

Minutes of the Meeting of the NHS Forth Valley Pharmacy Practices Committee (PPC) held on Monday 7th August 2023 at 09:30 hours in the Board Room, Carseview House, Castle Business Park, Stirling. FK9 4SW.

Committee:

John Stuart, Chair
Claire Colligan, Non-Contractor Pharmacist Member
Campbell Shimmins, Contractor Pharmacist Member
Martin Kenny, Lay Member
Helen McGuire, Lay Member
Janet Ivoll, Lay Member

Attendees:

Sarah MacFarlane, MacFarlane's Pharmacy, Applicant
Andrew Faichney, Accompanying the Applicant
Paul Pollock, Cambusbarron Pharmacy, Interested Party
Susan Murray, Central Legal Office, NHS National Services Scotland

Secretariat:

Linda Cunningham, NHS Forth Valley

1.0 APPLICATION FOR INCLUSION IN THE BOARD'S PHARMACEUTICAL LIST

- 1.1** The Committee was asked to consider an application submitted by Ms Sarah MacFarlane ("the Applicant") to provide general pharmaceutical services from premises situated at 48 Drip Road, Stirling, FK8 1RE under Regulation 5 (10) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 as amended.
- 1.2** The Committee had to determine whether the granting of the application was necessary or desirable to secure the adequate provision of pharmaceutical services in the neighbourhood in which the Applicant's premises were located.
- 1.3** The Committee having previously been circulated with all the papers regarding the application from Ms MacFarlane agreed that the hearing should be considered by oral hearing.

2.0 Procedure:

- 2.1** At 09:30 hours on Monday 7th August 2023, the NHS Forth Valley Pharmacy Practices Committee ("the Committee") convened to hear the application by Ms Sarah MacFarlane. 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”. And if the boundaries of the neighbourhood within which the applicant intends to provide pharmaceutical services falls within any part of a controlled locality only if it is satisfied that granting of such an application in its opinion, will not prejudice the provision with NHS funded services.

- 2.2 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.

The Chair expressed appreciation to Ms Pamela Calder for preparing the pack.

- 2.3 It was noted that members of the Committee had previously undertaken a site visit to 48 Drip Road, Stirling 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.

3.0 Pre-Meeting Discussion:

3.1 Premises:

- 3.1.1 The Chair noted during the site visit that significant space is available on the premises and expressed interest in how this space would be laid out.

3.2 Delivery Service:

- 3.2.1 Ms Ivoll asked does the pharmacy intended to provide a delivery service?

Mr Shimmins responded a delivery service is not an NHS Service, therefore can't measure a pharmacy on whether they do or do not provide this. This is up to the contractor.

3.3 Raploch Community Council:

- 3.3.1 The Chair noted Raploch Community Council was emailed as part of the consultation process and stated Raploch Community Council is not currently sitting.

The recipient of the email forwarded the email to the elected councillors, one response letter was received, dated 12th May (in the pack).

The letter was from councillor Jim Thomson. He refers to the application being from a Sarah Faichney. Mr Shimmins confirmed this is Ms Sarah MacFarlane (the Applicant), with Faichney being the applicant's matrimonial name.

3.4 Enquiries:

- 3.4.1 Ms Colligan reported receiving queries from councillors and interested parties regarding what is happening in the Raploch around substantive posts, and around pharmacy provision. These have not come through the official route to this Committee therefore were considered to be inadmissible by the Committee.

Ms Colligan noted queries have come into the Health and Social Care Partnership (HSCP) around what is happening, and questioning what Forth Valley is doing about the provision of pharmacy services within Raploch.

3.5 Consultation Analysis Report (CAR):

- 3.5.1 The Chair stated the Committee should have cognisance of the CAR receiving a small numbers of responses.

Ms Colligan stated the CAR was completed when Lloyds Pharmacy (in Sainsburys) was available. Responders were referring to the fact that there was a pharmacy in Sainsburys which is now no longer the case.

The Committee accepted that the application was made when Lloyds was operational.

3.6 Area Pharmaceutical Committee (APC):

- 3.6.1 Mr Shimmins stated the Area Pharmaceutical Committee did not support the application "at the time", because at that time Lloyds in Sainsburys was still in existence. The decision was made when the APC were unsure whether Lloyds would cease trading.

The deliberation was made on the existing adequacy of services. The APC could not look too far ahead with Lloyds closing branches, relocating branches, and selling branches as the situation could change quickly.

The Board has no control so could only deal with facts "at that time". There were no major issues, it was more of a technical thing.

The Committee agreed their decision would be made on the current situation.

3.7 Proximity to Cambusbarron Pharmacy / Other Pharmacies:

3.7.1 Ms Ivor queried the distance to Cambusbarron pharmacy from the proposed premises.

3.7.2 Ms McGuire responded it is not far if you live at the end of the Raploch close to Carseview House and provided the routes available via Kings Park or the Kippen Road.

The Committee agreed you would require a car to travel to Cambusbarron. Ms Colligan noted that 53% of residents in the Raploch did not own a car and that it would be an hour's walk. Mr Shimmins stated it would depend on which area of the Raploch you lived as the fire station is possibly 1.5 miles from Cambusbarron.

3.7.3 Ms Ivor questioned the parking available in Cambusbarron. It is a small village although bigger now, and the Main Street where the pharmacy is located is very crowded.

3.7.4 The Committee viewed the map provided in the CAR and discussed where the main population of the Raploch lived.

3.7.5

The Committee noted if you lived further than Carseview House (and especially in the winter) it would be quicker going to the town centre or Tesco's Pharmacy.

3.7.6

The Committee noted the queues in Tesco were lengthy although opening hours were good.

3.8 Proposed Opening Hours:

3.8.1 Ms Ivor stated MacFarlane's Pharmacy are proposing opening to 5:45pm on four days and queried the Health Boards requirements on opening five days until 5:45pm. On the fifth day the pharmacy would close at 5:00pm (Wednesday).

3.8.2 Mr Shimmins responded pharmacies are allowed one half day, usually a Saturday but that Ms Ivor is correct. Normal hours were 9:00 am to 5:45 pm with a lunch break.

3.8.3 Mr Shimmins responded there are Government suggested Modelled Hours and Board Modelled Hours. NHS Forth Valley's Board require five full days and one-half day, with a choice of which half day is taken.

- 3.8.4 The fact that Ms MacFarlane is proposing to open longer on a Saturday (as 9:00 – 1:00pm as the norm) means the opening hours will meet requirements. You can choose which day to close early.
- 3.8.5 The Chair left the room and clarified with Ms Calder by telephone that NHS Forth Valley Board requirements were six day opening with one half day and one hour for lunch.
- 3.8.6 Mr Shimmins stated Lloyds, which was there before, was a late opening pharmacy and service pressure is at the weekends. The day Ms MacFarlane has chosen to close early is a Wednesday, so it was accepted that full day opening on a Saturday as proposed, may be beneficial to the community.
- 3.8.7 The Chair queried how rigid the Board was with these requirements.

Mr Shimmins responded the Board is relatively flexible right now due to manpower and staffing issues. If the Board is notified that the pharmacy must close early there is no real problem.

The Board does not have “teeth” on this but when considering a new contract, the hours must meet requirements.

- 3.8.8 Mr Shimmins stated that if a pharmacy has been open longer than ten years different rules applied then. If the pharmacy was already set up when the new modelled hours came into operation the contract did not need to change.
- 3.8.9 The Committee discussed opening hours of the pharmacy in the University of Stirling. Ms Colligan noted Boots Pharmacy in the Thistle Centre’s opening hours were dependent on the opening times of the Thistle Centre.
- Mr Shimmins stated that as Boots have moved premises and have a new entrance this means they can open until 6:00pm.
- 3.8.10 Having ascertained that that there were no conflicts of interest or further questions from the 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 Party were invited to enter the hearing.

The open session convened at 10:00 hours.

4.0 Attendance of Parties

- 4.1 The Chair welcomed all, and introductions were made. The Chair explained that Ms Murray was in attendance to provide legal advice and Ms Cunningham to provide Secretariat support. These attendees would not have any involvement in the decision process. The meeting was being

recorded and held in accordance with GDPR. The recording will be deleted when the Minutes have been finalised.

- 4.2 Andrew Faichney accompanied Ms Sarah MacFarlane (Faichney), the Applicant. From the Interested Parties eligible to attend the hearing, Paul Pollock from Cambusbarron Pharmacy accepted the invitation.
- 4.3 The Chair advised all present that the meeting was convened as an Oral Hearing to determine the application submitted by Sarah MacFarlane to provide general pharmaceutical services under a new contract from premises situated at 48 Drip Road, Raploch, Stirling, FK8 1RE.
- 4.4 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:

“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...”
- 4.5 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 to secure adequate services. That approach was accepted by all present.
- 4.6 The Chair advised all parties of the hearing procedure to be followed.
- 4.7 Assurance was given that no member of the Committee had any interest in the application.
- 4.8 The Chair reported that NHS Forth Valley had undertaken a joint public consultation process as required under the 2014 amended Regulations, which had joint consultation process. Notices were advertised in the Stirling Observer on 16th November and placed on the NHS Forth Valley public website on the 7th of November. Questionnaires were also placed on the NHS Forth Valley public website and available in hard copy from the Health Board.

Responses in other formats were also accepted.

Copies of the responses are available in the Consultation Analysis Report provided.

The 90-day joint consultation ended on the 28th of March 2023.

- 4.9 The Chair confirmed that all had received the hearing papers which were included in the pack (see appendix 1).
- 4.10 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.

5 The Applicant's Submission

The Chair invited the Applicant to speak in support of the application.

The Applicant Ms Sarah MacFarlane (Faichney) introduced herself, thanked the group for providing her with the opportunity to present her case and gave a presentation as follows:

5.1 Background

5.1.1 The Neighbourhood:

As per map included in the application, 94% of those who responded agreed this was an accurate representation of the neighbourhood. I feel this is a good representation of the Raploch and the physical boundaries.

5.1.2 Legal Test:

For me adequacy is a variable, it depends on where you are considering. It is important here to think about equality and equity and the difference. Equality is providing everyone with the same resource equally, verses equity which provides the resources individuals or groups need to reach an outcome on a par with others. I think this is important in the case of this neighbourhood. So, with adequacy here it might require more resource in areas of high deprivation than that needed in an area with low levels of deprivation.

5.1.3 Demographics of the Neighbourhood:

Census information provided by Ms Calder. Just over 3,000 people make up this neighbourhood with a significant increase in population due to recent housing developments, approximately 500 new homes. This figure of 3266 is taken from the 2020 Census for population but I am aware the papers we were given contain the previous Census information. I prepped using the old Census information and recently looked at the new information.

5.1.4 The neighbourhood is made up of four areas of SIMD (Social Index of Multiple Deprivation) data zones, East, Central, South, and West. Three of these data zones are overall SIMD Rank 1 with a Health Rank of 1. Raploch West is an overall Rank 2 with a Health Rank of 3. The Ranks as you will have seen go up to a Rank of 10 so this relates to over 70% of people living in the Raploch area live in Rank1, Health Rank 1 area. Therefore, the most deprived in Scotland.

5.1.5 Although I can see my colleagues have figures in front of them, I pulled out figures that were startling to me and show the level of deprivation:

- More than half the people in the Raploch live in houses rented from the Council.
- More than half of the households in the Raploch do not have a car, which stuck out to me.
- 37% of people in the Raploch have a long-term health condition which relates to 28% for the rest of Stirling.
- Physical disabilities, mental health conditions, unemployment and another one which I think is important health conditions that limit the day-to-day activities by a lot are all twice the rate of anywhere else in Stirling.

5.1.6 Some key stats. pulled from NHS Forth Valley Health Improvement Strategy, (also attached):

- Alcohol related hospital admissions per 100,000 head of population are 214 in the least deprived areas and 1621 in the most deprived areas.
- Adults who smoke 11% in the least deprived areas and 40% in the most deprived.
- GP consultations for anxiety per 100,000 head of population 28% in the least deprived areas and 62% in the most deprived.
- The most surprising stat. is that males in the least deprived areas are expected to reach the age of 81, whereas in the most deprived only 70 years, and in fact 69 years.

5.1.7 These stats show for me the reality of living in a SIMD Rank 1 data zone means in reality. We know from health ranks and SIMD overall Ranks when deprivation is high so is health inequality. Deprivation and health are inextricably linked. This can be seen from the Census.

5.2 Accessibility:

5.2.1 In the context of health care services and pharmaceutical service requirements in the most deprived areas, (taken from a statement in the Clacks and Stirling Health and Social Partnership Strategic Needs Assessment, included in application). "Health and social care services should reduce health inequalities through positive health and social outcomes for those experiencing deprivation". The Strategic Needs Assessment itself states that we need to reduce these health inequalities where there are areas of deprivation such as the Raploch.

5.2.2 We know that the Inverse Care Law applies. What this means is that those with less need for services are those that find services more accessible. What we need are not only increased levels of service provision, but we need the services to be accessible to people in order that they can use them.

5.2.3 In the current provision there is no community pharmacy left now in the Raploch where previously there was and it is an area of high deprivation, Lloyds were filling a high volume of prescriptions compared to the National average.

5.2.5 **20 Minute Communities:**

The Scottish Government talk about 20-minute neighbourhood “designed so that residents can meet their day to day needs within a 20-minute walk of their home”. A list of pharmacies is included in the papers.

Tesco is the closest pharmacy. The distance and how long it would take to walk are also listed in the papers included stating it is a 13-minute walk (taken from Google).

I am not sure which from which point in the Raploch to Tesco it is taken from, but only two pharmacies are listed that you can get to in under 20 minutes from the Raploch. Tesco and Lloyds in Barnton Street .

5.2.6 Lloyds in Barnton Street is also at risk of closure as it remains unsold through Project Sapphire which Lloyds have been going through.

5.2.7 Taking Tesco first, Google assumes “normal” walking speeds. I could walk from Raploch to Tesco in 13 minutes as I am young fit and healthy. Google does not take walking conditions into consideration, so conditions underfoot, the overall distance travelled and the consideration if you live in Scotland the weather could be dreadful and at some times of the year underfoot could be treacherous.

5.2.8 Google also doesn’t consider people with health conditions. In an area of high deprivation where there are high health inequalities, for example in an area where 40% of people smoke a lot of these people will have COPD. I doubt someone who is breathless could walk to Tesco in 13 minutes. Or elderly members of the community who may require assistance with walking such as a stick.

5.2.9 Another group which requires a lot of support from health services are young mums, but parents really. Everyone has seen I have brought a newborn baby with me who must be in a pram everywhere we go. I also have a two-year-old and a five-year-old. If I am at home and I need to go to a pharmacy, I would have one or maybe two children in a large double buggy and one on foot. My two-year-old and five-year-old would not walk

happily to Tesco from the Raploch and it also involves crossing a number of busy roads. It would be unsafe.

- 5.2.10 I am a Specialist in Fife Mental Health Pharmacy Teams and know for someone with mental health problems the thought of having to go somewhere far away could be enough to put them off going at all. This patient group requires a lot of help in terms of healthcare provision and will not go places that are too far or where they must face a lot of people etc.
- 5.2.11 In terms of the current healthcare provision, that's what sticks out to me, I don't think it is reasonable for more than half the population to go on foot or potentially via public transport to a pharmacy.
- 5.2.12 In terms of pharmacies round about there are a number of pharmacies that don't provide home deliveries although a number do. What is important to remember here is that this is not a core service of the NHS so in theory this could be withdrawn or could be charged for, or people who are considered to reside too far away could be excluded from such a service.
- 5.2.13 Although it is useful to get regular medication delivered which is a useful service and could suffice for some, there is so much required to be done in a community pharmacy that involves a face-to-face interaction.
- 5.2.14 Also listed in the GP practices (apart from Orchard House), all the GP practices that the people in this neighbourhood would use are greater than a 30-minute walk. And that is for a young, fit person.

5.3 Pharmacy First:

- 5.3.1 Pharmacy First Plus is where independent pharmacists can provide a dispensing service that could replace many GP consultations for this population. They would have to visit a pharmacy and the delivery service does not cover this.

My proposal is a true community pharmacy in the heart of this deprived area to provide all the core services but providing any of the locally negotiated services that healthcare would require.

5.4 NOMADS:

- 5.4.1 I have put Plus Services but also NOMADS to make up the blister strip medications because I am someone who works for the Health Board and serves a cohort of patients that requests a high number of NOMADS.

This is not a core service but when pharmacies do agree there is commonly a waiting list. I am prepared to do NOMADS without a waiting list.

5.5 Deliveries:

- 5.5.1 I am prepared to do deliveries (even locally), although not a core service, and accept that some people may also require to be seen face to face.

5.6 Substance Use Service / Alcohol Services:

- 5.6.1 We are the drug death capital in the Western World. As a Specialist in Mental Health, I would provide a Substance Use Service, injecting equipment provision, and take-home Naloxone. Also, alcohol brief interventions and alcohol screening.

5.7 Pharmacy First Plus:

- 5.7.1 I am an independent prescriber; I prescribe in clinic for the Health Board in Fife. I would be prepared to talk to the local practitioners and talk about what would help them and what type of prescribing clinics that could be provided in the pharmacy would benefit them. With the shortage of GPs, it can be difficult to get an appointment.

5.8 Summary:

- 5.8.1 In conclusion, all of the data shows how deprived this area is and the high levels of health inequalities. It is recognised that the direct provision of pharmaceutical services for this neighbourhood has recently been lost.
- 5.8.2 We know the numbers of people with long term conditions and multiple morbidities are expected to increase so the demand on services will increase, this community needs a community pharmacy more than ever before.
- 5.8.3 The proposal has been supported by the local people of the community as seen in the CAR, supported by local councillors and by inspiring communities of the Raploch . I hope this Committee will also support my application.

This concluded the presentation from the Applicant.

6.0 The Chair invited questions from the Interested Party to the Applicant.

6.1 Mr Pollock, (Cambusbarron Pharmacy). Questions to the Applicant:

- 6.1.1 Mr Pollock advised he had searched for houses for sale in the Raploch yesterday (6.8.23). A home for sale in Riverway Place, Highland Gate just off the motorway is selling for offers over £322,995. He asked if this area was included in the reported SIMD data zones?
- 6.1.2 The Applicant responded by saying that this data zone would be in the overall Rank 2, Health Rank 3. The recent houses are included in this

area and potentially made it into the 2020 Census although new houses were included in the map showing 2011 data.

- 6.1.3 Mr Pollock stated this is quite a substantial price for a house and that if this was affordable then the family could afford a car.
- 6.1.4 Mr Pollock stated he sees two tiers of the Raploch. The traditional Raploch and the new builds, he appreciates this is an area the proposed pharmacy will be delivering to and stated Ms Macfarlanes's proposal was focusing on the traditional Raploch which was SIMD 1 data. Is this fair comment?
- 6.1.5 The Applicant responded by saying that approximately 70% of the population (slight variants between 2020 and 2011) is made up from the three data zones that are Rank 1. A small portion of the population is living in the new area. The vast majority are made up of SIMD Rank 1.

With the new part of the Raploch and family homes it is not much easier to get three children under the age of 5 into a car as it is to walk with them. The Forth Valley Health Board's Strategic Priority No 1 was the health and wellbeing of our young population. It is important for the Health Board that we are looking after children and families. There will be a high number of children and families living in this new housing estate.

- 6.1.6 Mr Pollock stated the CAR received a very low response rate, 129 responses from over 3,000 people. Mr Pollock asked what the applicant's experience of CAR is and for her thoughts on this?
- 6.1.7 The Applicant responded by saying that what she discovered in her position of working within a Health Board particularly during COVID is that where there are high areas of deprivation there are high levels of digital poverty. The applicant advised that she works with some of the most marginalised people in society and what we know about this group of people is if you don't have a mobile phone it can be difficult to respond.

The applicant advised that she was surprised at the high number of people who turned out to the Community Hub to complete the questionnaire on paper. It was her view that this is an unusual concept in this day and age and shows elderly people are less likely to engage in digital ways of doing things and generally the most marginalised people in society are engaged less with public consultations.

Because of the community involved the applicant was not overly surprised and also because this process and the Regulations have been around for years you might find it is an old-fashioned process as an advert was placed in the newspaper. Not many people buy newspapers anymore.

- 6.1.8 Mr Pollock stated there are other ways to access the process i.e., it has been put online, posters put up with a 90-day period to access this (actually a 90-working day period which works out longer).

Mr Pollock was of the view that the low turnout rate of 4% for the CAR makes the community seem indifferent to the proposal of a community pharmacy, and he saw an overwhelming adequacy coming through in the CAR responses to Q5.

- 6.1.9 The Applicant responded by highlighting that it was important to note that for the entire period of the public consultation Lloyds pharmacy was open. Project Sapphire was announced mid to late January; however, it was advertised on the Community Pharmacist Drug list etc. so not aware how publicly this was known during the consultation. Also, people did not know this would affect the Lloyds near them.

People thought that Lloyds were selling pharmacies and initially they did try to sell the pharmacy in Sainsburys. It was the applicant's view that people responded to the CAR when they had a community pharmacy which is important to take into consideration. The applicant added that if we were to repeat the CAR now with Lloyds in Sainsburys closed, the results might be quite different.

- 6.1.10 Mr Pollock asked how the Applicant could convince the Committee there is a need for a further pharmacy given it is only a 13-minute walk and considering that the Main Street in the Raploch has been improved, there are underpasses and is level ground. An area that has an hourly bus service for one of the buses and two hourly for another service. How can the Applicant convince the Committee?

- 6.1.11 The Applicant responded by saying that she appreciated that Mr Pollock has formulated his questions before he heard the opening statement and her stated case which showed this. People with poor health are less likely to engage with health services. A phenomenal number of people in her particular service have to be provided with bus passes in order that they can attend appointments on fixed sites.

Even where there are bus routes; people with no money do not have money to spend on a bus ticket and the criteria to get a bus pass is not straight forward. We still struggle to renew the bus passes with many people in our service who are engaging with the service.

Although there are buses it also involves getting on a bus. The applicant did not think that in deprived areas with such a high level of health inequalities people should have to go outwith their neighbourhood. There are people in other areas close by with much lower areas of deprivation that have a pharmacy within their neighbourhood.

- 6.1.12 Mr Pollock asked the Applicant if she thought the people of the Raploch travel into Stirling to access other services, e.g., buying clothes, banks, dentists?
- 6.1.13 The Applicant responded by saying yes however not as frequently as they would visit a pharmacy.
- 6.1.14 Mr Pollock asked how big a problem it would be if people were going outside their community to access a pharmacy out with the Raploch?
- 6.1.15 The Applicant responded by saying people with multiple morbidities require increased medications, these are regular (prescription) repeats. Most people on multiple medications come in, or require deliveries almost every week or multiple times per week because their medications are not all needing replaced at a regular interval.

People's requirements to access pharmacy services are different to buying clothes.

- 6.1.16 Why have you decided not to open on a Wednesday afternoon when both Tesco and Boots have a degree of extended opening hours?
- 6.1.17 The Applicant responded by saying that her opening times are not set in stone. Even with only one person commenting on this in the CAR we would be open all day during the week and all-day Saturday.

The applicant commented further that having worked in community pharmacies before she has trialled certain things like late night opening and would be happy to do this.

- 6.1.18 Mr Pollock stated he had applied for and been refused a contract for a pharmacy outside Forth Valley in an area of high deprivation where the nearest pharmacy was 0.9 miles away with many pharmacies just out with the boundary and asked how this application differs?
- 6.1.19 The Applicant responded by saying that the application here is different because there was a contract within the neighbourhood which is no longer there.
- 6.1.20 Do you know the size of your unit?
- 6.1.21 The Applicant replied that she did not and asked the Committee if they had visited the unit. She advised that it looks small from the front but is large inside and almost split into three sections. As an experienced community pharmacist, the applicant advised that she likes a lot of space as it makes things neater and tidier therefore safer. Cramped areas lead to medication errors.
- 6.1.22 Mr Pollock asked if the consultation room would be at the front of the shop or at the back?

- 6.1.23 The Applicant responded by advising that the old chill which was added retrospectively would make an ideal consultation room. The walls are thick, and she liked a consultation room with two doors. The consultation room will be accessible from the counter via one door and accessible from the front shop via another door, and wheelchair accessible.
- 6.1.24 Mr Pollock questioned whether there are enough people to sustain a pharmacy?
- 6.1.25 The Applicant responded by saying that she has looked at the financial viability of the contract and decided it would be.
- 6.1.26 Mr Pollock asked if the applicant had given thought to what wholesalers the applicant will use?
- 6.1.27 The Applicant responded by advising that the main wholesalers who have accounts with the smaller companies have a huge problem with shortages. That's where problems arise with the multiples as they are tied into most of their ordering from the wholesaler they are owned by.

Independents can be more flexible with who they order from.

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

7.1 The Chair recognised and accepted that the demographic in the information the Committee received from 2011 Census has changed. He also highlighted that , given the low numbers of response from the CAR. the limitations of the findings was recognised. At the same time , it was also accepted that the service and provision dynamic has changed since the CAR was completed (with the recent closure of Lloyd's pharmacy in Sainbury's).

7.2 Ms Colligan, Non-Contractor Pharmacist Member. Questions to the Applicant:

7.2.1 Ms Colligan asked if the applicant was aware if the public transport from the Raploch drops off outside Tesco?

7.2.2 The Applicant responded by saying she was not aware if the bus does drop off outside Tesco, but the public's ability to use public transport held more of her focus.

7.2.3 Miss Colligan asked what happens when there is only one bus per hour?

7.2.4 The Applicant responded by saying that if your consultation only takes ten minutes you have a 45-minute wait before the next bus. The applicant

raised concerns around this during large parts of the year when the weather is not favourable.

7.3 Mr Shimmins, Contractor Pharmacist Member. Questions to the Applicant:

7.3.1 Mr Shimmins asked how many items the applicant had predicted?

7.3.2 The Applicant responded by saying it would be quite hard to predict as a new start and because Sainsbury's has just closed. She was more concerned the numbers might increase quite dramatically quite quickly. She advised that is a fine balance between opening a brand-new pharmacy where the numbers maybe fairly low, compared to the item count in Sainsbury's ,but it was still viable as an owner operator business. The applicant said that for the first 12 months she ran with a prediction of 1,000 items per month however when calculations finished and if she brought up to date, after three years the level of items introduced could rise to 6,000 items. The applicant reiterated that she was worried less about viability at 1000 items per month and more about it scaling up very quickly as you would want enough stock that people don't have to return.

7.3.3 The applicant advised that she had over egged her calculations. She has spoken to quite a few friends who are independent contractors for advice, and they said as a new start you should be starting off with one member of support staff at the front counter. She was conscious she had to hit the ground running. She does not want people to be coming into the pharmacy and not being served immediately.

The applicant knew she would need three months cashflow in reserve because with the Health Board you are paid in arrears. Everybody commented on the figures, advising that she had too many staff however even if doing low numbers, she wanted to ensure that if it gets busy very quickly from the off they would have three months cashflow in reserve to pay staff. This is the basis on which she has done her calculations.

7.3.4 Mr Shimmins asked for clarification on 'In Person' Clinics and Pharmacy Plus. As a new start pharmacy how did the applicant envisage establish this? How was she going to be available to provide Pharmacy Plus in a clinic, under clinical conditions and have the back shop running with one person?

7.3.5 The Applicant responded by saying that the future of community pharmacies is to have an accuracy checking technician. For the benefit of the lay persons, this is checking technicians who are qualified to accuracy check every prescription (as in the items) as long as the pharmacist has clinically checked the prescription.

The applicant advised that she does quite a bit of work in the hospital dispensaries where all she does is clinical checking. All the accuracy checking is done by a colleague accuracy checking technician. She has

experience of where this model works brilliantly, and it was her view that this is the future in community pharmacy in order to free up the pharmacist's time to do the clinical work that they are skilled to do.

- 7.3.6 For clarification, the Chair asked if the presence of a checking technician is this the standard workforce model?
- 7.3.7 The Applicant responded by advising that accuracy checking technicians have been around for a while, so it is not a new model. They are paid more as they have much more responsibility and they have to go through training to be qualified to do this. There have been a lot of accuracy checking technicians who have moved from the community and gone to work for the NHS.
- 7.3.8 There is hardly any difference in how they are paid in the community pharmacies compared to a dispenser who is not an accuracy checker in the multiples, but it is a huge amount more responsibility.
- 7.3.9 The applicant added that when she looked at what she was going to pay the staff, it was more important to her that the financial package for them is correct in order that they stay with the community pharmacies. This is not a new model, just not as well utilised as it should be and probably the introduction of Pharmacy First Plus which is very recent will drive and increase the use of this model.
- 7.3.10 Ms Ivor asked what, if any security measures will be in place, in terms of products and staff?
- 7.3.11 The Applicant responded by saying that this is a difficult question to answer. The clinic she is currently involved in is in addition and as such she works with drug addicts. It was the applicant's view that it does not matter that the pharmacy is in the Raploch as the security does not need to be different from the security anywhere else. In her career as a pharmacist, the applicant advised that she has never known of a break in in NHS premises to a pharmacy. Maybe her colleagues would disagree? The controlled drugs, higher risk medications (we call them attractive stock in the NHS) are within the pharmacy within a locked cabinet. There is added security within the building for attractive stock.
- 7.3.12 The applicant advised that she would install what she feels is reasonable security to the premises and I don't think you can do anything beyond that. The applicant reported that she had a difficult situation with a patient in a consultation room early in her career as a community pharmacist so would always wish for two doors. If you do only have one door you would be required to position your furniture such that you are the closest to the door. It is becoming more popular now to have two doors with one as an exit back into the dispensary. She advised that two doors make a big difference in feeling safe and measures like this improve how people feel.

- 7.3.13 Mr Shimmins asked what engagement the applicant has had with the local population and the duty services that provide care in the neighbourhood up until now?
- 7.3.14 The Applicant responded by saying that she had spent a bit of time with the Community Council. She had attended the H&SCP meetings in the run up to the submission of her application. She had some days where she could come to the Community Hub and she advised she had organised an engagement day. The turnout was quite good, but it was difficult as it was pre the announcement for Lloyds within Sainsbury's closing which perhaps affected the level of engagement.
- 7.3.15 It was the applicant's view that in areas of deprivation, people are less likely to come forward and engage with these processes. Marginalised people do not think their voices are important enough to be worth giving their opinion and the applicant wondered if this affected the responses. She advised that did not want to go door-to-door and did not want to be viewed as a salesperson.
- 7.3.16 Whilst in the shop with the builders looking at the work which would be required, the applicant advised that a number of people came to the shop door because they had seen movement. On reflection, the applicant thought that this would have been a very good way to engage but at the time she did not want to sit all day in an empty shop.
- 7.3.17 Mr Shimmins asked as a prescriber and a substance misuse specialist if she had engaged specifically with the GP practices yet?
- 7.3.18 The Applicant responded by saying that she had not engaged with the GP practices yet, but she had engaged with Health Board colleagues and the Substance Misuse Services where she knew a number of members of staff. She had also engaged with someone from the ADP and the Scottish Needle Exchange Workers Forum. She advised that there are National Forums present in this area also.
- 7.3.19 Mr Shimmins asked for information on the feedback the applicant has received?
- 7.3.20 The Applicant responded by advising that feedback had included that they want more injecting equipment provision, take home Naloxone. The policy on Naloxone holding is very poor at a national level although this will be coming nationally. Hopefully CPS are behind this, and it will move to a National Service. Sharps returns, opiate substitution therapies are a locally negotiated service which is available to all pharmacies and should be provided where it is needed.
- 7.3.21 The applicant advised the Committee that at a recent PPC in Fife they said they wouldn't be dispensing, and the Local Councillors wanted another pharmacy in a locality that would not do methadone. One pharmacy would provide methadone and one would not. The applicant

said that she would rather have a pharmacy where people can come in regardless of their background, regardless of their health conditions and circumstances. Where they will be treated the same as anyone else.

7.3.22 Mr Shimmins said that, in light of the applicant's background, it was his understanding that the focus would be on mental health and substance misuse as an extension of the applicant's core pharmacy role and asked if this was an accurate reflection?

7.3.23 The Applicant responded that this was accurate.

7.4 Mr Kenny (Lay Member). Questions to the Applicant:

7.4.1 Mr Kenny asked the applicant what she thought her pharmacy was going to bring to the area that is going to benefit the population of the Raploch?

7.4.2 The Applicant responded by saying that in Fife they received quite a lot of complaints about pharmacists relating to client stigma. The applicant said that what she wanted to do is have a community pharmacy where people in the community think, "I am going to go and ask them questions" about their health that they maybe do not want to phone the GP about and where they maybe feel that "I won't get an appointment / I don't want to go out to the new health campus".

7.4.3 The applicant advised that she wanted to create a place where they know they can go and know they won't be judged or stigmatised and will receive good quality care. That then spreads and people will come more and engage with healthcare services. She added that we have data to show that the people who really need to engage with healthcare services don't engage. In terms of smoking, it is about knowing your group and you can have the conversation with them wherever they are in the psychological cycle of change. They might say they are not stopping smoking then think about it and you are the same faces in a familiar, trusted environment so they come back. That's how you do it, you build on it gradually.

7.4.4 It was the applicant's view that she did not think you can operate your pharmacy purely on locum pharmacists because it is a different person people see every time they go in, there is no relationship building. She would hope to be a focus for the community to help the Health Board improve the health of that community by building relationships.

7.4.5 Mr Kenny asked with there being a shortage of staff in the sector as such, how will the applicant change this with adequate staffing and be able and qualified to offer a community substance use clinic?

7.4.6 The Applicant advised she has had approaches from some members of staff who had worked in Lloyds in Sainsburys for a considerable number of years. They have been in touch again very recently and she was hoping

they are still keen to join her. She has maintained dialogue with them and is hoping they will come on board.

- 7.4.7 From having worked in the NHS the applicant said she was a great believer in empowering and training staff. Also, having worked for more than one big multiple as a community pharmacist, trying to get money to let people do courses was like drawing blood from a stone and this is not her brand of pharmacy.
- 7.4.8 As an employer, the applicant wanted to pay people more than the minimum wage which is often what you get from the multiples. She wanted to make the financial package attractive so that people live well off that wage and show loyalty to the pharmacy. She advised that she would invest heavily in training. She has been lucky as a member of NHS staff that there have been courses her employer has allowed her to do where it would have been hard to justify that she needed to do it for her role. However, it was the applicant's view that this improved her as a healthcare professional, and she recognises that it is this investment in your staff that keeps them happy and good staff retention comes off this.
- 7.4.9 Mr Kenny asked how many staff would be employed?
- 7.4.10 The Applicant responded by saying that initially a pharmacist, accuracy checker and someone for the front of shop who would also be qualified to dispense. Her plans are to scale that up within the first year depending on items dispensed. It was the opinion of some of her contractor colleagues that she had over egged the pudding but advised that she was comfortable with her position in this regard as she did not want to find herself in a position where she was understaffed.
- 7.4.11 Mr Kenny asked regards CAR and getting feedback , did the applicant think that is was her responsibility to gather feedback to support her case or that what has been provided is enough to support the communities' view?
- 7.4.12 The Applicant responded by saying that in keeping with what Mr Shimmins had said she could perhaps have changed her angle to engage people more and get more responses. In hindsight maybe she should have done that. The applicant suggested that there would maybe be a bit of responsibility on the Health Board to engage people but advised that she got a lot of support from the Community Council.
- 7.4.13 Mr Kenny asked if was the same with travelling time, did the applicant think it would be her responsibility to have done some further work around this ? For example, and with regards to the bus, it does not stop at Tesco.
- 7.4.14 The Applicant responded by saying that she could have tested this and gone on public transport. Although from the area, she advised that admittedly she didn't use a lot of public transport as she drives everywhere. She did advise on walking distances and said she has done

a lot of walking in the town, highlighting that she had lived in Bruce Street as a student in Stirling. She knew the walking routes better and was thinking around walking, however admitted that she maybe had a biased view because of her knowledge of her patients from deprived areas with mental health conditions or substance use problems.

On reflection the applicant admitted that she may have overlooked the transport thing slightly. However, because there is public transport it doesn't mean that people with mental health conditions will want to use it, especially if you don't have money for public transport. The applicant accepted that she maybe overlooked it slightly because of her skewed view as what she did day-to-day.

7.4.15 The Chair asked when the Applicant attended the Community Council meetings as it was his understanding that they are currently not sitting?

7.4.16 The Applicant responded that the Council is maybe not sitting now, it was pre-CAR (but just pre-CAR) and during the CAR. She advised that she bumped into Steph at an open day in the Hub. It was the first Monday of each month and it was through the Community Council that she got the link posted on Facebook. It would have been around the tail end of last year, November potentially October time.

7.5 Ms McGuire (Lay Person). Questions to the Applicant:

7.5.1 Do you feel the premises are large enough to accommodate people with children using the premises, along with people going in wanting help with the drug side?

7.5.2 The Applicant responded by saying that she felt the premises were large enough. Part of her duty as a healthcare professional is to try and address and reduce some of that stigma. Trying to look at it from everyone's viewpoint, some people might be nervous or have reservations about particular patient groups. The applicant said that this saddens her as they are people too. It is a balance about making everyone feel welcome and she did not want to exclude members of the community.

7.5.3 The applicant reported that she had attended a Health and Social Care Stirling Locality meeting; she thought they needed to update the Strategic Needs Assessment. This document has not been finalised. At this meeting, they talked about substance use and the first point put was like this, making people on the community feel safe where there are drug addicts. It was her view that she finds it sad that the first thing people think about is making other people feel comfortable with the presence of drug addicts when in fact we need to bring them into our society. That is how they will get well.

7.5.4

7.5.5 It is about trying to do it in a way that everyone is comfortable with, to learn more and have more understanding and empathy for other members of the community rather than fearing the unknown.

It was the applicant's view that the shop is big enough, although she was not sure how much space people may want between them and other members of the community. She wanted it to be somewhere the community are all together and the community is comfortable.

7.5.6 Ms McGuire asked how the problem of discarded drug paraphernalia can be avoided?

7.5.7 The Applicant responded by saying that this is why it is important we have community pharmacies that will accept discards. It gives people a safe place to return. The sharps return service is for anybody that uses sharps, our population with diabetes etc. need somewhere safe to return their sharps.

7.5.8 Ms McGuire asked where used equipment would be stored when returned?

7.5.9 She added that from a drug use point of view, if you provide injecting equipment it provides you with the opportunity to say, "here is a safe way for you to dispose of your used equipment". This reduces discards. Because there is a large area through the back that is not accessible to the public it was the applicant's intention to have the bins there ready for collection for main disposal. They would not be stored outside the building.

7.5.10 For clarification, the Chair asked what is behind the shop? This was not visible when the Committee visited the property due to the shutters being down. Will everything be done (deliveries/disposals) from the front of the shop?

7.5.11 The Applicant confirmed that it is a residential area behind the shop and there is a small cul-de-sac with a footpath that walks down to the back entrance of the shop. Nothing will be stored outside. She has talked about using the back of the shop for deliveries, but it will probably be the front of the shop. In an ideal world she would like to see how using the back entrance might work, but it is a very small cul-de-sac with just a few houses, and she wouldn't want a van to be in the road of residents.

7.6 Mr Pollock (Cambusbarron Pharmacy)

7.6.1 Mr Pollock asked a supplementary question relating to the provision of an injecting equipment provision service. It was his view that this requires to be invited by the Health Board and asked if he was correct in his thinking.

7.6.2 Mr Shimmins and Ms Colligan responded this is a needs-based service funded entirely by the Health Board and there is a need here.

7.6.3 The Applicant advised that with the Medication Treatment Standards the desire Nationally is for the provision of injection provision equipment to be rolled out to make it accessible.

7.7 Ms McGuire (Lay Member). Question to the Applicant:

7.7.1 Ms McGuire asked as the premises are narrow, where is the consulting room going to be situated in order to turn wheelchairs?

7.7.2 The Applicant responded by saying that the shop was previously MacFarlane's the butcher and belonged to her grandfather, so she did not choose the premises. She would be looking to create a modern pharmacy and adapting the premises as best as possible within the constraints of the building to ensure that everyone has equitable access.

7.8 Ms Ivor (Lay Member). Statement:

7.8.1 Not everyone collects hypodermics prescriptions that are for illegal drug use. These people need to be safe. Everyone is thinking in terms of illegal purposes, there are legitimate users. The Chair recognised this.

8 Having ascertained there were no further questions to the Applicant, the Chair invited the Interested Party to make their presentation.

8.1 Mr Pollock (Cambusbarron Pharmacy / Interested Party).

8.1.1 I would like to thank the Committee for allowing me to speak today.

8.1.2 I am Paul Pollock one of the owners of Cambusbarron pharmacy a contract granted in 2012, I have been a pharmacist for 20 years and work with substance misuse. I have worked in CADS for a number of years, providing new start to patients, methadone, buprenorphine and support with their drug addiction. I continue to do this three days per week in Greater Glasgow and Clyde in the North-East Alcohol and Drug Recovery Service. I am still providing that service there.

8.1.3 During COVID there was a shift to have a lot of dispensing of methadone and buprenorphine away from community pharmacy so instead of a patient going in every day there was almost an evaluation of how much do we really need to see a patient in a community pharmacy? Can they manage going in once every two days, every three days or once a week in some situations?

8.1.4 As result, the foot fall of substance misuse patients going into a pharmacy has been less and this has been compounded by a new medication. An injection called buvidal is now being given by the substance misuse service. Instead of a patient going to a community pharmacy every day to receive ORT they would go to the substance misuse service once per month and receive an injection. This detracts from having to visit a

community pharmacy. There has been a huge uptake on this, and we provide buvidal for the substance misuse service in Stirling every week for several patients.

8.2 Mr Shimmins (Contractor Pharmacist Member) Questions to the Interested Party:

8.2.1 Concerning buvidal, do you administer it or supply it?

8.2.2 Mr Shimmins advised that his pharmacy do not administer but supply it. It needs to be taken to CADS As an independent prescriber and Pharmacy Plus it is something that they would be interested in.

8.2.3 Mr Shimmins asked , if this is not a local service is it an arrangement?

The interested party advised that it was a local arrangement simply because he had experience within CADS, and an understanding of his role as a substance misuse prescriber working in CADS.

8.2.4 The Applicant asked for clarity that the interested Party dispensed the medication.

8.2.5 The Interested Party responded by confirming this as well as a number of actions they take. With MAT Standards they have an expectation to respond rapidly to the needs of that service. He added that they are having to respond rapidly at very short notice.

8.2.6 Mr Pollock read his objection in full to the Committee. Received 6.8.23.

8.2.7 The background of Cambusbarron Pharmacy being awarded a contract and opening in 2012 was primarily due to the lack of pharmaceutical coverage in the area as well as having overwhelming community support from residents who wanted to have a pharmacy locally. The nearest pharmacy was Lindsay and Gilmour, around a mile and a half away, which would take a 30-minute walk. The bus service was limited at the time and there was no GP service locally.

8.2.8 In contrast we have a pharmacy applicant today who is surrounded by pharmacy services. Using my own example of not having a pharmacy within 1.5 miles, the Applicant has 4 pharmacies and a GP within 1.5 miles.

8.2.9 There is an hourly bus – 57 as well as two hourly - 59, both of which drive the length of Drip Road providing ample opportunity for residents to use public transport. My own son who is 17, has access to free transport and works in my pharmacy during school holidays. He can have transport throughout Scotland.

8.2.10 This is only really required should they not be able to walk the distance to the nearest pharmacy Tesco.

- 8.2.11 Tesco sits on the border of the Applicant's map. It is an extended hours pharmacy which means it is open 7 days a week and late nights. There is an ample pharmaceutical service provision, maybe not within the actual boundary but on the cusp of the boundary.
- 8.2.12 The Applicant herself notes that the travel time to the premises is a 3-minute drive or a 13-minute walk. I appreciate we have focussed heavily on those who can't make the journey, but for most that is not really a journey.
- 8.2.13 Cambusbarron pharmacy itself offers Pharmacy First Plus. We do deliver medicines to the Raploch, I appreciate that is not a pharmaceutical service, but we are meeting the need of our community. There has been a lot of change locally because of the closure of Lloyds in Sainsburys and patients have moved to local pharmacies and as I understand there have not been any complaints about the pharmacy provision through the FV Health Board.
- 8.2.14 I can understand there are members of the Committee here who know the area locally and because there was a pharmacy in the area which has recently been closed think that we need to replace this.
- 8.2.15 However most if not all of the local community have moved to other pharmacies with no disruptions. The fact that we have had patients move to other pharmacies I think is going to be the opposite. I think our Applicant is going to struggle to regain the patients that were lost with Lloyds.
- 8.2.16 I noticed there was a very low turnout of 129 participants to the CAR. Using the Applicant's own numbers of residents in the area this shows the CAR only has a response rate of 4% of the community.

Looking through the CAR you will find evidence of good existing pharmaceutical coverage, infact most of the questions on No 5 which I have already highlighted have the majority of respondents stating that there is adequate pharmaceutical coverage provided locally already.

- 8.2.17 The single message to take from the CAR is that it does not demonstrate an overwhelming desire for this application to be granted. Furthermore, the CAR is unreliable as it does not have accurate numbers to gauge the mood of the community. The CAR is designed to survey as many people as possible in the community, to access those who are inaccessible and in this it has failed and provides little evidence to support the argument of the Applicant.
- 8.2.18 I struggle today to see how the Applicant will convince you that there is a necessity for this based on the evidence in the CAR. If we somehow get past the necessity then there is certainly no desirability because the CAR does not show it.

- 8.2.19 It is always convenient to have a pharmacy nearby and some of the comments in the CAR focussed on convenience, “it would be nice to have somewhere local again, it would be a good thing to have” it always feels like something is lost when a pharmacy closes but it doesn’t necessarily mean that we need to therefore replace it. Especially with so many pharmacies around the applicant boundaries (four in 1.5 miles).
- 8.2.20 As an independent contractor it is also worthwhile to note Project Sapphire are in the process of selling off independent contractors some of which are people striking out on their own for the first time borrowing vast amounts of money to purchase and develop their own business. Awarding a further pharmacy contract in the area may serve to destabilise the fragile network of our pharmacies unnecessarily and potentially put some of these other pharmacies at risk. I am thinking typically about the Lloyds in the neighbourhood which there are three, Barnton Street, St Ninians and Bridge of Allan.

8.3 Summary:

- 8.3.1 I would encourage you all to conclude that this application should be refused. There is simply not enough evidence in the application to support its inclusion. It does not meet the legal test, does not have community support, and is not required in an area which has ample pharmaceutical coverage withing a short distance of the Applicant’s proposed site.

8.4 Questions from Ms MacFarlane (the Applicant):

- 8.4.1 Do you think it is fair to say that Sainsbury / Lloyds closing is not having a negative impact on those who already use that pharmaceutical service and those who previously used Sainsburys having to go somewhere that is so busy they cannot open their full quota of hours to be patient facing through the day?
- 8.4.2 The Interested Party responded by saying that the number of pharmacists that we are seeing being employed by the Health Board that go into GP practices is not enough pharmacists to cover the entire network at times to keep pharmacies open. This is apparent when we see messages saying, “this pharmacy does not have a pharmacist available today to cover, therefore we will have to close”.
- 8.4.3 He added that as he does not work in Tesco, he does not know why they are closing but what we often see in pharmacy services is that they do have to close purely because there are not enough pharmacists available to cover the entire network and not necessarily because of workload.
- 8.4.4 The applicant asked a further question: Are you aware of the percentage of the population in Cambusbarrow that are in SIMD rank 8 – 9 or 10 data zones so least deprived?

8.4.5 The Interested Party responded he was unaware of the SIMD data zone details.

8.4.6 The applicant sought clarification from the interested party:

You felt that as a community they would benefit from having pharmaceutical services in their community? Can I confirm that you feel people in Cambusbarron benefit from a pharmacy, but you do not believe people from the Raploch will benefit?

8.4.7 The Interested Party responded by saying that Cambusbarron is 1.4 / 1.5 miles from the nearest other health intervention, whereas residents from the Raploch are a 3-minute drive or a 13-minute walk. He advised that he did not see how this is comparable.

8.5 Questions from Ms Colligan (Non-Contractor Pharmacist Member)

8.5.1 We have Superdrug, Tesco, Holm Pharmacy and Boots all within 1.5 miles of the proposal who have not made representation today, and yourself at 2.9 miles away are the only person represented here to make a case against the application.... why would that be?

8.5.2 The Interested Party replied that he was unable to speak for the other pharmacies. I know that prior to COVID there was a Lloyds nearby, but Lloyds would have no interest in turning up here because they have been selling off all their stock. He advised that he believe the new contractors have been given the same opportunity to turn up here today.

8.5.3 The interested party added that another point worth highlighting is that his pharmacy offer a very good extensive home delivery to the area locally, this doesn't provide a pharmaceutical service but we are providing a service of sorts to the area .His pharmacy has seen a massive upturn in the last couple of years and they have moved from a small unit to a very large unit and taken on more staff and more drivers.

8.5.4 Are you aware that Tesco has withdrawn GP collection prescription service and that patients now have to bring their prescriptions to the pharmacies and that palliative care patients / district nursing staff no longer get prescriptions delivered to the pharmacy and have to go in themselves and collect?

8.5.5 The interested party responded by saying he knew there was a pre-collection service on offer but was aware this is not part of the contract.

8.5.6 Ms Colligan advised that this is a change in the last few months because of Tesco feeling overwhelmed by the increase in footfall.

8.5.7 The Interested Party asked if this could be a staffing problem being seen with the multiples?

- 8.5.8 Ms Colligan responded that this was not the case. This is the only one that we have locally. All other pharmacies offer a GP collection service.
- 8.5.9 The Chair asked Ms Colligan what evidence have we for staff feeling overwhelmed?
- 8.5.10 Ms Colligan responded that staff mentioned they were unable to provide the service.
- 8.5.11 Ms Colligan stated that the Interested Party had said there was not going to be an impact on local pharmacies in terms of what they were going to be able to deliver, however we are seeing that there is an impact and there are closures within the store too to enable staff to catch up with workload.
- 8.5.12 The Interested Party responded by saying that he does understand the position as his own pharmacy has been busy as well, but they employ another member of staff. They take on new staff to manage our workload appropriately.
- 8.5.13 Ms Ivor queried the process for ordering a prescription online and what the process was.
- 8.5.14 Ms Colligan responded digital prescribing is not yet available in Scotland. A GP still has to sign a physical prescription even although a patient can order the prescription online.
- 8.5.15 Ms Colligan stated we have had a lot of focus on substance use, methadone and buvidal. There is a cost implication as buvidal is a more expensive option which we have to take into account with service budgets. Although we are not precluding anyone who is suitable to start buvidal at the moment. She added that it is more convenient particularly in the prison service as it stops diversion etc.
- 8.5.16 Mr Pollock stated MAT Standards states that patients should be able to access medication on the same day they turn up to the service and have the option whether they want to have methadone, buprenorphine tablets or buprenorphine injection.

There should be ways of facilitating the patient receiving the medication that they want.

8.6 Questions from Mr Shimmins (Contractor Pharmacist Member)

- 8.6.1 You mentioned providing delivery services into Raploch, do you provide any other core services into Raploch?
- 8.6.2 The Interested Party responded by saying that they are accessible by phone. They can signpost patients for advice, but in terms of us being physically there absolutely not. We have patients phoning up and that is them accessing care.

8.6.3 Mr Shimmins added, my question really is about Pharmacy Plus, you are not doing this over the phone?

8.6.4 The Interested Party responded no, absolutely not.

8.7 Questions from Mr Kenny (Lay Member)

8.7.1 You mentioned in your statement about the increase in premises and staff in Cambusbarron as an opponent of this pharmacy being needed in the Raploch. Do you not feel this was pre-Lloyds closing down and the fact there was an increase in the population in Cambusbarron?

8.7.2 The Interested Party responded by saying that they deliver to more than just Cambusbarron itself. They provide service to all of FK8, Gargunnoch and Kippen and deliver to Raploch and parts of Stirling.

8.7.3 The Interested Party confirmed that in the initial year they were Cambusbarron and gradually moved into the areas surrounding, Torbrex etc. adding that if you get a good service off someone the word spreads and you branch out into new areas. So, In terms of who they are dealing with its not just Cambusbarron. He hoped this answered the question.

8.7.4 Mr Kenny responded by saying that this did not answer his question He sought clarification from the Interested Party that the business case for the increase in staff and premises in Cambusbarron was due to the increase in volume due to your geographical area.

8.7.5 The Interested Party responded yes.

8.7.6 Mr Kenny highlighted that the Interested Party is 2.9 miles away from the proposed location. All the other pharmacies in the area have made no opposition, especially Tesco which is the closest pharmacy. Does the Interested Party feel that disagrees with the point being made ?

8.7.7 The Interested Party replied that he was indeed surprised they haven't raised any opposition .We have to consider that none of the Lloyds will have attended, Tesco I don't know, again we don't really see many PPC hearings now. Ten years ago, they were every other week so you would have Boots or Lloyds having a PPC guy who would go along to a meeting. But these guys are not in post anymore, I can't make an argument as to why they haven't attended. I can only say why I am here.

8.8 Questions from Ms McGuire (Lay Person)

- 8.8.1 Have you increased because of your delivery service, online type of thing? Has that made your pharmacy more popular with people ? I wouldn't think people will come to you and drive when they have to find a parking space.
- 8.8.2 The Interested Party responded by saying that it is quite the opposite. They do have parking behind the store and the community centre is 100m away. He accepted that parking on the Main Street was more problematic.
- 8.8.3 Have you found you have made a success of the pharmacy in Cambusbarron because of the things that you have offered?
- 8.8.4 The Interested Party responded by saying that in the first couple of years they were in the position where they got Cambusbarron residents behind them and attended the pharmacy. But as the community realised they were offering a good service and the service level was better than the Lloyds, better than the Boots, better than those who were saying "it will take three days for your medicine to be ready", people were turning to them as a result of services elsewhere struggling.
- 8.8.5 The Interested Party added that they have taken a risk by moving to larger premises and taking staff on and this was a risk, however, today is not about taking a risk today is about deciding whether or not this is necessary and desirable. It may be lovely to have it but it is necessary and desirable?
- 8.8.6 The Interested Party added that, if it's necessary- great, however he could not see the desirability given only 129 people responding to the CAR.

8.9 Questions from Mr Stuart (the Chair):

- 8.9.1 You said you have always had some business from the Raploch, what percentage increase have you seen as a result of the closure of Lloyd's in Sainbury's?
- 8.9.2 The Interested Party advised that he hasn't looked at the figures, but he has seen a number of patients, both compliancy patients (patients who get medications through bubble pack) coming through. They have also seen one or two ORT patients and a lot of patients for delivery of medicines as they can't get out. As a result, he said he would imagine that a pharmacy in Raploch should also be delivering. He concluded that he did not know the detail of the impact recent changes in pharmacy provision has had on his pharmacy.

8.10 Questions from Mr Kenny (Lay Person)

- 8.10.1 Is there a bus route from Raploch to Cambusbarron?
- 8.10.2 The Interested Party responded that this is unlikely because there is a two hourly bus service in Cambusbarron, so it doesn't sound like the no 57 in Raploch is the same.

- 8.10.3 The question of it is it necessary or desirable, do you concede it is necessary?
- 8.10.4 The Interested Party responded that he did not think it was necessary given there are a range of pharmacies in short to medium range of the community. He added that he cannot see that having four pharmacies around the area of the Raploch and there being a history of other pharmacy applications in the immediate area, that this application is necessary.

9.0 In Summary (Mr Pollock, Interested Party) concluded as follows:

- 9.1 I would like to remind everyone today that we are here to discuss the necessity and the desirability of the pharmacy application. I agree these are difficult discussions, but I am struggling to see the necessity and the desirability required to approve this application.

10.0 In Summary Ms MacFarlane (the Applicant) concluded as follows:

- 10.1 I do not want to repeat everything I have said, it has been highlighted. Of all the pharmacies nearby, only my colleague here has objected. All the pharmacies that are closer to the neighbourhood have not objected to this application to introduce another pharmacy.
- 10.2 I can only imagine they must agree with me that it is both necessary and desirable to have a new contract granted in the Raploch.
- 10.3 Importantly it is not just the desirability from the CAR, which is not what is stated in the legal test. I think it is desirable from a Health Board point of view as well because you can read the H&SCP document or the NHS Forth Valley document and the desirability there is to improve access and reduce health inequality.
- 10.4 The only area you can reduce health inequality is one where there are high levels of health inequality such as the Raploch.
- 10.5 I have done well to demonstrate that the vast majority (70%) of the population are in a deprived area although we have acknowledged there are two tiers. The other tier, just because it is less deprived there a lot of young families who still require healthcare provision.
- 10.6 It is both necessary and desirable to have this contract application approved. The response of the CAR might not have been high. But I think it is telling that during the consultation none of the other contractors have come forward apart from our one colleague from Cambusbarron to object to the application. I think their absence speaks volumes around their position.

- 10.6 The Chair then asked both the Applicant and the Interested Party if they felt they have had an open and fair hearing.
- 10.7 The Applicant and the Interested Party both responded yes.
- 10.8 The Chair explained the Committee will report to the Board within 10-working days and the Board in turn will contact the Applicant and the Interested Party within 5 days thereafter. The letter will also contain details of the appeal process against the Committees' decision and the time limits involved in this .
- 10.9 The Chair advised the Applicant and Interested Party 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 the event that this was to be the case, the hearing would be reconvened, and the parties would be invited to come back to hear the advice and question and comment on that advice. All parties present acknowledged an understanding of that possible situation and confirmed they would remain in the building.
- 10.10 The Chair explained that the Lay Members only had voting rights and in the event of a split decision the Chair would have a casting vote.
- 10.11 This now concludes the oral evidential part of the meeting. The Committee now will proceed to deliberations.
- The Chair thanked everyone for attending.
- 10.12 The Applicant, Interested Party and the CLO representative left the hearing. The Secretariat Support remained for the closed discussion.
- 10.13 The Hearing adjourned at 11:35 for a short break before deliberations began. The Committee reconvened at 11:45 hours to deliberate on the written and verbal submissions.

11.0 Deliberation:

- 11.0.1 The Chair stood down Ms Murray and both the Applicant and the Interested Party. The Committee agreed they have sufficient information to proceed with their deliberations.

11.1 CAR / Engaging the Community:

- 11.1.1 The Committee agreed the area of deprivation is particularly poor although recognised the CAR was poorly supported by the community. They recognised with the mental health aspect of people in areas of high deprivation that people often lack motivation to fill out a document or get involved.

- 11.1.2 The Committee agreed the Applicant made a good point on digital poverty. Pupils in Raploch do not have access to technology. The Raploch area is notoriously unresponsive and hard to engage.
- 11.1.3 The Committee agreed the Applicant did not show inadequacy, but that provision is inadequate now that there is no service where there was one before. The timing of the CAR was off as the population did not know Lloyds would close when responding.
- 11.1.4 The Committee noted that the APC decision was made when Lloyds in Sainsburys was in operation. Raploch could potentially have ended up with two pharmacies within 200m of each other. People expected Lloyds would relocate into one of the empty units which did not happen.
- 11.1.5 The Committee discussed if the Applicant had “set up shop” when school children were being dropped off or picked up she would perhaps have had greater community engagement.
- 11.1.6 The Committee acknowledged that the visit to the premises on Friday 4 August provided them with a helpful understanding of location and size of the proposed premises.
- 11.1.7 The Committee agreed the population is more than ample to make this contract viable. There will be footfall from parents dropping children off at the schools, and nursery across from the premises.
- 11.1.8 The Committee discussed the Community Campus across the road as a genuine Community Hub. Although people do go into Stirling to do business, healthcare should be local. This is as local as we can be, and the pharmacy will take away a lot of the stress on GP’s. The Committee noted independent pharmacies generally provide a better service than multiples.

11.2 The Neighbourhood:

- 11.2.1 The Committee discussed the neighbourhood boundaries. They did not agree with the neighbourhood in the map provided by the Applicant. The Committee discussed using the M9 as the western boundary and the A84 down to the Kings Park. Mr Shimmins demonstrated where he would define the boundary on the map (the area the population is situated in).

11.3 Local Healthcare Provision:

- 11.3.1 The Committee agreed the Applicant was able to demonstrate this contract is necessary and desirable using the example of the health and equality initiatives. The Committee expressed awareness of the differences in mortality with lower health economic status. “We are not making a difference in this in Scotland”.

11.3.2 The Committee discussed the location of the local GP surgeries (centred in town). The residents do not have any opportunity to seek local advice. The importance of building a strong rapport with the patients and their families within this client group was recognised . Traditionally, when there was a pharmacy in the Main Street in Raploch people from Cornton used the pharmacy. Currently these people move about Stirling, but the Committee's thoughts were that they would more naturally gravitate to the Raploch again if there was a service provider.

11.3.3 The Committee discussed that as you cannot drive up to the entrance of Sainsburys, it involves walking a distance. Many people with mobility problems require access to a pharmacy. The Committee noted laybys beside the premises as well as access to nearby parking spaces.

11.4 Objections from the Interested Party:

11.4.1 The Committee discussed the Interested Parties objections and agreed they understood the Interested Party's objection on the service he delivers, but reiterated delivery is not a pharmaceutical service. The Committee discussed the fact that none of the other highly vocal pharmacies around this site (4 or 5) have not appealed and presumed everyone is accepting the merits of this application.

11.5 Service Provision:

11.5.1 The Committee discussed the services the Applicant will provide. These are an extension of the services Sainsburys provided and greater than the current provision in Stirling. One of the issues the Interested Party raised was Lloyds in Barnton Street potentially closing because they cannot sell but the other scenario is that it might be another independent buying it and changing the service provision. When an independent does this everything improves. People see service where they have never experienced this before.

11.5.2 The Committee stated the Applicant has obviously built a good rapport in her substance use position, which she can bring in to managing the more "difficult" types of patients. The Committee recognised good behaviour from patients is a concern when you are opening a new pharmacy and agreed the Applicant has extensive experience of what best works for engagement and good behaviour.

11.5.3 The Committee discussed prescription numbers. They did not envisage all of the people who would have previously dropped in their prescription at Sainsburys changing to use a family pharmacy. MacFarlane's could lose 1/3 of Sainsbury's business, but will provide a better, more local service.

11.6 Safety / Security:

- 11.6.1 The Committee discussed the safety of the premises and expressed concern that staff will not feel safe due to the narrowness, this will also affect deliveries when people are in the consultation room. Sainsburys has security guards.
- 11.6.2 The Committee agreed the security aspect was a concern, but it did not conclude the fact it is a desirable asset. Security is in place in every pharmacy and has to be there.
- 11.6.3 The Committee discussed the piece of waste ground on the right-hand side of the property owned by the property next door. The owner should be aware of safety and possibly increase security. This ground must continue to be gated / blocked off.
- 11.6.4 The Committee discussed the proximity of the premises to the nearest police station. It is currently Randolphfield in Stirling which is due to close. All services will be transferred to Falkirk.

11.7 Caveats: Viability / Staff / Premises:

- 11.7.1 The Committee discussed caveats. One is the provision of staff and the viability.
- 11.7.2 The Committee discussed the risk of affordability, which is the contractor's responsibility. They also highlighted the daily commitment this will be for a mum with a young family.
- 11.7.3 The Committee agreed the Applicant's expectations on the premises are perhaps unfeasible. More work will be required on the layout.

11.8 Conclusion:

- 11.8.1 The Chair thanked all of committee members for their support and positive deliberations. He advised that in light of the presentations , discussions and subsequent deliberations lay members would now proceed to voting on the application from MacFarlane Pharmacy.

Appendix 1

PPC PAPERS

Application – MACFARLANES Pharmacy, 48 Drip Road, Stirling, FK8 1RE

List of Papers

1. Agenda
2. PPC Information Paper
3. Site Details
4. Services Provided by Community Pharmacies in the Area
5. Local GP Practices & Community Pharmacies Opening Times & Distances
6. Stirling Area Community Pharmacy List
7. Map of Area, Showing Approximate Location of Nearby Pharmacies and Nearby GP Practices
8. Application – MACFARLANES Pharmacy
 - 8a. Application for Inclusion letter to APC
9. Supporting papers submitted – Susan Currie, Stirling Council
 - 9a. Supporting papers submitted – Jim Thomson, SNP Councillor
10. Letter Sent to APC and AMC
 - 10a. Letter sent to Pharmacies
11. Email copy sent to all Community Pharmacies
12. Representations Received from Interested Parties
13. Consultation Analysis Report (CAR)
14. Census Profiles
15. Community Council Map
16. Pharmaceutical Care Services Plan
17. Forth Valley Improvement Plan
18. Stirling Development Plan
19. Forth Valley Annual Report 2021/2022
20. Strategic Needs Assessment

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: 23rd August 2023