previous day, and access to Main Street was terrible, and asked if it was safe.
- 7.7.2.1. Mr Arnott referred to the parking issue and said he had not had any parking issues.

Questions from Mr Kenny (Lay Member) to Mr Arnott

- 7.7.3. Mr Kenny referred to Mr Arnott's statement on the health of current demographic population being healthy, any asked if Mr Arnott had a projected idea when this was likely to change.
- 7.7.3.1. Mr Arnott referred to the 60-65 population, the overall percentage of those over 65 would fall.
- 7.7.4. Mr Kenny noted that McLeans pharmacy were not formally represented, which would likely be impacted the most since it was the closest pharmacy. Mr Kenny noted that there were two Lloyds pharmacies in the area and asked if Mr Arnott had a time frame or window when the two businesses were established.
- 7.8.2.1 Mr Arnott noted that the owner of McLeans Pharmacy was present as an observer due to a mix up on paperwork. Lloyds at Hallam Road had relocated from Main Street 9 years ago, and the premises on from Main Street had been refitted to make it a larger unit maybe 7 years ago. So, one pharmacy had been relocated from Hallam Road and one pharmacy had been enlarged.
- 7.8.3 Mr Kenny asked if, in doing so, would Mr Arnott have gone through a similar process as the current PPC.
- 7.8.3.1. Mr Arnott said this was not relevant in his case. They were existing pharmacies. So, the pharmacy in Hallam Street had applied for a minor relocation and because it was a minor relocation, it was just put through. For other relocations, eg ones that would go to a PPC in the event they jumped another pharmacy to get nearer a GP Surgery, which was one reason the Regulations were brought into being in the first place.
- 7.8.4. Mr Kenny asked for Mr Arnott's role within Lloyds Pharmacy.
- 7.8.4.1. Mr Arnott replied he was a Scottish Contract Adviser, but had been an Area Manager for a number of years.

Questions from Mr Stuart (Chair) to Mr Arnott

- 7.7.5. The Chair observed that he had visited the area on a public holiday and coming out of the neighbourhood area, the main street was busy, and took time to get out, to Main Street and took time to get out, and suggested there may be issues for people on foot.
- 7.7.6. The Chair referred to the CAR and asked Mr Arnott's view of service users who had suggested that current waiting times for existing pharmacies was unacceptable. It was clear that provision was required, and provision of a local pharmacy would provide relief to services which were clearly stretched in the surrounding area. Mr Arnott replied that he would require more information on when the delay happened. Someone might have found 15 minutes waiting time unacceptable, but an unacceptable waiting time for one individual might be completely different to another, so without further information, it was impossible to respond.

Having ascertained there were no further questions to the Mr Arnott, the Chair invited Ms Friel to make her presentation.

Ms Friel (Larbert Pharmacy / Interested Party) presentation.

- 8.1.1. I will speak to the Neighbourhood first. The Applicant in this case has simply plotted an area on a map without having any regard for the social factors that must be considered when defining a neighbourhood. Likewise, they have failed to consider the habits and movements of people in the course of their daily lives. Even looking at the map, it is clear that the area the Applicant defines as a neighbourhood is wrong.
- 8.1.2. Indeed, the Committee will see from The Advice and Guidance for those attending the PPC, they must consider what are the existing pharmaceutical services in the neighbourhood or in any adjoining neighbourhood.
- 8.1.3. There are four pharmacies – I am one of them –Indeed two of the three Pharmacies in Stenhousemuir are within one mile of the proposed pharmacy and in fact all of the existing pharmacies provide all core services and locally negotiated services along with other services.
- 8.1.4. As regards neighbourhood, the Applicant has simply defined his neighbourhood to exclude the existing Pharmacies.
- 8.1.5. I concur with Tom Arnott's boundaries from previous PPC Hearings. Since that PPC, there have been no significant house building out with these

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defined boundaries, so I see no reason to change that neighbourhood as previously agreed.

- 8.1.14. The proposed pharmacy sits in stark contrast to the couple of units at the application site which are only intended to provide minimal convenience shopping unlike ourselves.
- 8.1.15. From the surrounding areas the Applicant's proposed site is no more accessible than my pharmacy. It is a convenience store and a primary school, and they have to go out with for their catholic primary school St Bernadette's. So therefore, this does not constitute a neighbourhood.
- 8.1.16. The facilities are all easily accessible. People using the town centre tend to use public transport or cars and can combine several activities in one trip. This means that local people have a choice of using a conveniently located local pharmacy or using a town centre pharmacy as part of a combined shopping trip to the town centre.
- 8.1.17. I know what you have heard from the Applicant about the area, but it is simply not correct.
- 8.1.18. Currently the residents who need to see a GP would have to travel in any event and it is easier to access pharmaceutical services nearby plus we do:
- free collection service 4x a day,
 - free delivery service 6 days a week
 - managed repeat prescriptions
 - We have a collection robot that can be accessed 24 hours a day 365 days a year - useful for commuters and shift workers.
- 8.1.20. My pharmacy is one of the four mentioned and all the other pharmacies also provide services to a very high standard which is much more than adequate – in fact it is exemplary.
- 8.1.23. For any patient who has an acute prescription and has had to see their GP urgently, there are pharmacies closer to all GP surgeries than the Applicant's proposed site. For all acute patients, the proposed pharmacy would actually be less convenient than existing pharmacies.
- 8.1.24. Contrary to what the Applicant has stated, most people in the applicant's defined neighbourhood, live less than 1 to 1.5 miles from the pharmacies and GP surgeries and of course this distance is not particularly relevant as

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there are bus links and car ownership in the area is very high plus the free collection and free delivery service and the robot.

- 8.1.25. However, I don't want to turn this into an argument about demographics as our case is simple — everyone can still access our pharmacy and if they are housebound then this new proposed pharmacy won't be any help to them anyway.
- 8.1.26. There are, as the committee is aware numerous examples from Pharmacy Practice Committee Hearings and numerous National Appeal Panel Hearings that adequate Pharmaceutical Services can be provided to a neighbourhood from Pharmacies situated out with that defined neighbourhood and this is the case in this in this Application.
- 8.1.27. This application is not supported by the APC, nor was it in the past – twice. There are no inadequacies. We deem the population to be affluent, and the workforce related closures, we have had no closures during covid or at any other time for our pharmacy: Therefore, the existing services are deemed adequate. The APC were unable to support the application.
- 8.1.28. I agree with Tom Arnott that there is a critical shortage of Community Pharmacists and Pharmacy Staff at the moment. Therefore, the granting of this unnecessary contract would only exacerbate this shortage.
- 8.1.29. The Panel must take account that the granting of this application would adversely impact on the security and sustainable provision of existing NHS primary medical and pharmaceutical services in the area concerned.
- 8.1.30. We have made a massively heavy investment in our new technology such as the collection robot in order to ensure that the service provided is not just adequate, but it goes possibly above and beyond and so we have also recruited several staff and drivers and I'm sure I speak for all the other pharmacies here that should another contract be granted then it would adversely affect us especially with the increasing costs of living and utilities, then we would have to review our staffing levels and costs just like everyone else.
- 8.1.31. You will note that I have said nothing yet about the Consultation Analysis Report. With respect I think it is not very helpful. I would question its validity as I discussed earlier and also it was carried out

during Covid, so the waiting times would vary dramatically from today as there was only two allowed in a pharmacy at any time.

- 8.1.32. The survey is significantly flawed as a piece of research because it does not ask the appropriate questions which NHS Forth Valley has to address under the legislation (i.e., necessity and desirability). The brief comments within the Consultation Analysis Report should not be taken as giving the survey any credibility. In fact, there are concerns over addiction services, security and that the premises are in a residential area and potentially unsuitable.
- 8.1.33. Convenience is not a reason for granting the contract, nor is improvement. Convenience does not have any legal weight under the regulations.
- 8.1.45. The leading case in Scotland relating to "adequacy" is the 2004 Lloyds Pharmacy Case that was considered by the Court of Appeal.
- 8.1.46. Lord Drummond Young gave some guidance on the Regulations that is relevant to the case you are hearing today.
- 8.1.47. "The decision maker must consider whether the existing provision of pharmaceutical services in the relevant neighbourhood is adequate." I won't go into it I am sure the PPC understand this.
- 8.1.48. There was also a case in England where services were considered as adequate or inadequate. Improvement is not to be considered along with convenience.
- 8.1.49. There has been no evidence provided for any deficiency nor lack in service has been identified in this case but merely hearsay and convenience. Therefore, the application should not be granted.
- 8.1.50. This makes it clear that an application should not be granted just because it may provide an improvement. The test is adequacy, not improvement nor convenience.
- 8.1.51. In summary, my case is that people who live in the area defined by the Applicant have a very high standard of pharmaceutical service provision available to them and easy access whether on foot, by car or public transport, with delivery of a range of services which are more than adequate — they are exemplary.
- 8.1.52. I am passionate about the service we provide, and I know the area well.
- 8.1.53. The Applicant has not been able to identify a single service that is not available whether a core or extra service.

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- 8.1.54. The applicant has not provided any evidence to demonstrate any gap or deficiency.
- 8.1.55. The population in Kinnaird is highly mobile and can access services from within the current provision. Residents need to leave the area on a daily basis to access everyday essential services with very limited amenities. There is no secondary school, minimal or no leisure facilities, no major supermarket, no health centre and no primary schools.
- 8.1.56. APC do not support the application.
- 8.1.57. We can cope and are prepared for any increase in further demand. We have no queues, we have free collections 4x a day from surgeries, we have free deliveries 6 days a week. There have been no complaints and no closures.
- 8.1.58. There is simply no gap that would be filled by granting this application. The best that the applicant can argue is that a new pharmacy would be more convenient for some people, but that is not the legal test, and that approach has been considered by the courts and found to be wrong.

This concluded the presentation by Ms Friel

Questions from the Applicant to Ms Friel

- 8.2.1 The Applicant asked if the APC agreed with the Applicant's definition of the Neighbourhood.
 - 8.2.1.1 Ms Friel acknowledged this was in the APC's letter.
- 8.2.2 The Applicant asked what Ms Friel's definition of the neighbourhood.
 - 8.2.2.1 Ms Friel replied she agreed with Tom Arnott with regard to the two previous applications on the wider area.
- 8.2.3 The Applicant asked Ms Friel to elaborate on her comment about the bus links.
 - 8.2.3.1 Ms Friel replied there was an issue being made about bus links, but she did not feel it was necessary, as they did deliveries 6 days a week, and unlike Boots (where it would cost £60 for deliveries, and maximum of 12), she did

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not charge for deliveries. There was no need to use the bus service when there was a free delivery service.

8.2.4 The Applicant referred to the bus links being high and asked which bus services run through the neighbourhood and which roads or parts of the neighbourhood it covered.

8.2.4.1 Ms Friel replied she was not sure, possibly No.6. (The Applicant said it was No.8 service) but acknowledged that did not know the roads as she drove.

8.2.5 The Applicant asked if Ms Friel would agree it only covered a small part of the neighbourhood, given her earlier comment that bus links were high.

8.2.5.1 Ms Friel acknowledged that she did not know the bus routes as she drove.

8.2.6 The Applicant referred to her comments that the bus links were high.

8.2.6.1 Ms Friel replied an hour was acceptable if they were getting a free delivery service, as how many people would use the bus to get there.

8.2.7 The Applicant asked about Howdens Car Park and if this was co-owned.

8.2.7.1 Ms Friel replied she had an agreement with Howdens Car Park.

8.2.8 The Applicant asked what would happen in the event of an accident in the car park, would they be jointly responsible.

8.2.8.1 Ms Friel replied it depended where it occurred, as she had two designated disabled bays.

8.2.9 The Applicant asked if there was a reason there was no signage directing people to use Howdens Car Park.

8.2.9.1 Ms Friel replied she had not got around to it. Patients who had been there would already be aware, but she thanked the Applicant and said she would address this.

8.2.10 The Applicant asked whether being located a mile or more away from a pharmacy was adequate.

8.2.10.1 Ms Friel replied that it depended on the service that was being given by the pharmacy; the service provided by the pharmacy provided was more important than the distance, so yes it was acceptable, as long as if the pharmacy provided delivery and a good service.

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- 8.2.11 The Applicant asked if a round trip of 1.5 to 2 hours to access a pharmacy was reasonable if they needed to travel by bus.
- 8.2.11.1 Ms Friel replied if they were using a bus, she was sure they were used to other bus journeys but felt unable to comment further as she did not use the bus.
- 8.2.12 The Applicant queried Ms Friel's need to recruit staff and drivers, and asked if this was because of a large increase of business.
- 8.2.12.1 Ms Friel replied that this happened during the pandemic, since only two people were allowed in the pharmacy at any time, and anyone who wanted a free delivery service was offered it, rather than coming into the pharmacy, so they would deliver to them. She had recruited staff to provide an added value and benefit to their customers.
- 8.2.13 The Applicant asked Ms Friel to clarify that the hiring of staff was due to Covid.
- 8.2.13.1 Ms Friel replied it was, she would rather not put staff under pressure, and wanted to be prepared.
- 8.2.14 The Applicant asked what staff were recruited – e.g., drivers and dispensers, and if they had been taken from other pharmacies since they did not grow on trees.
- 8.2.14.1 Ms Friel replied both. She had recruited two who had come off maternity leave, they had not worked for years and were bored after Covid but affirmed she had not taken them from other pharmacies.
- 8.2.15 The Applicant asked whether Ms Friel would be getting rid of these people now they were no longer operating under Covid restrictions.
- 8.2.15.1 Ms Friel replied she would not. She did not hire and fire, as that was not her style, and said she would absorb the cost.

This concluded questions from the Applicant.

Questions from Mr Arnott to Ms Friel

- 8.2.16 Mr Arnott acknowledged that Mr McLean was not formally permitted to speak, and asked Ms Friel whether it was her understanding that McLeans

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had double cover every day. So there were two pharmacists on the premises.

8.2.16.1 Ms Friel confirmed this was the case.

8.2.17 Mr Arnott asked what she thought McLeans might do with regard to the double cover if they lost maybe 10% of business.

8.2.17.1 After consulting Mr McLean, Ms Friel replied that it would be seriously at risk.

8.2.18 Mr Arnott noted Ms Friel had invested a lot of money in the business in Larbert and asked if she had put in a robot.

8.2.18.1 Ms Friel confirmed she had added a collection robot.

8.2.19 Mr Arnott referred to the demographics, and asked if Ms Friel believed it could support a pharmacy.

8.2.19.1 Ms Friel noted a recent case in Bishopton (she had been the applicant) where there were over 10,000 additional people, and the application was not granted, as they felt the services provided were already adequate. So, it did not work with just the population numbers, but worked with the actual service provided. Ms Friel added that she did not win the case and had not appealed the decision.

Mr Arnott had no further questions.

Questions from Mr Alexander to Ms Friel

8.2.20 Mr Alexander referred to the Catholic School...

8.2.20.1 Ms Friel interrupted and said it was not in the neighbourhood and people would have to go out with.

8.2.21 Mr Alexander said that the school was funded by residents of the area (£5,000) and asked if Ms Friel knew the current numbers of the primary school.

8.2.21.1 Ms Friel replied she did not.

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8.2.22 Mr Alexander said that it was the biggest primary school in the area, so had the biggest population requiring the minor ailments service and asked if this was a service she provided.

8.2.22.1 Ms Friel replied she did.

8.2.23 Mr Alexander referred to Ms Friel's comment about having shopping facilities in the vicinity of her pharmacy, and queried if this was a Nisa convenience store, which was not a supermarket, just a short walk away.

8.2.23.1 Ms Friel confirmed it was.

8.2.24 Mr Alexander asked in terms of the Applicant, based on services they were providing, she would be providing the same services to the same population.

8.2.24.1 Ms Friel replied she was.

8.2.25 Mr Alexander asked Ms Friel to confirm that she had been granted the application for the Larbert Pharmacy based on a similar scenario of a population of 9,000.

8.2.25.1 Ms Friel replied that she was unable to comment as she had only purchased the pharmacy 3 years ago.

8.2.26 Mr Alexander asked if the robot was a core service.

8.2.26.1 Ms Friel replied it was not a core service but had an additional benefit to patients.

8.2.27 Mr Alexander asked if the robot was a convenience.

8.2.27.1 Ms Friel acknowledged that it was.

8.2.28 Mr Alexander asked if it could be excluded from any comments because it was a convenience rather than a core service.

8.2.28.1 The Chair acknowledged that Ms Friel had referred to the added value and noted the comment by Mr Alexander.

8.2.29 Mr Alexander referred to Ms Friel's comment that there were no services in the area for the people that lived in the area and asked if Ms Friel was aware that Falkirk Council had agreed – and admitted in their Minutes – that

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they had failed the community to provide basic services like pharmacy, doctor, GP and community to work on.

8.2.29.1 Ms Friel replied she had not seen the document but had seen a paper that noted from feedback from residents on the top three services they wanted in the area were a pub, café and restaurant.

8.2.30 Mr Alexander noted residents of the area as being intellectual and affluent people who knew they cannot influence a pharmacy decision because it was a service provided by NHS. But did Ms Friel agree that the services the residents had asked for were things that they could have a direct influence on.

8.2.30.1 Ms Friel replied it was up to each individual.

8.2.31 Mr Alexander referred to Ms Friel's comment that they wanted it but was not something they could control.

8.2.31.1 Ms Friel replied that was what the documentation given to her had provided information on.

This concluded the questions from the Interested Parties

Having ascertained that the Interested Parties had no further questions, the Committee were invited to ask Questions to Ms Friel in turn.

Questions from Mr Hanif (Contractor Member)

8.2.32 Mr Hanif asked if Ms Friel provided all core services.

8.2.32.1 Ms Friel confirmed she did.

8.2.33 Mr Hanif asked how many consultation rooms they had.

8.2.33.1 Ms Friel replied she had two.

8.2.34 Mr Hanif asked if Ms Friel had data on waiting times.

8.2.34.1 Ms Friel replied she had recent data, but not historically as during Covid, numbers would have been high, as only two people were allowed in the pharmacy at any time (and she also provided umbrellas to those in the

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queue if it was raining). But currently it was currently varied between 3.5-6.3 minutes depending on the prescription.

8.2.35 Mr Hanif acknowledged the robot was not a core service, but asked said it provide collection of prescriptions which was a core service and asked if Ms Friel had data on collections outside normal working hours.

8.2.35.1 Ms Friel replied she thought it highlight more collections after 6pm, but 80% of items were collected during 9am-6pm. During Covid, it was useful as people felt it was easier and more hygienic. 5% of items were collected between midnight and 7am, and 3% between 7am-9am. Ms Friel said she had thought the figures would be reversed.

8.2.36 The Chair asked for clarity on how the out of hours services worked.

8.2.36.1 Ms Friel replied they asked customers if they wanted prescriptions delivered or to collect from the robot. They would take the customer's mobile number and would send a unique code to them (which could not be duplicated) once the prescription was ready. The customer then went to the pharmacy at their convenience, and entered a unique PIN and the package would be dropped, like a vending machine. They did not use this for controlled drugs or refrigerated medicines.

8.2.37 The Chair asked if this was a new development and was it on the increase.

8.2.37.1 Ms Friel replied it was new technology and was very popular.

8.2.38 Mr Hanif noted discussion on the population that the Applicant would serve, and asked if Ms Friel if she had data on how much of her prescription volume came from the Applicant's proposed neighbourhood.

8.2.38.1 Ms Friel replied she had no definitive data, other than information from their drivers, as they had a pro-delivery, and delivered to Kinnaird and Inches frequently - every day.

8.2.39 Mr Hanif asked if she knew how many patients she served.

8.2.39.1 Ms Friel replied that she did not know as an overall percentage.

This concluded questions from Mr Hanif

Questions from Ms Colligan (Non-Contractor Member)

- 8.2.40 Ms Colligan referred to Ms Friel's comment that all acute prescriptions would require a face-to-face appointment with a GP and asked if this Ms Friel's understanding.
- 8.2.40.1 Ms Friel replied that historically that had been the case, but since Covid, it had been possible to have telephone or video consultations, and she noted they provided those services.
- 8.2.41 Ms Colligan sought clarity that if a patient could get an appointment to take place in their own home, which would mean they did not need to go to their GP to get a prescription, and then to have their prescription delivered.
- 8.2.41.1 Ms Friel acknowledged.
- 8.2.42 Ms Colligan asked if eMAS (electronic Minor Ailment Service) could be conducted by phone.
- 8.2.42.1 Ms Friel replied it could. It was designed through Covid and could be done through that but was not designed to do that. Ms Friel added that eMAS had been replaced by Pharmacy First.
- 8.2.43 Ms Colligan asked if the plan was to continue to deliver Pharmacy First remotely.
- 8.2.43.1 Ms Friel acknowledged they could, going forward.
- 8.2.44 Ms Colligan asked if people could do it from the house and get a delivery.
- 8.2.44.1 Ms Friel replied this was possible and added that delivery was free of charge.
- 8.2.45 Ms Colligan asked how long it would take to get a delivery if she were to contact Larbert pharmacy and they had decided that her child needed paracetamol.
- 8.2.45.1 Ms Friel replied to it would be done that day – the same as when they had received urgent requests from the surgery, they would be done the same day which is why they did so many deliveries, so they did not miss anything.

Ms Colligan had no further questions.

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Questions from Ms McGhee (Lay Member)

Ms McGhee had no questions.

Questions from Mr Kenny (Lay Member)

8.2.46 Mr Kenny queried if Ms Friel would be responding on behalf of Larbert and McLeans

8.2.46.1 Ms Friel confirmed.

8.2.47 Mr Kenny asked if both had a projected cost or percentage of the impact it would have on their business.

8.2.47.1 Ms Friel replied on an annual basis it could be over 10s of £1,000s. It was not a small number.

8.2.48 Mr Kenny referred to a previous point that Ms Friel had not provided the number of prescriptions she was delivering to the Applicant's neighbourhood, and asked how she was able to quantify the figure if she had not projected the volume.

8.2.48.1 Ms Friel replied she was a Chartered Accountant and was not prepared to provide commercially sensitive information; however, it would have a fairly big impact on her business.

8.2.49 Mr Kenny sought clarity – if Ms Friel did not have a percentage of what she was delivering to the area, how would she assume what the percentage cost to the business would be.

8.2.49.1 Ms Friel replied even a 10% reduction would be very substantial.

8.2.50 Mr Kenny noted Ms Friel had mentioned that the Application had not been supported twice in the past, and asked for information on the dates, and main reasons why and who was the Applicant.

8.2.50.1 Ms Friel replied the first Application had been in 2013, by HKPC with Mr Wicks involved. It had failed at the National Appeal Panel on 14 March 2013. Another Hearing on 2016 had been under Right Medicine with Mr Wicks. It had also failed, and Ms Friel quoted verbatim on the reasons:

8.2.50.2 “The CAR with regard to gaps and deficiency and existing pharmaceuticals. It was felt that the CAR would have elicited a great number of responses if the service had been deemed inadequate by the respondents”.

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- 8.2.50.3 “The committee concluded that the majority of comments related to convenience rather than gaps and deficiencies.”
- 8.2.50.4 Ms Friel noted the Committee had also disagreed with the neighbourhood. It also said, “The committee noted from the site visit that the majority of households in Kinnaird had at least one car and concluded that access to the existing pharmaceutical services was not therefore an issue”.
- 8.2.50.5 “The committee noted that residents who currently needed to see her GP, would have to travel in any event, and it was easier to access pharmaceutical services nearby. It was also noted that all existing pharmacies in the neighbourhood provided delivery service for repeat prescriptions”.
- 8.2.50.6 “The Committee noted that the application was not supported by the Area Pharmaceutical Committee.”
- 8.2.50.7 “There was no inadequacy of pharmacy services in the Pharmaceutical Care Services plan”.
- 8.2.50.8 “The committee considered the opening hours and noted that the proposed pharmacy did not offer extended opening hours on Saturday afternoons, which were offered by all four of the other existing pharmacies within a two-mile radius.”
- 8.2.50.9 “The committee considered that no evidence had been provided by Mr Wicks to demonstrate any inadequacy of the existing pharmaceutical services to the defined neighbourhood”.
- 8.2.51 Mr Kenny asked Ms Friel to clarify both hers and Mr Green’s roles at the Hearing.
- 8.2.51.1 Ms Friel replied she was the Managing Director of Larbert Pharmacy and Mr Green was the Managing Director of McLeans.

Questions from Mr Stuart (Chair)

- 8.2.52 The Chair referred to Ms Friel’s robot and noted significant investment, and additional dispensing staff, and asked, in the event the application was successful, what would the impact be on her service in terms of viability.

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8.2.52.1 Ms Friel replied that the services would not reduce, but she would need to reduce numbers and redeploy staff elsewhere. She would not “hire and fire”. She was a family business. However, it would financially impact her business. She would absorb the costs, but it would impact viability, especially with the increasing costs of utilities and cost of living, particularly fuel, it would have a big detrimental impact on her business.

8.2.53 The Chair asked if closure would come into discussions.

8.2.53.1 Ms Friel replied she would not allow it to happen, but it was a consideration, should it continue, and if she was forced to, then she would have no option at the end of the day.

8.2.54 The Chair asked how much of demand was given to acute pharmacy provision.

8.2.54.1 Ms Friel replied people would always contact a pharmacy or Pharmacy First if they had an issue such as tooth ache, earache or instead of visiting an optometrist, so would get people every day.

Ms Friel had no further questions.

The Committee took a refreshment break from 12:15-12:20

It is noted that the observer Mr Green left the meeting.

Having ascertained there were no further questions to Ms Friel, the Chair invited Mr Alexander to make his presentation.

Mr Alexander (Kinnaird Village and the Inches Residents Association (KVTIRA) / Interested Party) presentation.

9.1.1 I am James Alexander, Vice-Chair of the KVTIRA, I am also Chair of the Council for Kinnaird Primary School, I own my own business from the area, therefore when I talk today, I'm not just giving my own views, I'm also giving view of the residents of the area directly adjacent to the pharmacy application.

9.1.2 The community setup the Residents Association after they refused a planning application for a church. The group were advised by the Council and local councillors that rather than objecting to things, they should form a constituted group to actively promote the area, and to attract services and businesses to the area, as it had a lack of fundamental services.

- 9.1.3 We have been hugely successful as we have attracted a Dentist to relocate to the area, a Café has opened, a Butcher has just opened, two takeaways, also a Sainsbury's Local which is the largest one in its region and is also one of the most popular branches in the company. All of this was done by the Residents Association by promoting the area.
- 9.1.4 When the pharmacy application went to public consultation, this was sent to every single household as I personally hand-delivered just under 5,000 to every letterbox in the area and it was also posted several times to our Facebook page and shared by individual residents on their own social platforms.
- 9.1.5 In our opinion, based on comments on why we think there is an inadequate pharmacy service locally and ask to grant the new pharmacy are as follows.
- 9.1.6 Many houses (almost 20%) are affordable housing, and this number continues to increase as further development is happening towards Moss Road.
- 9.1.7 Average walking time to the nearest pharmacy is 25 minutes based on national average walking speeds. If you are an Olympic walker, it could be less. Realistically it is closer to 35/40 minutes. If you live further back than the residents of Kinnaird Primary School which is the majority of the housing.
- 9.1.8 Dispensing times feedback we have received has been over 25 minutes; from my own experience is over 25 minutes from every pharmacy that is represented.
- 9.1.9 There are more houses currently going through planning discussions on the other side of Moss Road which would increase the demand on services, and two other planning developments currently with the Reporter which are likely to go in favour as it is rare to go against the developer when it is at this stage with Scottish Government, for more houses to be built at the far end of Bellsdyke Road, and Roughlands Farm heading toward Carronshore area. So, demand will increase.
- 9.1.10 The Kinnaird Primary has over 700 pupils, so a high demand for the largest primary school in the Falkirk Council area, which feeds into one of the largest High Schools in the area and which is also one of the largest in Scotland.

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- 9.1.11 We also have many retired residents where mobility is difficult and travelling is impacted, so relying on a public service of one bus an hour is unrealistic and expecting people to afford a car to travel to a pharmacy is also unrealistic.
- 9.1.12 The Scottish government's recommendation is all services should be available within a 20 min walking community. There are no services within our area other than a dentist that currently provides this service, so having a pharmacy in the area would add another service to our expanding development.
- 9.1.13 Due to the modern working from home balance as a result of Covid, many residents work from home and are no longer in larger cities, so their demand for travel is reduced. Therefore, having a pharmacy within a mile of their doorstep would service that demand.
- 9.1.14 All the above we feels shows that the current level of services is inadequate because of the distance and population, therefore the core function services the NHS would require would serve the population of the area that are currently served by other pharmacies.
- 9.1.15 Based on the documentation that the Council gave to us of house numbers and average population of 2.4, the population is 8000, in comparison to the local elections, which proves that the Kinnaird & Inches residents population is the same size as Larbert, Stenhousemuir and Carronshore combined, so our population will outstrip the population currently there.

This concluded the presentation from Mr Alexander.

The Chair invited questions from the Applicant to Mr Alexander

- 7.1. The Applicant said it was great to have "boots on the ground" with someone like Mr Alexander who was clearly involved. The Applicant asked if the neighbourhood as he had defined it was representative.
- 7.1.1. Mr Alexander replied that although a couple of Inches Buildings had existed 10 years ago, the rest of the area had not existed prior to that time, and only now existed because of commuter village and development plans of Falkirk Council.
- 7.2. The Applicant asked if Mr Alexander and other residents considered Kinnaird as their neighbourhood, or larger area of Larbert.

- 7.2.1. Mr Alexander replied residents defined themselves as living in Kinnard, not Larbert.
- 7.3. The Applicant referred to it being a commuter area and referred to previous historical pharmacy applications asked if there had been a change in the way people worked between then and now, which affected where they were day to day within the neighbourhood.
 - 7.3.1. Mr Alexander said in his view, post-covid, working from home was here to stay and businesses had to accept that, so the demand would increase. Previously he had not always obtained his prescriptions locally when he had worked in Glasgow, as there was no accessible pharmacy within the hours he required, but now driving or walking over a mile or more would be unrealistic. Getting in a car was not suitable for everyone and was not good for the environment. Having a pharmacy on one's doorstep was better for the world and reducing the impact on the environment.
- 7.4. The Applicant referred to his original application in 2013 when the premises had not been built, and asked if the area has changed significantly in the last ten years.
 - 7.4.1. Mr Alexander replied he had evidence that the original development was for 1800 homes, but this was now a smaller part of the community, which gave an idea of the size of the development.
- 7.5. The Applicant noted people were still coming in to the and asked if Mr Alexander knew how many houses were still left.
 - 7.5.1. Mr Alexander replied he believed approximately 20% from the edge of the road that went across Moss Road to the front of Bellsdyke Road – that whole area was still to be developed, which included both private housing and commercial units.
- 7.6. The Applicant asked if there was any more social or low-cost housing being constructed.
 - 7.6.1. Mr Alexander replied he believed there was, towards Moss Road.
- 7.7. The Applicant referred to Mr Alexander's comment that the Council had owned up to mismanagement, and recalled that when it was being developed, there were great promises of a medical centre, care home, pharmacy, supermarket. How did the residents feel about what is available currently and where would they like it to go.

- 7.7.1. Mr Alexander replied that the community felt let down by developers. The video on their website showed the village centre being exactly where the proposed plan is. It showed there was meant to be a nursing home, pharmacy, GP but none had been developed. The land had sat vacant by the NHS since the start. Mr Alexander emphasised the power of the residents, they had put in legal paperwork for community access transfer to take control of two bits of land that lay dormant, to allow them to provide services of community centre and buildings to enhance the community with what it had not got.
- 7.8. The Chair enquired where these pieces of land were situated.
- 7.8.1. Mr Alexander replied one part lay behind Sainsburys, and a second application for a large piece of land directly behind the school. The Council would not do it, as they did not have the money. By doing a community transfer, the community would set up a charity, the residents would run it and over a phased period, would put in the services such as growing spaces, and proposals were also for a bistro behind Sainsbury's.
- 7.9. The Chair asked for the timeline.
- 7.9.1. Mr Alexander replied that the proposals had been accepted and anticipated this to be completed within the next 5-6 years.
- 7.10. The Applicant asked if people moving into the area had been expecting more services to be developed into what might be traditionally constituted as a neighbourhood – i.e., services that the Residents Association were trying to put in themselves.
- 7.10.1. Mr Alexander replied that most people who had bought their property had expected those services to be delivered, and had been let down, so were living in an area without those services.
- 7.11. The Applicant asked about the role for the school and asked what it was when it was initially built.
- 7.11.1. Mr Alexander replied the original school was just over 300, and was currently 712, and due to go up next year, had never plateaued and had always increased.
- 7.12. The Applicant asked with more housing being developed, was the expectation that the number of pupils would increase.

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- 7.12.1. Mr Alexander replied an extension was being built on the school to cope with the increased demand.
- 7.13. The Applicant, with reference to new people moving to the area, asked if Mr Alexander had any insights to how people found registering to access medical services, as some people had heard there was an issue, and some others had said there were no problems.
 - 7.13.1. Mr Alexander said he knew of people who had moved to the area who had not been able to register with a local GP practice. Some still needed to visit their previous GP as they could not register with a current GP.
- 7.14. The Applicant asked Mr Alexander if he believed that the hospital built in recent years had increased traffic on Bellsdyke Road.
 - 7.14.1. Mr Alexander referred to the developments taking place including the Pottery which had been converted to flats.
- 7.15. The Applicant asked if Mr Alexander would describe Bellsdyke Road a busy road.
 - 7.15.1. Mr Alexander replied to it had been proven and had mentioned accidents happening on the road.
- 7.16. The Applicant asked how Mr Alexander would describe the pathway in the journey from his neighbourhood to one of the current pharmaceutical services, in terms of lighting, width, and crossings, and asked if it was easy or challenging.
 - 7.16.1. Mr Alexander replied it was inadequate and they were actively asking Councillors to get funding for, to increase multiple crossings along Bellsdyke Road, which was a mile long with only one crossing, but there were three elements joining on to that road; including the high school, of which at least 90% of young children would walk over that road and through the centre to get to the school. Mr Alexander said it was borderline horrific.
- 7.17. The Applicant asked about the length of the walk and asked if the distance was adequate or inadequate.
 - 7.17.1. Mr Alexander replied it was an inadequate distance as it was more than a mile. Realistically people would have to walk a mile in their daily routine. The path had to go through a golf course, so there was a risk of injury. Second option was down Tryst Road, on one side was narrow and then

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beyond the golf course down towards Main Street it was significantly narrow on both sides.

The Applicant had no further questions.

The Chair invited questions from the Interested Parties in turn to Mr Alexander

Mr Arnott (Lloyds Pharmacy) Questions to Mr Alexander

7.18. Mr Arnott asked if the pharmacy application was granted, where would people go for their weekly shopping.

7.18.1. Mr Alexander answered it in two parts. If it was granted, he believed that most people would pick up convenience items from Sainsbury's as the majority did online shopping and did not visit a supermarket. Of the new commercial units at the Moss End Road, both Aldi and Lidl had proposed taking a view to make a supermarket.

7.19. Mr Arnott asked where people go to access a GP.

7.19.1. Mr Alexander replied, that since there was a lack of any GP practices in the neighbourhood, they would have to drive to Stenhousemuir.

7.20. Mr Arnott asked if there was a pharmacy in the neighbourhood, would residents still leave the area on a regular basis to access other services.

7.20.1. Mr Alexander replied it depended on what Mr Arnott referred to as services, since last week he had not left the neighbourhood as he had had a video conference.

7.21. Mr Arnott said that Mr Alexander was making Bellsdyke Road into a major health and safety issue and asked why had the Council not done anything.

7.21.1. Mr Alexander replied they had Councillors campaigning on it, but they needed data gathered into reports, but there had been a lack of reports due to Covid as people had been staying home. But now the world had opened, they were reviewing the reports. It was an ongoing issue that had not been resolved, as a result of the ongoing housing developments.

7.22. Mr Arnott asked in his role, what Mr Alexander had done to improve bus services.

- 7.22.1. Mr Alexander replied he had campaigned with the Councillors and Council to increase services, but they had decided they were not able to increase services due to the budget. The bus route only went through a small part – it had to go past the school and out to Inches and only covered about half the area.
- 7.23. Mr Arnott asked that even with a poor bus service, were residents still managing to access services out with the area.
- 7.23.1. Mr Alexander replied it was because they had to.
- 7.24. Mr Arnott asked how far a person should have to walk to visit a pharmacy if 1 mile was too far.
- 7.24.1. Mr Alexander replied that looking at the Government recommendation of a 20-minute neighbourhood, this was less than a mile.
- 7.25. Mr Arnott stated that the average walking speed was 3mph so it would be possible to walk 1 mile within 20 minutes.
- 7.25.1. Mr Alexander disputed this and said that based on averages, the average walking speed was 2.3mph, but military speed was 3mph.
- 7.26. Mr Arnott said he was sure that electric cars which would deal with climate issues.
- 7.26.1. Mr Alexander disagreed.
- 7.27. Mr Arnott asked, if a pharmacy was so important, why did the Applicant believe that a pub, restaurant and café were more desirable and be deemed to be more necessary than a pharmacy, as shown by responses in the CAR.
- 7.27.1. Mr Alexander stated that the residents were intelligent enough to know that they had they would have no influence over the application. If a building was purchased, and kitted out as a pub, and wished to put a pharmacy there, they would have to go to a panel with is out with the residents' control.
- 7.28. Mr Arnott said that surely the residents knew the purpose of the CAR was to support a pharmacy, and asked again why a pub, restaurant and café deemed more important to residents than a pharmacy.
- 7.28.1. Mr Alexander said that since the Application was June 2019, and the survey had been done prior to that, so if the Application had been submitted first,

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and the survey had been conducted afterwards, a pharmacy would probably have come out on top.

Mr Arnott had no more questions.

Ms Friel (Larbert Pharmacy) Questions to Mr Alexander

- 7.29. Ms Friel asked who owned the leaflet drop company.
- 7.29.1. Mr Alexander replied it was his own company called Fingerprint, which was a design agency. He did not normally do leaflet drops but did do so in this case.
- 7.30. Ms Friel asked about the 20% of affordable housing and asked how much of the affordable housing had already been built.
- 7.30.1. Mr Alexander replied that the majority of the building work was currently done, but there was still additional development towards Old Moss Road which was referenced in the Application.
- 7.31. Ms Friel said that 80% of that area as outlined in the Applicant's neighbourhood had already been built.
- 7.31.1. Mr Alexander replied his understanding was that the bit to be developed was affordable housing.
- 7.32. Ms Friel asked if Mr Alexander agreed that the postcode of this area and unit on MacIntyre Avenue was within Larbert ("Larbert, FK5), and was therefore considered as part of Larbert.
- 7.32.1. Mr Alexander replied said that the Inches could be considered to be part of Stirling.
- 7.33. Ms Friel asked if Mr Alexander agreed that it was still under a Larbert postcode, with a Larbert address.
- 7.33.1. Mr Alexander replied FK54 was Falkirk.
- 7.33.2. Ms Friel interjected that FK5 was the Larbert area.
- 7.34. Ms Friel asked where the majority of residents went for their GP services.

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- 7.34.1. Mr Alexander replied that some went to Stenhousemuir.
- 7.35. Ms Friel asked if it was fair to say that they wanted the pharmacy for convenience and improvement?
- 7.35.1. Mr Alexander replied that part of the answer would have to be yes.
- 7.36. Ms Friel asked if it was fair to say that adequacy equalled distance.
- 7.36.1. Mr Alexander acknowledged it was a contributing factor.
- 7.37. Ms Friel asked if the level of service locally was more important than distance.
- 7.37.1. Mr Alexander replied that if Ms Friel was talking about core functionality, not additional services, then, if it was convenient for people to live their lives as well as they can, to go to a local pharmacy, then yes it was a convenience.
- 7.37.2. Ms Friel noted that Mr Alexander's response had acknowledged it was about convenience.

Ms Friel had no further questions.

Having ascertained that the Interested Parties had no further questions, the Committee were invited to ask Questions to Mr Alexander in turn.

Questions from Mr Hanif (Contractor Member)

- 7.38. Mr Hanif referred to the CAR, he had noticed a question on postcodes, and around 30-35% of the respondents lived outside the proposed neighbourhood. Mr Hanif and asked if a pharmacy being granted – and once open and running – would attract residents outside of the proposed neighbourhood to use other services.
- 7.38.1. Mr Alexander replied they potentially they would – such as the school, and they lived outside the area and would then come into the area on a regular basis.
- 7.39. Mr Hanif asked if all the school pupils came from the proposed neighbourhood of Inches and Kinnaird, or further afield.

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- 7.39.1. Mr Alexander replied a large percentage came from within, but there were a few that came from outwith the area for specialist school places.
- 7.40. Mr Hanif asked where did people access their pharmacy services at the moment.
 - 7.40.1. Mr Alexander replied some went to Main Street, and some used a pharmacy where they worked, as he had done. He understood convenience was not a factor here, but it was a real-life factor, so people would use it if it was on their doorstep because it was there - they could drop off their prescription, do some shopping, pick up the prescription and go home. Most would probably drive to Stenhousemuir.
- 7.41. Mr Hanif asked if someone from Glasgow asked Mr Alexander where he lived, what would he say.
 - 7.41.1. Mr Alexander replied he would say The Inches but would also refer to it as Stirlingshire as that is what he was told the area was called when he moved there.
- 7.42. Mr Hanif asked in Mr Alexander's opinion, what was the population of the proposed Neighbourhood.
 - 7.42.1. Mr Alexander replied that since he had hand delivered just shy of 5,000 leaflets, and took an average of 2 people per home, the population was between 8,000– 9,000 people, which was before the current housing development was at the stage it is now, and there had been another 4-5 streets developed since then.

Mr Hanif had no further questions.

Questions from Ms Colligan (Non-Contractor Member)

- 7.43. Ms Colligan asked, acknowledging that Mr Alexander may not be able to answer since he may not have been there, how long had the other pharmacies been open and viable prior to the development of Inches and Kinnaird.
 - 7.43.1. Mr Alexander said he was unable to reply but the one next to Asda was not there previously but was not sure if it was a relocation.

Ms Colligan had no further questions.

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Questions from Ms McGhee (Lay Member)

Ms McGhee had no questions.

Questions from Mr Kenny (Lay Member)

7.44. Mr Kenny sought more information on the demographics of the Applicant's neighbourhood and asked whether the 5,000 leaflets had all been delivered wholly within the Applicant's neighbourhood.

7.44.1. Mr Alexander confirmed this.

7.45. Mr Kenny noted Mr Alexander's previous comment of 2 people per home, and the additional houses that had been built, which put the population at around 10,000.

7.45.1. Mr Alexander replied he had based the average on 2.2.

7.46. Mr Kenny asked whether Mr Alexander could say, from a community perspective whether the majority of people using a pharmacy would be older and younger people.

7.46.1. Mr Alexander replied that the majority of residents were under 18, so there would be high demand on minor ailments, but there was also a population over 60, which would be high end users.

7.47. Mr Kenny asked whether, in Mr Alexander's Community Council role, it was unfair to reference a walking distance for the majority of older people who would be using it, might have difficulty in walking, and also the younger population who may have buggies, or people with disabilities, who might need a wheelchair, whether these should be considered ahead of walking distance.

7.47.1. Mr Alexander replied distance was a massive issue, because of the reality of today's world. Not everyone had cars, the cost of living had been referenced. Mr Alexander noted the expectation for someone to walk 1.1 miles, assuming a starting point at the proposed pharmacy. If someone lived further back at the Inches, it was 1.5 miles, and if someone lived near Moss Road it was nearer 2 miles.

7.48. Mr Kenny asked Mr Alexander to confirm that neither Applicant nor his representatives had attended any community meetings or had conversations with any of them.

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- 7.48.1. Mr Alexander confirmed they had not.
- 7.49. Mr Kenny referred to the top 3 service preferences that had been listed by the local community and asked if having a pharmacy featured on the list.
 - 7.49.1. Mr Alexander confirmed it was joint fourth on the list. The GP surgery was lower down the list, possibly no.8.
 - 7.49.2. Mr Alexander said if you had looked at the survey, and list of what had been achieved so far, next on the list was a pharmacy.

Questions from Mr Stuart (Chair)

- 7.50. The Chair was keen to understand more about the turnover of housing within the Neighbourhood, and asked if there was a large turnover and asked if he had a view of people leaving the area because of a lack of amenities.
 - 7.50.1. Mr Alexander replied that houses were sold within a couple of days as it was a very attractive area. To give some context, with his Councillor hat on, they received little funding for services because it was deemed an affluent area, but other areas got a lot of funding because it was deemed to be less affluent. So, one part looked posh and rich, but one street further forward it was different. They had minimum of 20-25% of students below the poverty line who needed regular help with clothing and other items.
- 7.51. The Chair referred to the new housing development coming soon
 - 7.51.1. Mr Alexander interjected the area was under constant development and they had been approached by representatives of Cala Consortium regarding Moss Road, to ask what the community want, or was needed to be provided.
- 7.52. The Chair asked, given the current lack of local service provision, did Mr Alexander have a view if developers would struggle to shift the new housing.
 - 7.52.1. Mr Alexander replied that houses would sell, as it deemed an appropriate area for commuters as it was between Edinburgh and Glasgow which was why they were building in the area. Although selling houses would not be a problem, but they were always sold under the pretence that the proposed services would be delivered.

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The Chair had no further questions.

Summing up.

7.53. After the Chair had confirmed that there were no further questions or comments from those present and participating in the hearing, the various parties were asked in reverse order to sum up the arguments.

Mr Alexander (Kinnaird Village & The Inches Residents Association (KVTIRA), Residents Committee Representative)

7.53.1. Mr Alexander spoke on behalf of the residents, and the majority of people said that current pharmaceutical services provided were inadequate on the basis of distance and were in favour of the application to be granted. The pharmacy would be welcomed, and would be a well used resource, especially with the consultation rooms for services that were not available locally.

Ms Friel (Larbert Pharmacy)

7.53.2. Ms Friel said that the people who lived in the area defined by the Applicant had a very high standard of pharmaceutical service provision available to them and easy access for whatever form of transport, or delivery and a range of pharmacies. They were not only called service adequate, they were exemplary.

7.53.3. She was passionate about the service she provided.

7.53.4. The Applicant had not been able to provide any evidence to demonstrate a gap or deficiency and had not identified any service that was not available.

7.53.5. She provided a free collection from the surgery four times per day, free delivery six days per week, and also had a robot.

7.53.6. The population in Kinnaird are highly mobile and could access services.

7.53.7. The APC did not support the application.

7.53.8. Ms Friel said that she could cope and was prepared for any increased demand.

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- 7.53.9. There had been no complaints.
- 7.53.10. Ms Friel contended that the Applicant had failed to provide any evidence within their application that would indicate an inadequacy within the existing pharmaceutical provision.
- 7.53.11. Ms Friel respectfully urged the Health Board to reject application as being neither necessary nor desirable. Adequacy was not convenience or improvement. It was adequacy of services provided.

Mr Arnott (Lloyds Pharmacy)

- 7.53.12. Mr Arnott said he could not see any reason to define the neighbourhood other than has been defined by two previous PPCs and two APCs. It had simply been defined to exclude the existing pharmacies.
- 7.53.13. Mr Arnott did not understand the population figures bandied around. Wherever you looked, including information provided by the Applicant, the combined population of Stenhousemuir and Larbert was 20,678, using the latest available figures, including all parts of the Applicant's neighbourhood.
- 7.53.14. Demographics showed that the majority of residents were healthy, affluent and mobile.
- 7.53.15. When looking at specific questions within the CAR, when you dug into it, there was very little dissatisfaction for the current pharmaceutical services, except for convenience.
- 7.53.16. A restaurant, pub and café were wanted more by the residents than a pharmacy.
- 7.53.17. The panel must consider what the existing pharmaceutical services provided in and to the neighbourhood. If the panel deemed the existing service inadequate, but also considered the Applicant's business not likely to be viable, and therefore not secure adequate provision of pharmaceutical services, the application should be refused.
- 7.53.18. The viability of an existing service provider was also relevant. If granting the application would affect viability of those who currently provide a service in the neighbourhood, potentially granting the application would have a negative effect upon services on the neighbourhood as a whole. Such an application could be refused.

- 7.53.19. Similarly, referenced whether granting the application would have a detrimental effect on the provision of services in the neighbourhood for another reason. Mr Arnott emphasised that representatives of McLeans, Larbert and Lloyds pharmacies had been very open and stated that could have a really detrimental effect on the services they were able to provide. McLeans would have to remove double cover from its pharmacy.
- 7.53.20. Currently there were five pharmacies available to the public six days a week. If the new pharmacy were granted, there would be the same five pharmacies, but the majority of Stenhousemuir and Larbert would lose a resource where they live.
- 7.53.21. Mr Arnott had looked at the Forth Valley Pharmaceutical Care Service Plan and could see no reference to a need for a pharmacy in the Applicant's proposed neighbourhood.
- 7.53.22. There had been no complaints to the Health Board regarding existing service provision.
- 7.53.23. Mr Arnott asked the Panel to refuse the application as it was neither necessary nor desirable in order to secure the adequate provision of pharmaceutical services in the neighbourhood in which the premises are located.

The Applicant

- 7.53.24. The Applicant acknowledged the discussion on the population within the neighbourhood as he had defined it and referenced a document from 2018 provided by the Health Board, produced in September 2018. The Applicant said that they had heard up to date information from someone with "boots on the ground" and using own eyes and common sense would indicate that the population as he had described it was as put forward, circa 9,000 and growing.
- 7.53.25. In considering the application, the Applicant asked the Committee to put themselves in the shoes of people in the neighbourhood and ask if round journeys that running to miles or over an hour represented adequate access.
- 7.53.26. The Applicant asked if having to make difficult journeys across, particularly along unlit, narrow paths, across busy roads, with a limited number of

crossings, or spending significant sums (e.g., on buses) represented adequate access. He did not believe it did.

- 7.53.27. They had heard that a significant portion of the area that was set aside for social rent and affordable housing and, whilst the buildings may be new, the challenges faced by those within could be no different to those in social or affordable housing in villages like Airth, Camelon or Carron
- 7.53.28. For all intents and purposes, because of their proximity to each other, the three pharmacies in Stenhousemuir represented one point of access for services. So, there were already three pharmacies, and four pharmacists.
- 7.53.29. All the local pharmacies were open before Kinnaird Village was built and were able to have viable businesses, and arguably, any of them could have relocated to the proposed site at any time in the past decade. However, they decided to stay where they were, clustered around the GP Practices or their own neighbourhood. This is not the fault of the residents of Kinnaird and nor should it impact their ability to access services now.
- 7.53.30. The Applicant noted that the Committee had already heard that that some of the businesses were choosing to send off some of their business to regional hubs, so that was work they could bring back instore if they wished or needed to.
- 7.53.31. This was not an application based on convenience but based on necessity.
- 7.53.32. The Applicant said the other pharmacies had talked of the great service they gave, a lot of which hinged on delivery, which was not a core service and could be taken away tomorrow. What would happen if there was no delivery service, and how would people in the neighbourhood access services. Delivery was not a given, and nor should it be a reason for providing adequacy.
- 7.53.32.1. The best way to summarise the inadequacy of the current provision to the neighbourhood was not his words, but of a few of the respondents.
- 7.53.32.2. "Definitely need a pharmacy in Kinnaird as a village has expanded vastly and is still going.
- 7.53.32.3. "There's a large population of school aged children in the neighbourhood who would benefit from the pharmacy".
- 7.53.32.4. "We have a diverse community. Not everyone has a car, and the bus service is poor.

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7.53.32.5. “Local pharmacies have wait times of hours at some point to collect prescriptions also reduces the opportunity to see the pharmacist for less serious conditions.

7.53.32.6. “I’m 63 and I find it difficult to access pharmacy services in Stenhousemuir.”

7.53.32.7. “We desperately need a pharmacy in Kinnaird”.

7.53.33. The Applicant thanked the Committee and hoped they would approve the Application.

Retiral of the Parties

7.54. The Chair thanked all for their submissions. He then invited each of the parties present that had participated in the hearing to individually and separately confirm that a fair hearing had been received and that there was nothing further to be added. Having been advised that all parties were satisfied, the Chair advised that the Committee consider the application and representations prior to making a determination, and that a written decision with reasons would be prepared and submitted to the Health Board within ten working days. All parties would be notified of the decision and the reasons for it within a further five working days. The letter would also contain details of how to make an appeal against the Committee’s decision and the time limits involved.

7.55. The Chair advised the Applicant and Interested Parties that it was in their interest to remain in the building until the Committee had completed its private deliberations. This was in case the open session was required to be reconvened if the Committee required further factual information or legal advice in which case, the hearing would be reconvened, and the parties would be invited to come back to hear the advice and to question and comment on that advice. All parties present acknowledged an understanding of that possible situation and confirmed they would remain in the building.

7.56. The Chair explained that the Lay Members had voting rights and in the event of a split decision, the Chair would have a casting vote.

7.57. The Applicant, Interested Parties and the CLO representative left the hearing. The Secretariat Support remained for the closed discussion.

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- 7.58. The Hearing adjourned at 13:20 for a short break before deliberations began. The Committee reconvened at 13:50 hours to deliberate on the written and verbal submissions.

Supplementary Information

- 7.59. Following consideration of the oral evidence, the Committee noted:
- 7.59.1. That they had separately and independently undertaken site visits of Kinnaird Village and the surrounding area, noting the location of the proposed premises, the pharmacies, general medical practices and the facilities and amenities within.
 - 7.59.2. #4PPC Information Paper including GP practice list sizes/prescribed items, dispensing statistics of the Community Pharmacies in the area and complaint information
 - 7.59.3. #5 Report on Pharmaceutical Services provided by existing pharmaceutical contractors to the neighbourhood (August 2022)
 - 7.59.4. #6 Local GP Practices & Community Pharmacy Opening Times & Distances
 - 7.59.5. #7 Distances of Community Pharmacies to the Proposed Premises
 - 7.59.6. #8 Applicant's application dated 3 December 2021 for Unit 2 (subsequently amended to Unit 6).
 - 7.59.7. #9a Document from ClimateXChange outlining 20 Minute Neighbourhoods dated February 2021
 - 7.59.8. #9b Falkirk Herald article dated 23 July 2020 titled "Villages Want Better Facilities for Larbert's Kinnaird Community"
 - 7.59.9. #9c Community Survey Results – Kinnaird & The Inches Residents Association
 - 7.59.10. #9d Councillor Letters/Emails to the Applicant: (i) Laura Murtagh (29 August 2022) (ii) Jim Flynn (20 August 2022) (iii) Gary Bouse (25 August 2022)
 - 7.59.11. #10. NHS Forth Valley Letter dated 6 December 2021 acknowledging receipt of the Application.
 - 7.59.12. #11. NHS Forth Valley letter dated 6 December 2021 to notify the APC and other groups that an application had been received.
 - 7.59.13. #12 Interested Parties Letters/Emails (i) June Friel, AD Healthcare dated 29 December 2021 (ii) Campbell Shimmins, Area Pharmaceutical Committee (APC) dated 10 December 2021 (iii) Matthew Cox, Lloyds Pharmacy dated 31 December 2021 (iv) Stephen Clarke, Kinnaird Village and the Inches Residents Association (KVTIRA) dated 4 January 2022
 - 7.59.14. #13 The Consultation Analysis Report.
 - 7.59.15. #14 NHS Forth Valley Pharmaceutical Care Services Plan 2018-2021
 - 7.59.16. #15 Falkirk Council Census Information for Wards 1-9 (September 2018, November 2017, November 2020) including Scottish Index of Multiple Deprivation (SIMD) statistics.

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- 7.59.17. #16 Falkirk Local Development Plan 2 – Larbert and Stenhousemuir Settlement Statement (August 2020)
- 7.59.18. #17 A map showing the location of the proposed Pharmacy in relation to existing Pharmacies and GP surgeries within Stenhousemuir and the surrounding area.
- 7.59.19. #18 Community Council Map
- 7.59.20. #19 First Midland Bus Services 6, 7, 8

Summary of Consultation Analysis Report (CAR)

Introduction

- 7.59.21. NHS Forth Valley undertook a joint consultation exercise with WEB Pharmacy regarding the application for a new pharmacy in Unit 6 Kinnaird Village, McIntyre Road, Larbert, FK5 4XT.
- 7.59.22. The purpose of the consultation was to help in the assessment of the adequacy of the current provision of pharmaceutical services within the neighbourhood of the proposed premises.

Method of Engagement to Undertake the Consultation

- 7.59.23. The consultation was conducted by placing advertisements in the Falkirk Herald Newspaper on 29 April 2021 to make the general public aware of the potential application. Details of the potential application were displayed on the NHS Forth Valley public website for Public Consultations: [NHS FV Pharmacy Consultations](#). Details of the potential application were displayed on the potential applicant's (WEB Pharmacy) website – www.rightmedicinepharmacy.co.uk/kinnaird/. Residents within the neighbourhood would be encouraged to respond to the Joint Consultation. An electronic questionnaire was available via the NHS Forth Valley Public website where members of the public could complete the questionnaire and directly submit to the Forth Valley Public Consultations mailbox – fv.pharmacyconsultations@nhs.scot. The questionnaire (Appendix 3) was also available on the NHS Forth Valley Public website for downloading. Information on how to obtain a paper copy / be emailed a copy of the questionnaire was displayed on the NHS Forth Valley Public Consultations website. It was agreed general written comments / emails would also be accepted in response to the joint consultation. Mr Alexander had undertaken a single door-to-door leaflet drop of the Falkirk Herald advert to the neighbourhood area as defined in the Consultation Analysis Report. Posters with the text of the Falkirk Herald advert were displayed in the

windows of the Applicant's proposed site for the duration of the consultation. The Applicant displayed the text from the newspaper advert on a web page on their website with a link to the consultation. The Applicant and Mr Alexander posted information regarding the consultation on their Facebook pages.

7.59.24. The Consultation Period lasted for 90 working days and ran from date 29 April 2021 to 7 September 2021.

Summary of Questions and Analysis of Responses

7.59.25. Questions covered: the neighbourhood; anticipated users of the service; benefits of the proposed community pharmacy; perceived gaps/deficiencies in existing services; issues/challenges accessing existing services; proposed location; current methods used to access pharmacy services; effect of proposed pharmacy on accessing services.

7.59.26. In total 702 responses were received. All submissions were made and received within the required timescale, thus all were included in the Consultation Analysis Report. A further 37 questionnaires were received after the cut-off date and were not included in the data analysed.

7.59.27. From the responses, 688 identified as individual responses, 14 responded on behalf of a group.

7.59.28. 94 different post code areas were identified. 251 respondents provided their full address, and 188 provided their postcode only. Where addresses and postcodes were provided:

69 post code areas were within the Applicant's defined neighbourhood.
25 post code areas were out with the Applicant's defined neighbourhood.

7.59.29. 639 respondents indicated the proposed pharmacy would have a positive impact, 42 respondents indicated the proposed pharmacy would have a negative impact and 20 respondents indicated they did not know the impact the proposed pharmacy would have.

7.59.30. The Committee noted to Question 5 that the majority of respondents noted an inadequacy: the distance to access services was inadequate (442 inadequate / 224 adequate / 35 unsure), the travel time to access services was inadequate (399 inadequate / 266 adequate / 36 unsure), ability to access services by foot was inadequate (561 inadequate / 125 adequate / 15 unsure), transport options to access services was inadequate (457

inadequate / 115 adequate / 120 unsure), access to confidential advice was inadequate (271 inadequate / 225 inadequate / 205 unsure), disabled access was inadequate (259 inadequate / 150 adequate / 294 unsure).

- 7.59.31. The Committee considered the number of 700 responses as fairly reasonable. The Committee also acknowledged that the majority of responses to the CAR, were favourable to granting the application but also acknowledged that there was some negative feedback, e.g., some felt waiting times were fine, but others felt waiting times were too long.

Discussion

- 7.60. The Committee in considering the evidence submitted during the period of consultation, presented during the hearing and recalling observations from site visits, first had to decide the question of the neighbourhood in which the premises, to which the application related, were located.

Neighbourhood

- 7.60.1. In discussing the Neighbourhood, the Committee noted the following points.
- The Area Pharmaceutical Committee had agreed with the proposed Neighbourhood as defined by the Applicant.
 - The Motorway and Railway line were distinct non-porous boundaries. The unnamed road known as the Old Moss Road also provided a distinct boundary as there was a different land use on the other side.
 - Bellsdyke Road was a busy thoroughfare with only a couple of crossing points (two island crossings and a pelican crossing). Bellsdyke Road had become much busier since the last application in 2016.
 - The housing in Kinnaird Village and The Inches was a different style of housing to the area out with the proposed Neighbourhood. The residents of Kinnaird Village and Inches regarded themselves as a separate neighbourhood, which was expanding.
 - A 20 minute neighbourhood might be described as a “place designed so that residents can meet the vast majority of their day-to-day needs within a 20 minute walk (approximately 800 metres) of their home” and that the day-to-day needs were defined as “shopping, leisure activities, access to schools, local services such as a GP practice and ideally access to work”. However, the Committee noted the view that that the Kinnaird and Inches Community had been let down by the developers (referencing paper 9b) which had meant residents

needed to access a number of services out with the Neighbourhood t. This was being addressed by encouraging more services into the Neighbourhood, such as a pharmacy. This in turn could encourage additional services to be brought into the Neighbourhood such as a General Practice or Community Centre.

7.60.2. The Committee agreed the boundaries as follows :

North : The M876

East: The unnamed road known locally as the Old Moss Road from where it intersects the M876, down to the A88 (Bellsdyke Road).

South A88 (Bellsdyke Road) to the railway line.

West The Railway Line until it intersected with the M876.

Adequacy of Existing provision of Pharmaceutical Services (and Necessity or Desirability)

Population and Housing Developments

7.60.2.1. The Committee had noted the number of developments in the area on their site visits, with an increasing population.

7.60.2.2. The Committee considered the data relating to the population which was inconsistent and found it challenging to define the population for Kinnaird Village. From the census information provided, the population of Larbert (which included Kinnaird Village) was 11,393 in 2019, which was an increase of 31.7% over the 10-year period from 2009. It was noted that there was no specific breakdown for the population of Kinnaird Village.

7.60.2.3. The Committee noted the Applicant's asserted population for the neighbourhood for Kinnaird Village and Inches was circa 9,000, with around 3,000 homes. The Committee noted that this which equated to nearly 80% of the whole of the population of Larbert (as at 2019). The Committee had also noted that Mr Alexander had stated that he had hand delivered around 5,000 leaflets and that he had not gone out with the Neighbourhood defined by the Applicant.

7.60.2.4. The Committee noted this conflicted with the Falkirk Herald article from July 2020 (#9b) which stated the Kinnaird Community development was 1900 houses. Using the ratio of either 2.3 or 3.2, this gave rise to an approximate population of the defined Neighbourhood of between 5000-7000, which conflicted with the Applicant's suggested population of circa 9000.

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- 7.60.2.5. The Committee looked at the patient list size of the 5 GP Practices which were within 1 mile of the proposed premises, which had increased by approximately 200 from 26,408 – 26,603 (between February 2021 and February 2022) which equated to approximately 5,300 patients per GP Practice (if split equally).
- 7.60.2.6. The Committee took note of the small transient population, from parents who lived out with the area, who were bringing their children to the school, and also of any workers from outwith the area.
- 7.60.2.7. The Committee considered the SIMD and noted that although the area was clearly fairly affluent and did not feature within the most deprived 20% data zones for Falkirk, the Committee took cognisance of further housing developments to the West on their site visits, and that Mr Alexander had stated that a proportion of the housing developments near the Old Moss Road would be affordable housing.

Current Pharmaceutical Services

- 7.60.2.8. The Committee considered the needs of patients with multiple health issues who might need access to pharmaceutical services.
- 7.60.2.9. The Committee acknowledged that there were no pharmacies in the defined Neighbourhood but also acknowledged that there were five pharmacies just beyond one mile of the proposed premises that provided services to the neighbourhood.
- 7.60.2.10. None of the current pharmacies had indicated that they were at capacity and all of them provided the core services.
- 7.60.2.11. The Committee noted the current waiting times within the pharmacies varied between 3.5- and 6.5-minutes dependent on the prescription.
- 7.60.2.12. The Committee noted Larbert's prescription collection service (not for controlled or refrigerated drugs) out with normal working hours (using a drop box service) which was not a core service.
- 7.60.2.13. The Committee noted that all the current pharmacies provided a delivery service to Kinnaird Village and Inches, and if it was urgent, they would aim to deliver the prescription on the same day. However, it was also noted

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that a delivery service was not a core service and could be ceased at any time.

7.60.2.14. It was noted that there had been very few complaints.

7.60.2.15. It was noted that neither the Lloyds Pharmacy nor Larbert representatives had been able to quantify the percentage of business they delivered into Kinnaird Village and The Inches. The Committee also noted that neither the Lloyds Pharmacy nor Larbert Pharmacy representatives had been able to quantify the impact on their business if the application was granted.

7.60.2.16. The Committee considered viability of the current pharmaceutical providers and noted that over the past year, there had been an increase of around 100,000 items dispensed. The number of items dispensed by McLean & Sons had increased by 10,800, Larbert Pharmacy had increased by 3,500. However, the number of items dispensed by Lloyds Pharmacies had both dropped (Lloyds on Hallam Road had dropped by only 500, but Lloyds on Main Street had dropped by nearly 4,500) and acknowledged that people would go to other pharmacies if there were stock issues.

Accessibility

7.60.2.17. The Committee noted that from the furthest edge of the defined Neighbourhood near the M876, it was nearer 1¾ miles to travel to the nearest pharmacy.

7.60.2.18. The Committee noted that Bellsdyke Road was very busy and difficult to cross as there were only a couple of crossing points which were far apart.

7.60.2.19. For parents with young children, prams and buggies, or for patients who were infirm who needed a walking stick or a walker, or a wheelchair (motorised or manual), the access route between the proposed premises and Bellsdyke Road was challenging, as part of the walking route was very narrow, dark and unlit, across woodland and a golf course. The Committee referenced Mr Alexander's statement that there had been multiple accidents and deaths on Bellsdyke Road.

7.60.2.20. The Interested Parties had assumed the residents, living in an affluent neighbourhood, would be highly mobile and have access to vehicles. It was acknowledged that although the area was affluent, potentially it was less affluent citizens, who might have more healthcare needs, who might require more pharmaceutical services, as they were likely to be more frail or infirm

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and have more issues if they did not have access to a vehicle. There was potentially a greater detrimental impact of a missed medication if they were unable to access local pharmaceutical services, which could mean the individual may end up in hospital.

7.60.2.21. The Committee noted that for residents who were able to use a bus, the likelihood was that the citizen would need to wait an hour for the return bus if they could not get off the bus, walk to the pharmacy, get their prescription and walk back to the bus stop within 20 minutes. Residents on the further edge of the Neighbourhood would also need to walk an additional distance, up to a mile, to the nearest bus stop.

Other Points

7.60.2.22. The Committee acknowledged the APC had not supported the application.

7.60.2.23. The Chair checked that the Lay Members had sufficient information on which to base a decision. Upon receiving assurance that they did, Ms Colligan and Mr Hanif withdrew from the hearing at 15:15 hours in accordance with the procedure to allow the vote to be taken.

Decision

7.61. Ms Colligan and Mr Hanif returned to the meeting at 15:45 hours and were advised that the decision had been reached on the following basis:

7.61.1. There were no pharmacies within one mile of the proposed premises. The Committee noted this did not align with the Scottish Government's recommendations of a "20-minute neighbourhood" or around 800m distance to access services from their home.

7.61.2. The current provision of pharmaceutical services in the defined Neighbourhood was deemed to be inadequate there were no pharmacies within one mile of the proposed premises and would require a journey by car, public transport or to walk.

7.61.3. The bus routes were not accessible to the full neighbourhood, and it would require an hour's wait for the return bus journey if the person could not fulfil all their pharmaceutical requirements within 20 minutes when the return bus was scheduled to depart.

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- 7.61.4. For anyone walking, it would require a journey of a minimum of one mile to one of the existing pharmacies (further if the patient lived at the further end of the Neighbourhood) and the round trip for someone without access to a car was an issue. It was challenging for residents who needed to walk to the nearest pharmacy with young children, a pram or buggy, or by using a wheelchair or mobility scooter, due to the narrow and challenging conditions of the paths, noting it passed through woodland and a golf course. The path was also unlit (no streetlamps), so would be challenging to negotiate, particularly in wintertime. The committee noted Mr Alexander's reference to accidents and deaths on Bellsdyke Road, which they deemed made it unsafe.
- 7.61.5. The current provision of pharmaceutical services to the defined Neighbourhood was deemed to be inadequate since Delivery Services were not a core service and could be removed at any time by the existing pharmacy that provided the service.
- 7.61.6. The Committee noted the population expansion in the area following the ongoing housing developments, so a new pharmacy would alleviate the pressure, and also mean residents did not need to leave the Neighbourhood to access pharmaceutical services.
- 7.61.7. Information in the CAR and views of the community had indicated that having a pharmacy was still high – although it was not in the top 3, it was the 4th highest in the list of priorities.
- 7.62. It was, the unanimous decision of the Committee for the reasons set out above that the provision of pharmaceutical services in and to the Neighbourhood were inadequate.
- 7.63. The Committee considered whether granting this Application was necessary in order to secure adequate provision of pharmaceutical services in and to the Neighbourhood. The Committee agreed that it was necessary and desirable to grant the Application in order to secure adequate provision of pharmaceutical services within the neighbourhood in which the premises were located by persons whose names were included in the pharmaceutical list, and accordingly the Application was granted. This decision was made subject to the right of appeal as specified in Paragraph 4.1, Regulations 2009, as amended.
- 7.64. The Hearing closed at 15:45 hours.

V1.0 approved

Signed:

A handwritten signature in black ink that reads "John Stuart." The signature is written in a cursive style with a large initial 'J'.

John Stuart

Chair Pharmacy Practices Committee.

Date: 18 October 2022