

**Minutes of the meeting of the NHS Forth Valley Pharmacy Practices Committee (PPC) held on Thursday 8 September 2016 at 0930 hours in the Board Room, Carseview House, Castle Business Park, Stirling, FK9 4SW**

**Present:** James King (Chair) Non-Executive Board Member NHS Forth Valley  
Douglas Leithead Lay Member  
Helen McGuire Lay Member  
Campbell Shimmins Contractor Pharmacist Member  
Fiona Stewart Non-Contractor Pharmacist Member

**Attendees:** Noel Wicks Right Medicine Pharmacy Ltd (Applicant)  
Michael Embrey Right Medicine Pharmacy Ltd (Observer)  
Roger McLean T McLean & Sons Ltd (Representative)  
Iain Watt T McLean & Sons Ltd (Observer)  
Keiron Paterson Larbert Pharmacy (Representative)  
David Henry Lloyds Pharmacy Ltd (Representative)  
Lorna Peden Lloyds Pharmacy Ltd (Observer)  
Gillian Bellingham Larbert, Stenhousemuir & Torwood Community  
County Council (Representative)

Susan Murray Senior Solicitor, NHS National Services  
Scotland, Central Legal Office

Jenna Stone NHS National Services Scotland, Scottish Health  
Service Centre (SHSC)

**1. APPLICATION BY RIGHT MEDICINE PHARMACY**

**1.1.** There was submitted an application and supporting documents from Right Medicine Pharmacy Ltd received on 23 May 2016, for inclusion in the pharmaceutical list of a new pharmacy at Unit 2, Kinnaird Village Centre, McIntyre Avenue, Larbert, FK5 4XT.

**1.2. Submission of Interested Parties**

The following documents were received:

- i. Email dated 31 May 2016 from Keiron Paterson of Larbert Pharmacy
- ii. Letter by email dated 16 June 2016, Emma Griffiths-Mbarek at Well Pharmacy
- iii. Letter dated 17 June 2016 from Roger McLean, T McLean & Sons Ltd
- iv. Letter dated 20 June 2016 from Matthew Cox, Lloyds Pharmacy Ltd
- v. Email dated 30 June 2016 from Gillian Bellingham, Larbert, Stenhousemuir & Torwood Community Council
- vi. Email dated 31 May 2016 from James King, on behalf of the AMC (GP Sub Group).
- vii. Letter dated 29 June 2016 from Kathleen Cowle, Chair of the NHS Forth Valley Area Pharmacy Committee

**1.3. Correspondence from the wider consultation process undertaken**

## **jointly by NHS Forth Valley and Right Medicine Ltd**

### Email Joint Consultation Analysis Report (CAR)

## **2. Procedure**

- 2.1. At 0935 hours on Thursday 8 September 2016, the NHS Forth Valley Pharmacy Practices Committee (“the Committee”) convened to hear the application by Right Medicine Ltd (“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”.
- 2.2. The Chairman welcomed all to the meeting and introductions were made. When asked by the Chairman, members confirmed that the hearing papers had been received and considered. When committee members were asked by the Chairman in turn to declare any interests in the application, none were declared.
- 2.3. It was noted that members of the committee had previously undertaken site visits to Kinnaird Village independently and as a group during various times of the day and week to gather a sense of the natural working patterns of residents and visitors to the various services and businesses. 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.
- 2.4. Having ascertained that that there were no conflicts of interest or questions from Committee Members the Chairman confirmed that the Oral Hearing would be conducted in accordance with the guidance notes contained within the papers. The Applicant, Interested Parties and CLO representative were invited to enter the hearing.

### **The open session convened at 0940 hours**

## **3. Attendance of Parties**

- 3.1. The Chairman welcomed all and introductions were made. The Chairman explained that Ms Murray, Senior Solicitor, CLO was in attendance to provide legal advice on the regulations and Ms Stone to provide Secretariat support. These attendees would not have any involvement in making a decision on the application. The Chairman also reported that Mr Paterson would be

running late.

- 3.2. The Applicant, Right Pharmacy Ltd, was represented by Mr Noel Wicks, accompanied by Mr Michael Embrey. From the Interested Parties eligible to attend the hearing, the following accepted the invitation: Mr Keiron Paterson representing Larbert Pharmacy, Mr Roger McLean of T McLean & Sons Ltd, accompanied by Mr Iain Watt, Mr David Henry of Lloyds Pharmacy Ltd, accompanied by Ms Lorna Peden, and Ms Gillian Bellingham of Larbert, Stenhousemuir & Torwood Community Council.
- 3.3. The Chairman advised all present that the meeting was convened to determine the application submitted by Right Pharmacy Ltd in respect of a proposed new pharmacy at Unit 2, Kinnaird Village Centre, McIntyre Avenue, Larbert, FK5 4XT. The Chairman confirmed to all parties present that the decision of the Committee would be based on the evidence submitted in writing as part of the application and consultation process, the site visit, the verbal evidence presented at the hearing itself, and according to the statutory test as set out in Regulations 5(10) of the 2009 regulations, as amended, which the Chairman read out in part:

*“5(10) an application shall be ... granted by the Board, ... only if it is satisfied that the provision of pharmaceutical services at the premises named in the application is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located...”*
- 3.4. The Chairman confirmed that all parties had received the meeting papers.
- 3.5. 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 in order to secure adequate provision of pharmaceutical services. That approach was accepted by all present.
- 3.6. The Chairman explained to all parties the hearing procedure to be followed. The Applicant would be invited first to make his submission. There would be an opportunity for the Interested Parties and subsequently for the Committee to ask questions. The Interested Parties would then make their submissions, followed by an opportunity for the Applicant, other Interested Parties and subsequently the Committee to ask questions of each of the Interested Parties in turn. The Interested Parties and the Applicant would then be given the opportunity to sum up.
- 3.7. The Chairman confirmed that members of the Committee had independently undertaken site visits in order to better understand this application. Assurance was given that no member of the Committee had any interest in the application.

3.8. The Chairman 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.

#### 4. **Mr Wicks's (the Applicant) Submission**

##### 4.1. Background.

- Mr Wicks thanked the Committee for the opportunity to present his case, and provided some background on Right Pharmacy Ltd, which had run pharmacies since 2000, and currently had 20 pharmacies across Scotland.
- Mr Wicks explained that they had opened four new pharmacies from scratch and that each one of those pharmacies was an integral part of their neighbourhoods and provided valued pharmaceutical services to patients.
- Mr Wicks believed that the Right Pharmacy's history was important, in order to provide the committee with complete confidence that
  - a) they could reliably identify gaps in pharmaceutical service provision
  - b) they were fully capable of opening a pharmacy within the required timescales and to provide the highest level of care and
  - c) that they had a 100% track record in creating and running viable pharmacy businesses

##### 4.2. Proposed Site.

- Mr Wicks discussed the proposed site, saying that the Committee would have seen from their own site visits that the parade was at the heart of Kinnaird village and was a busy and vibrant place, and that it would not have escaped the Committee's attention that the large end unit was reaching its final stages of fit out and that in the coming weeks NHS dentistry would be offered from there. Mr Wicks said that whilst he understood that there had been interest in the other part of this large unit for a GP practice (as corroborated in the emails submitted from Larbert pharmacy) he was unable to confirm whether this had yet come to fruition or not. Mr Wicks said that this highlighted that a lack of NHS Dental and Medical services in this Neighbourhood had already been identified and, in some cases, remedied. Mr Wicks mentioned that in terms of uptake of the final small unit, Harry Ramsdens would be extending into their adjacent unit in the coming months, in order to provide a "sit down" area.
- Mr Wicks discussed the unit – saying that it was perfect for a modern community pharmacy, as it was 1000 sq feet which provided 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 would be ideally situated right at the heart of this village community and be fully DDA compliant. Outside the unit were 68 parking spaces, some of which were dedicated disabled spaces. Mr Wicks said that as well as offering the required contractual NHS

services, Right Pharmacy would offer a range of other private and NHS services. In partnership with Black and Lizars they intended to offer NHS optical and NHS hearing services including testing and supply of hearing aids and spectacles. They would also offer private health services such as a travel clinic using the independent prescribers based at their award winning Campus Pharmacy clinic

#### 4.3. Neighbourhood.

- Mr Wicks discussed the proposed Neighbourhood which had been defined in their application is as follows:
  - To the West- The train line, since there was not a single crossing point on the railway without coming out of the housing estate onto Bellsdyke Road. Also, the other side of the train line was commercial rather than residential
  - To the North- The M876 motorway because it was a physical boundary (only passable on Hamilton Road and Old Moss Road) and the other side of it was agricultural, as opposed to residential, land.
  - To the East- The unnamed road known locally as Old Moss Road as the Eastern boundary. This road was the boundary of the land currently under development and Mr Wicks said that he was certain that they Committee had seen that groundworks and services were almost complete to the furthest reaches of the site.
  - To the South- the A88 Bellsdyke Road. This was an extremely busy road along which some people drove very fast regardless of the speed limit. It also only had one assisted crossing, so was a substantial barrier to peoples' movements into/out of the neighbourhood . Also, across Bellsdyke Road from Kinnaird there was a change in land use, since much of it was recreational- a golf course and cricket grounds- and, where housing existed, it was of a completely different age and character to housing within Kinnaird.
- Mr Wicks said that the Neighbourhood he had defined was consistent with previous definitions provided by Mr Paterson from Larbert Pharmacy and referred to the NAP decision which had agreed that Larbert was a separate Neighbourhood to Stenhousemuir, and stated that the same boundaries therefore applied. Mr Wicks stated that the APC and Mr Mclean had also agreed with his definition of neighbourhood at the previous hearing.
- Mr Wicks said that the real measure of the Neighbourhood had to come from the people within it and said that had been overwhelming support in the consultation, since only 2% of respondents had disagreed with the neighbourhood as he had defined it.
- Mr Wicks added that the Neighbourhood had undergone explosive development in recent years with large numbers of houses and flats having been erected. With a population of nearly 4,000 in 2014 and an estimated additional 500 people since then Mr Wicks said that it was

clear that this was a rapidly expanding area with a population that was already above the national average per pharmacy, and the addition of a further 500 new homes in the near future, Mr Wicks estimated that the population would rise to over 5,500 people, which would be a population nearly 20% above the national average ordinarily served by a single pharmacy.

- Mr Wicks commented that in the 3 and a half years since an Application for this neighbourhood had last been heard, a significant proportion of the constructed housing had been affordable and social rent housing, which was an important fact and worth bearing in mind because, as highlighted by the local councillor, this part of the population, (as well as the large elderly population the Councillor had described) faced much greater transportation challenges in accessing surrounding pharmacy services.
- Mr Wicks stated that the neighbourhood was - and had always been intended to be - a new village community. It already had access to a number of facilities including a School, a Sainsbury's supermarket, hot food outlets and imminently a dental practice and possibly even a GP practice in the future, and Mr Wicks anticipated that Kinnaird Village would soon contain many of the necessary amenities for people to go about their daily lives within the village boundaries.

#### 4.4. Provision of Pharmaceutical Services

- With regard to the current provision of pharmaceutical services, Mr Wicks stated that there were currently no pharmaceutical services offered within his defined Neighbourhood.

#### 4.5. Access to Pharmaceutical Services

- Mr Wicks stated that patients currently had to make a special trip outwith the neighbourhood- which would most likely be pharmacies in either Larbert or Stenhousemuir. Mr Wicks acknowledged that these were busy pharmacies and made reference to anecdotal reports of 40 minutes waiting times from some frustrated patients.
- Mr Wicks added that the shortest journeys from the closest parts of the neighbourhood started at about a mile, and said that the vast majority of residents did not live at the corners closest to existing pharmacies, but instead the bulk of the housing was further back from the road, past the proposed site and therefore residents faced journeys of up to 2 miles each way (a 4 mile round trip).

#### 4.6. Travelling to Existing Pharmacies

- Mr Wicks considered the journey to access the existing pharmacies, with three options available - by car, by foot or by public transport.
  - By car. Mr Wicks said that access to and from the Kinnaird Village was quite limited, with only three road access points, all of

which were off Bellsdyke Road. Once out of Kinnaird Village patients would need to drive down Tryst Road to get to the closest pharmacy. Mr Wicks added that, as a local resident, he had first hand experience of the massive increase in traffic and difficulty to turn right onto Stenhousemuir Main Street which led to a prolonged wait at that junction. Mr Wicks commented that the Community Council had highlighted this and also the heavy traffic on Hallam and Main Street as a major source of local congestion. Once residents had managed to get to a pharmacy and found a parking spot (which Mr Wicks said was not easy at Larbert or on the Main Street), patients would then need to travel on foot to get into the pharmacies. Mr Wicks remarked that the traffic became much worse at School and nursery run times with Stenhousemuir and Larbert primary schools, generating significantly more vehicles which required access into those areas.

- On foot. Mr Wicks commented that it took him just over 20 minutes to walk from the proposed site to the nearest pharmacy and whilst most of the path had been of a reasonable quality, there were some sections where it narrowed, thus making a walk with a pram difficult. This meant that a return journey to a pharmacy would take well over an hour and would actually be considerably longer for people living further away than the proposed site. Mr Wicks highlighted that it was a 4 mile round trip for those at extreme of his defined neighbourhood and circa 3 miles for those in the middle. Mr Wicks reminded the Committee that there was only one assisted crossing across on Bellsdyke Road which was a very busy road with drivers frequently exceeding the speed limit, and said that this issue had been highlighted on more than one occasion by the Community Council who had pressed for additional crossings. Mr Wicks said that if residents used the single assisted crossing point, they would have to immediately cross Tryst road totally unaided at a point directly off the roundabout, as this was the only way to access the side of Tryst Road with a footpath going to Stenhousemuir.
- By Bus. Mr Wicks stated that there was a single bus service which went through a small corner of the neighbourhood, and the service ran hourly. For people willing to walk up Bellsdyke Road and cross it, there were some further limited options. This meant that if a resident wished to take the bus, they would 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 next return bus departure time was around 50 minutes later. By the time the return walks had been added in, and assuming that the person had been able to get their pharmaceutical services needs met before the return bus departed, the round trip would be around 1.5 hours. Mr Wicks considered the cost of a bus journey to either to Larbert or Stenhousemuir.: an Adult return fare was £2.70 and a child's return fare was £1.70. Mr Wicks commented that if a

parent with a couple of children needed to go to the pharmacy to access the advice of a pharmacist or the Minor Ailments Service, this could mean over £6 for a return trip. Mr Wicks remarked that the local Councillor had highlighted that the Council funded bus services were on “borrowed time” since the Council continued with widespread funding cuts in order to make savings. Mr Wicks reported that the potential closure of bus routes had been highlighted on the front cover of the Falkirk Herald the previous week.

- With regard to service, Mr Wicks said that he had highlighted inadequacies in accessing the pharmaceutical services in surrounding neighbourhoods, which had been a common component of feedback in the consultation report, and that 92% of respondents had believed that a pharmacy would be of direct benefit to them and of these, the main reason was because current access was inadequate. This point was further supported by respondents who detailed how the way they accessed pharmaceutical services would change if there was a pharmacy at the proposed site.

#### 4.7. Summary

- Mr Wicks summarised: that in the last few years the neighbourhood had seen (and continued to see) significant growth in its population. Mr Wicks acknowledged that defining a Neighbourhood was very subjective, as it was not a bank or a post office or even a school that determined a neighbourhood, nor lines on a map, but that the views of the people that resided in a defined area, who their neighbours were and who they identified with. Mr Wicks said that this came across clearly whenever you spoke to someone within his defined neighbourhood about where they lived, and the answer was Kinnaird which had been a clear point in the consultation. Mr Wicks noted that the population was diverse, with residents spanning all ages and socio economic backgrounds; and noted that a gap had identified in both Dental and GP NHS services and he believed that he had shown that the same was true of NHS pharmacy services.
- Mr Wicks stated that In order to access pharmaceutical services, people needed to travel outwith the neighbourhood, with significant journeys involved in terms of time, distances and costs - even from the edge of the neighbourhood. Mr Wicks opined that the journeys were likely to become more difficult as the population and resultant traffic grew, and also if the already minimal public services to the area disappeared altogether.
- Mr Wicks concluded that the consultation process had highlighted how inadequate the current access was and that the residents of this neighbourhood clearly wanted and needed their own pharmacy, and that granting the application both necessary and desirable. .

This concluded the presentation from Mr Wicks.



Mr Paterson arrived towards the end of Mr Wicks' submission.

**5. The Chairman invited questions from the Interested Parties in turn to Mr Wicks (the Applicant).**

**5.1. Mr Paterson (Larbert Pharmacy) Questions to Mr Wicks**

5.1.1. Mr Paterson queried how respondents had obtained the Consultation Questionnaire. The Applicant responded that this was detailed in the methodology section of the CAR: that the advert had been placed in the Falkirk Herald and had also been made available via the NHS Forth Valley Website. Mr Wicks added that they had also distributed copies in small numbers through residents' letterboxes, since the feedback that they had received was that people were finding the manual process rather difficult (going online, to download a form to complete), so they had decided to put copies of the questionnaire through the letterboxes within their defined Neighbourhood.

5.1.2. Mr Paterson queried whether the questionnaire had been emailed to patients or other residents. The Applicant said that they emailed only in the event of a request, and that some people had contacted the NHS Forth Valley Head Office expressing difficulties in accessing the NHS Forth Valley website, so on those occasions, they had emailed the questionnaire to the person as requested.

Mr Paterson had no further questions.

**5.2. Mr McLean (T McLean & Sons) Questions to Mr Wicks.**

5.2.1. Mr McLean asked why Mr Wicks had mentioned neighbourhood so many times while endeavouring to prove inadequacy of service. Mr Wicks replied that it was a key point to determine the neighbourhood which formed an integral part of why they were making the application. Mr Wicks commented that the CAR had indicated that people had agreed with his definition of neighbourhood.

5.2.2. Mr McLean refuted Mr Wicks' anecdotal comments of 40 minutes' waiting time and said that the average waiting time was between 10-12 minutes in his pharmacy, which disproved Mr Wicks' theory with regard to the bus journey. The Applicant disagreed and said it depended on the ebb and flow of patients, repeated anecdotal reports from patients, and also referred to feedback in the CAR that waiting times had been an issue, and stated that he was not inventing figures, but had reported on feedback he had received.

5.2.3. Mr McLean asked Mr Wicks to define the gaps in provision in pharmaceutical services that he had referred to. Mr Wicks said that he had made reference to gaps identified in dental services. In terms of pharmaceutical services, Mr Wicks said that his point was that a gap arose in terms of the journey that a patient would be expected to make to the surrounding neighbourhood in order to access those services, and said that if this journey was considered inadequate, it therefore became a gap in the service provision.

5.2.4. Mr McLean asked if convenience shopping was relevant. Mr Wicks replied that although convenience could be considered a factor, the feedback from the Consultation had given some graphic descriptions in having access.– that it was not about having something closer, or having better parking access, but people had expressed difficulty in terms of their journey in order to access the services.

Mr McLean had no further questions.

5.3. **Mr Henry (Lloyd's Pharmacy) Questions to Mr Wicks.**

5.3.1. Mr Henry referred to the previous applications and particularly to Mr Wicks' comment that people had agreed with the neighbourhood defined in application but that the APC had not agreed and asked Mr Wicks if he could explain why the APC did not agree. Mr Wicks said that he could not be sure, but he thought that the APC may have decided to agree with the neighbourhood as defined by the previous Committee, based on the definition reached by them at their meeting.

5.3.2. Mr Henry referred to the previous application and asked Mr Wicks whether it related to the current neighbourhood or somewhere else. Mr Wicks confirmed it related to the current neighbourhood.

5.3.3. Mr Henry asked if Mr Wicks knew why the application had been refused. Mr Wicks replied that one application had been refused, but another application (by Mr Paterson) had been approved, but that had been prior to the previous application, where the boundaries had been defined. Mr Wicks added that according to the Minutes of the Committee, the Committee had decided on different boundaries and deemed the services to be adequate.

5.3.4. Mr Henry referred to Mr Wicks' comment regarding car access to Kinnaird and asked if he had knowledge of the development or of any improvement in the ability to access Kinnaird. Mr Wicks explained that the neighbourhood development was around two-thirds complete, so the access to the area was already set. In consideration of the final area being developed, Mr Wicks said that he was not sure if there would be any direct access – but conjectured that it could exit into the old unnamed road, but this would increase journey times.

5.3.5. Mr Henry referred to the buses and asked Mr Wicks if he had any knowledge if the bus services would be likely to change in order to reflect an increasing number of people who used the buses. Mr Wicks referred to the reduction in Council services, such as bin emptying, and said that from his viewpoint, he could not see any scenario where the Council would add an extra bus route to facilitate the neighbourhood, and that in his opinion, the bus service had a temporary stay of execution, and he doubted that the Council would invest further in the foreseeable future.

Mr Henry had no further questions.

5.4. **Ms Gillian Bellingham (Larbert, Stenhousemuir & Torwood Community**

## **County Council) Questions to Mr Wicks.**

5.4.1. Ms Bellingham asked Mr Wicks to confirm whether the population ratio was above the national average. Mr Wicks replied that he had supplied the general national figure which was for 1250-1300 pharmacies in Scotland vs a population of 500,000. Mr Wicks added that the figure routinely mentioned was in the region of 4,500 patients per pharmacy.

5.4.2. Ms Bellingham asked if this referred to the entire local area, since Mr Wicks had referred to the ratio in the community. The Applicant stated that they had defined the area as Kinnaird, which already had a population of 4,500 people in the neighbourhood, but without a pharmacy.

Ms Bellingham had no further questions.

## **6. The Chairman invited questions from The Committee to Mr Wicks.**

### **6.1. Chairman's Questions to Mr Wicks.**

6.1.1. The Chairman referred to the Committee's site visit and sought clarification on whether there would be a direct link via the hospital or by Bellsdyke Road between the proposed site and the houses as the furthest end of the development by the Old Moss Road. Mr Wicks confirmed that there would be direct access.

### **6.2. Mr Leithead's Questions to Mr Wicks**

Mr Leithead had no questions.

### **6.3. Ms Stewart's Questions to Mr Wicks**

Ms Stewart had no questions

### **6.4. Mr Shimmins' Questions to Mr Wicks**

6.4.1. Mr Shimmins referred to the access and asked what evidence Mr Wicks had provided with regard to inadequacy. Mr Wicks stated that the evidence had come from the feedback in the CAR.

6.4.2. Mr Shimmins asked if the current service level was adequate. Mr Wicks referred to comments provided in the feedback to the CAR which where respondents had related to issues with waiting times – some of which Mr Wicks felt were within the control of the pharmacy, and some of which were not. Mr Wicks also referred to general feedback in the CAR regarding the service that respondents had received.

6.4.3. Mr Shimmins asked if Mr Wicks had a view on the numbers within the pharmacies as he did not believe there was any particular issue with waiting times. Mr Wicks replied that if people did not have a choice, it was Hobson's Choice, rather than being able to look at alternative options.

### **6.5. Ms McGuire's Questions to Mr Wicks.**

- 6.5.1. Ms McGuire queried the access for people living at the east end of Kinnaird Village, and asked Mr Wicks' opinion whether people were likely to go through the Estate and come past the shops or to go via Bellsdyke Road. Mr Wicks said that he did not know if there would be access but thought that residents would probably use Hamilton Road in order to exit to Bellsdyke Road, and added that the vast majority of residents travelled daily out of the neighbourhood and access to services was not very good.

## **7. Submission by Larbert Pharmacy (Mr Keiron Paterson).**

### **7.1. Background**

- Mr Paterson explained that he represented Larbert Pharmacy and had opened Larbert Pharmacy 10 years ago, which had been one of two new pharmacies to have opened within two miles of the site of the proposed new application.

### **7.2. Neighbourhood**

- Mr Paterson explained that his definition of the neighbourhood was congruent with that of the APC and the PPC who had previously heard an application at that site, which was:
  - M876 to the North,
  - Railway line to the west
  - New Carron Road to the East
  - River Carron to the South
- Mr Paterson added that the only people he had heard who argued that Kinnaird Village was a separate, distinct neighbourhood were the applicant and the house builders in the area, who used phrases such as "village centre" in order to try and make the area sound more appealing and, ultimately, to sell houses.
- Mr Paterson commented that car ownership was extremely high in the area and the majority of households owned more than one car. Mr Paterson believed that the bus service which had been referred to in the letter from the local Councillor was being reviewed because no-one was using it – since, principally, people in this area travelled by car and did not have a requirement for bus services.

### **7.3. Adequacy**

- Having established the neighbourhood, Mr Paterson said that the question of whether the current pharmaceutical services provided in or to the neighbourhood were adequate, needed to be addressed, and added that in some ways, the argument over which is the correct definition of the neighbourhood was superfluous since, even if the panel were to agree with the applicant's definition, the fact remained that pharmaceutical services provided to this neighbourhood were not only adequate, they were excellent.

- Mr Paterson stated that this aligned with the opinions of local GP's, who he had written to and whose comments the parties had copies of, and not one person agreed that the current pharmaceutical services were less than adequate.
- Mr Paterson said that he was unsure if any of the Committee had seen a Facebook page started by the Applicant, intended to invite comments on a new pharmacy at the proposed premises... While, as one would expect, some of the comments noted that a pharmacy in Kinnaird would be convenient, there was not one which provided any evidence that the current services were less than adequate. Indeed, many of the comments actually dismissed the need or desire for a pharmacy. Mr Paterson quoted:
  - *"There are 3 pharmacies in Stenhousemuir and 2 big Dr Practices so I don't see the need for it"*
  - *"A GP practice would benefit as the ones down here are packed full you can't get an appointment for 3 weeks. Another pharmacy isn't needed"*
  - *"Definitely not needed - there are 4 pharmacies within a mile of Kinnaird and they offer a delivery service for people unable to get to them."*
  - *"No need for another pharmacy. There are 3 within a one mile radius".-* Mr Paterson said that this was factually incorrect, as there were four pharmacies within a mile and an additional pharmacy within two miles.
  - *"Unfortunately, while it would be great, the economics of this is that likely one of the other pharmacies would find themselves in financial difficulty and one of them would have to close. Sadly it is likely to be one of the independents. Support them."*
  - *I live in Kinnaird but like others, agree that there are adequate local pharmacy facilities less than a mile away*
- Mr Paterson said that there was a familiar phrase, versions of which were made at almost every PPC hearing: 'If you ask anyone if they want a pharmacy at the end of their road, they will say yes as it would be convenient'. Mr Paterson said that he felt that the fact some of the locals had actively given reasons to say that a pharmacy was not required was very significant.
- Mr Paterson said that Larbert Pharmacy currently provided services to many patients in the Kinnaird area and he had built up a strong relationship with many of them over the years. It tended to be the ones most in need of pharmaceutical services that the strongest relationships were built with, as people appreciated the service and the fact that his pharmacy went out of their way to ensure the customers were happy. Mr Paterson added that the patients were also the ones, from a business point of view, that were integral to the profitability of a pharmacy. Mr

Paterson felt that the applicant had seriously over estimated both the number of patients who actually resided in the area and the loyalty of those patients to their current pharmacies. Mr Paterson remarked that he would be very surprised if even a small proportion of them were to sacrifice the relationships they have built up over years for the sake of saving 5 minutes overall travel time.

- Mr Paterson stated that the applicant's business model was severely flawed, adding that Right Medicine had experience running pharmacies on a shoe-string, but he did not believe it would be possible to sustain the pharmacy in the long term, if the application was granted. Mr Paterson said that he had provided evidence of this in the form of financial projections.
- Mr Paterson commented that a change in pharmacy funding over the past couple of years had put new contract pharmacies at quite a severe disadvantage, and his conclusion was that the applicant had not taken that into consideration.

#### 7.4. Conclusion

- Mr Paterson concluded that it should be a very simple decision for the PPC and that the crucial question in determining any contract application was "Are the current pharmaceutical services provided in or to the neighbourhood adequate?". The onus was on the applicant to provide significant evidence that this is the case, yet no such proof had been provided. Mr Paterson stated that the application therefore failed the legal test and should be dismissed.

#### **8. The Chairman invited Mr Wicks (the Applicant) to ask Questions to Mr Paterson.**

- 8.1. Mr Wicks asked why Mr Paterson's definition of the neighbourhood had changed since he had last applied for Larbert Pharmacy. Mr Paterson explained that the railway line to the East had been the boundary, and Stenhousemuir on the other side. The Applicant said that Larbert was north of the Railway line, and Kinnaird at the south, so it was an East West case on this occasion.
- 8.2. Mr Wicks asked about car ownership and asked where Mr Paterson had obtained his information. Mr Paterson said that he had driven around at night (after they had returned from work) and taken notes of the houses and cars, and although he did not have the figures with him he had seen more than 1 car in over 50% of the houses. Mr Wicks asked if that was inclusive of the areas with flats, or just houses, and Mr Paterson confirmed he had included the flat areas.
- 8.3. Mr Wicks referred to Mr Paterson's comments about developers using the "village" phrase, in order to sell more houses, and asked if there had been an expectation for people to "buy into" the village concept, which is why they had bought properties there, because of the services they expected. Mr

Paterson replied that people often did not know what services were available when they moved, but would expected that they would need to use a car in order to access services, and said that he himself preferred to have services nearby that he could drive to, but said that he did not believe developers sold properties saying that other services would be opening shortly, and felt that it was irrelevant in determining the adequacy of the pharmaceutical services.

- 8.4. Mr Wicks referred to Mr Paterson's spreadsheet which inferred that any pharmacy which had less than 1750 prescriptions was not viable. Mr Paterson replied that he was not inferring, but there was different funding for new contracts, and that a new pharmacy would initially start off with zero in CMS. Mr Paterson commented that that it took time to build a customer base, and knew from experience that income was less than anticipated. Mr Paterson stated that his inference was that any pharmacy dispensing between 1500-1750 would not be viable, and that the new contract in Mr Wicks' neighbourhood would not therefore be viable according to those figures.
- 8.5. Mr Wicks asked why the viability had changed over time. Mr Paterson said that it changed because of the funding changes which had been introduced a couple of years previously, where the viability of new pharmacies shifted considerably. Mr Wicks asked about CMS and whether offering that service would make it more viable. Mr Paterson said that following the funding changes, it harder to make a new pharmacy viable than before the change.
- 8.6. Mr Wicks referred to Mr Paterson's quotations from the Facebook page, and asked why people had chosen that medium to make comments, rather than use the form feedback mechanism. Mr Wicks also noted that Mr Paterson had selectively chosen his quotations, which he believed was in stark contrast to the numbers who had responded via the consultation. Mr Paterson said that it was easier to write comments on a social media page such as Facebook, as they were less likely to follow the link to make a comment unless they had negative comments. For more positive comments, people were less likely to use the links, and it was therefore natural that people who had a positive opinion would make a comment. Mr Wicks commented that Mr Paterson had only drawn out the negative comments, and stated that there were also positive comments on the page. Mr Paterson said that none of the comments had mentioned inadequacy. Mr Wicks said that was because it was not structured in the same way as the Consultation, and Mr Paterson replied that people's comments on social media pages were often more valuable than responding via the Consultation, since often people did not understand the questions being asked.
- 8.7. Mr Wicks asked how long a resident would need to travel before a journey could be regarded as inadequate. Mr Paterson said that it depended on the person – 10 minutes in a car would not be inadequate in his opinion, but for an older person who had no car, or for someone having to walk half an hour, it could be, but the demographics indicated there were more of the former (car owners) than the latter. Mr Wicks asked if Mr Paterson was therefore discounting the elderly, and Mr Paterson said that he was not discounting it,

but the proportion was small.

Mr Wicks had no further questions.

**9. The Chairman invited questions from the Interested Parties in turn to Mr Paterson.**

**9.1. Mr McLean (T McLean & Sons) Questions to Mr Paterson**

Mr McLean had no questions.

**9.2. Mr Henry (Lloyd's Pharmacy) Questions to Mr Paterson**

Mr Henry had no questions.

**9.3. Ms Gillian Bellingham (Larbert, Stenhousemuir & Torwood Community County Council) Questions to Mr Paterson**

Ms Bellingham had no questions.

**10. Having established that there were no further questions from the Interested Parties the Chairman invited questions from Committee members in turn.**

**10.1. Mr King's (Chairman) Questions to Mr Paterson.**

The Chairman had no questions.

**10.2. Mr Leithead's (Lay Member) Questions to Mr Paterson**

Mr Leithead had no questions.

**10.3. Ms McGuire's (Lay Member) Questions to Mr Paterson**

Ms McGuire had no questions.

**10.4. Mr Shimmin's (Contractor Member) Questions to Mr Paterson**

Mr Shimmin had no questions.

**10.5. Ms Stewart's (Non Contractor Member) Questions to Mr Paterson**

Ms Stewart had no questions

**11. Submission from Mr McLean (T McLean & Sons)**

**11.1. Neighbourhood**

- Mr McLean stated that the application in Kinnaird Village had failed to prove any inadequacies in the existing pharmaceutical service provision to the area.
- Mr McLean said that the area defined by the applicant was not a neighbourhood in its own right, with only a supermarket (Sainsbury's), a take-away (Harry Ramsdens) and a school, and did not cover all requirements for residents. In order to access Post Office services, a large supermarket, library services, or a gym, residents would need to travel to Stenhousemuir, Larbert or Falkirk.



- Mr McLean commented that Stenhousemuir was only around 3 minutes' away by car, not a 'lengthy journey' as stated by the applicant. Mr McLean referred to the applicant's intention for further amenities, and said that these were not guaranteed.

#### 11.2. **Adequacy**

- Mr McLean said that, since the original application 4 years ago, the population demands had been adequately met by the existing contractors who covered all core NHS services (Dispensing, Minor Ailments Service, Chronic Medication Service, Public Health Service). This included Saturday afternoon opening, which had been considered important in meeting the demand for unscheduled care services including Pharmacy First and urgent supply of medicines. Mr McLean also noted that the applicant would not be offering Saturday afternoon services.
- Mr McLean stated that pharmaceutical service provision did not need to be IN the neighbourhood. Service provision TO the neighbourhood was what was relevant. Mr McLean added that the opinion of local GPs was that current pharmaceutical provision was adequate and there was no need for another pharmacy. Mr McLean stated that the Application was not supported by APC who had stated that "*current service to the neighbourhood is adequate and this is based on the larger neighbourhood than defined by the applicant.*"
- Mr McLean referred to the previous application, stating that the PPC also did not consider the neighbourhood as defined by the applicant to be a neighbourhood for all purposes, and said that this was still the case.
- Mr McLean said that the local Community Council had "raised no objections to the application" which in his opinion was not the same as supporting the application and was an underwhelming response. The Community Council had not said that there was any need for the pharmacy, which he felt was unusual for a local Community Council which would be expected to be much more positive towards a new pharmacy, and Mr McLean therefore inferred that there was no real need perceived by the Community Council.
- Mr McLean referred to the CAR responses, that the majority of support for the pharmacy was around convenience and time constraints - not due to inadequacy of current provision, so believed that there was no evidence of need. Convenience was not of relevance to the consideration of adequacy of current services. The proposed opening hours on a Saturday would restrict access for workers and further confirm that current services were adequate, as residents would be expected to access existing pharmacies.

#### 11.3. **Summary**

- Mr McLean concluded that current pharmaceutical service provision was adequate, and the application should be refused.

#### 12. **The Chairman invited questions from Mr Wicks (the Applicant) to Mr**

**McLean.**

- 12.1. Mr Wicks referred to the previous application and stated that Mr McLean had agreed with the neighbourhood as defined, and asked why his opinion had changed. Mr McLean said that he supported and agreed with the PPC's definition, adding that he had defined the larger area as opposed to Mr Wicks' defined neighbourhood and had considered Kinnaird Village as an extension to the existing neighbourhood.

Mr Wicks had no further questions.

**13. The Chairman invited questions from the Interested Parties in turn to Mr McLean.**

**13.1. Mr Paterson (Larbert Pharmacy) Questions to Mr McLean**

Mr Paterson had no questions.

**13.2. Mr Henry (Lloyds Pharmacy) Questions to Mr McLean**

Mr Henry had no questions.

**13.3. Ms Bellingham (Larbert, Stenhousemuir & Torwood Community Council) Questions to Mr McLean**

Ms Bellingham had no questions.

**14. Having established that there were no further questions from the Interested Parties the Chairman invited questions from Committee members in turn.**

**14.1. Mr King's (Chairman) Questions to Mr McLean.**

- 14.1.1. Mr King asked whether Mr McLean saw any potential for growth and capacity in his own pharmacy. Mr McLean confirmed that all pharmacies were being upgraded and updated, adding that the pharmacy restraints meant that they needed to grow with the increasing population, and confirmed that additional capacity was not an issue.

**14.2. Mr Leithead's (Lay Member) Questions to Mr McLean**

Mr Leithead had no questions.

**14.3. Ms McGuire's (Lay Member) Questions to Mr McLean**

Ms McGuire had no questions.

**14.4. Mr Shimmin's (Contractor Member) Questions to Mr McLean**

Mr Shimmin had no questions.

**14.5. Ms Stewart's (Non Contractor Member) Questions to Mr McLean**

Ms Stewart had no questions

**15. Submission by Mr Henry (Lloyd's Pharmacy)**

15.1. Neighbourhood

- Mr Henry thanked the PPC for the opportunity to voice the opinions of Lloyds Pharmacy.
- Mr Henry said that Lloyds Pharmacy agreed with the neighbourhood definition as provided by the APC, and that within that neighbourhood, there were three pharmacies, or four if Larbert was also taken into consideration, with seven pharmacies in the larger consultation area.

15.2. Adequacy

- Mr Henry said that this led to the test of necessity and desirability in order to secure adequate provision of pharmaceutical services in and to the neighbourhood.
- Mr Henry said that it could be seen from the papers provided that there was not, and had never been, an issue with the existing provision of services and the current contractors had no capacity or capability issues.
- Mr Henry referred to the consultation process, saying that respondents had stated that they were in employment and would like a pharmacy in Kinnaird to be late opening for convenience. Mr Henry noted that the applicant would not be offering extended hours – not even Saturday afternoon – and also, residents were more likely to use the pharmacy closer to their place of work, so having a pharmacy on their doorstep would not make a difference.

15.3. Summary

- In summary, Mr Henry said that there had been no evidence of inadequacy of provision of service, that the onus had been on the applicant to provide such evidence, on which he had failed. Residents were able to access pharmaceutical services from the existing contractors, who had no issues with capacity or capability, and requested that the application should be refused.

**16. The Chairman invited questions from Mr Wicks (the Applicant) to Mr Henry**

16.1. Mr Wicks referred to the APC's definition of the neighbourhood and asked if they had conducted a site visit in order to assist them to arrive at the definition. Mr Henry said that he was unable to respond to how the APC arrived at their definition, but added that he had conducted his own site visit.

16.2. Mr Wicks referred to the length of journey time in order to access the pharmaceutical services and asked at which point it would be regarded as inadequate. Mr Henry said everyone was different, and the waiting times were perceived differently. Mr Wicks asked if Mr Henry agreed that inadequacy was therefore subjective, and Mr Henry said that in the Consultation exercise, the public had not been clear about with the definition of adequacy, and without such a definition, it was unclear how the public

would know how to respond.

17. **The Chairman invited questions from the Interested Parties in turn to Mr Henry.**
- 17.1. **Mr Paterson (Larbert Pharmacy) Questions to Mr Henry**  
Mr Paterson had no questions.
- 17.2. **Mr McLean (T McLean & Sons) Questions to Mr Henry**  
Mr McLean had no questions.
- 17.3. **Ms Bellingham (Larbert, Stenhousemuir & Torwood Community Council) Questions to Mr Henry**  
Ms Bellingham had no questions
18. **Having established that there were no further questions from the Interested Parties the Chairman invited questions from Committee members in turn.**
- 18.1. **Mr King's (Chairman) Questions to Mr Henry**
- 18.1.1. Mr King asked if Lloyd's pharmacy had further capacity for growth and Mr Henry confirmed that it did.
- 18.2. **Mr Leithead's (Lay Member) Questions to Mr Henry**  
Mr Leithead had no questions.
- 18.3. **Ms McGuire's (Lay Member) Questions to Mr Henry**  
Ms McGuire had no questions.
- 18.4. **Mr Shimmin's (Contractor Member) Questions to Mr Henry**  
Mr Shimmin had no questions.
- 18.5. **Ms Stewart's (Non Contractor Member) Questions to Mr Henry**  
Ms Stewart had no questions
19. **Submission by Ms Gillian Bellingham (Larbert, Stenhousemuir & Torwood Community Council).**
  - Ms Bellingham reported that the Application had been discussed at the last Community Council Meeting, and also posted on facebook and twitter, but they had received little response. A few people had commented that it would be "convenient", but said that on the whole, there had been little appetite.
  - Ms Bellingham said that residents of the Kinnaird Inches area had commented that any business in the shopping area would benefit the area, due to the empty units, but on the whole, the Community Council

raised no objections either way.

**20. The Chairman invited questions from Mr Wicks (the Applicant) to Ms Bellingham.**

20.1. Mr Wicks referred to the difficulty in getting input from the population in terms of attendance at the Community Council Meetings and asked if there was often a big turn out. Ms Bellingham said that there had been over 200 present at the fracking meeting, about 100 people attended the meeting on the hospital parking, but for the pharmacy in Kinnaird, attendance at the meeting had been low.

**21. The Chairman invited questions from the Interested Parties in turn to Ms Bellingham.**

21.1. **Mr Paterson (Larbert Pharmacy) Questions to Ms Bellingham**

21.2. **Mr McLean (T McLean & Sons) Questions to Ms Bellingham**

21.3. **Mr Henry (Lloyds Pharmacy) Questions to Ms Bellingham**

**22. Having established that there were no further questions from the Interested Parties the Chairman invited questions from Committee members in turn.**

22.1. **Mr King's (Chairman) Questions to Ms Bellingham**

The Chairman had no questions.

22.2. **Mr Leithead's (Lay Member) Questions to Ms Bellingham**

Mr Leithead had no questions.

22.3. **Ms McGuire's (Lay Member) Questions to Ms Bellingham**

Ms McGuire had no questions.

22.3.1. Ms McGuire referred to the Kinnaird Village centre and asked if the dental practice unit would be taking one of the units, which had not been very busy on her site visit. Ms Bellingham said that there was nothing proposed that she knew about – no other units being taken that she was aware of. Ms Bellingham added that they had been promised a village centre with a pub and supermarket, and although they had a small supermarket, school and takeaway, the area had not developed as it had been perceived.

22.4. **Mr Shimmin's (Contractor Member) Questions to Ms Bellingham**

Mr Shimmin had no questions.

22.5. **Ms Stewart's (Non Contractor Member) Questions to Ms Bellingham**

Ms Stewart had no questions

23. **Summing Up**

After the Chairman 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.

23.1. **Ms Bellingham (Larbert, Stenhousemuir & Torwood Community Council)**

Ms Bellingham had no further statement to make

23.2. **Mr Henry (Lloyd's Pharmacy)**

Mr Henry had no further statement to make

23.3. **Mr McLean (T McLean & Sons)**

Mr McLean said that the applicant had failed to prove inadequacy, the current pharmaceutical service provision in and to the area was adequate, and therefore the application should be refused.

23.4. **Mr Paterson (Larbert Pharmacy)**

Mr Paterson had no further statement to make

23.5. **Mr Wicks (the Applicant).**

- Mr Wicks said that he believed the pharmacy was necessary and desirable and he believed that the consultation report supported this.
- Mr Wicks said that in reference to the opening times, he was prepared to be flexible and to work to the opening times required by the population.
- Mr Wicks said that the dental practice was near completion, as well as the Harry Ramsden sitting area, and that left just one unit, which would make the area busier and added that although there were times when it was not busy, there were also times it was difficult to get a parking space.
- Mr Wicks said that in his opinion, the best way to summarise inadequacy was from the CAR respondents' comments.
  - *"The pharmacy would be a benefit because as a carer I need easy to access services. Access to current pharmacy services is particularly challenging"*
  - *"With 2 children it is difficult to get to a pharmacy. Other pharmacies are not on regular route so I need to drive."*
  - *Accessing services requires transport to be provided by family to get to Stenhousemuir."*
  - *"I don't have a car so a local pharmacy would be a great benefit"*

- *for the family”*
  - *“It’s a 30 minute walk to the nearest pharmacy. Special school in village would benefit, Kinnaird village to some degree is cut off by motorways.”*
  - *“Because of my mother’s needs there are times we have required urgent pharmacy support. Situation of new pharmacy would ensure these situations are less stressful.”*
- Mr Wicks said that the comments were a small sample of the many similar statements to be found in the detailed responses to the consultation.
- In considering this application Mr Wicks asked the Committee to put themselves in the shoes of the people in the neighbourhood and consider whether journeys that run into miles or over an hour or whether having to make dangerous crossings or spend significant sums represented adequate access, as he did not consider it to be adequate.

## **24. Retiral of Parties**

- 24.1. The Chairman 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 Chairman advised that the Committee would 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 10 working days. All parties would be notified of the decision 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.
- 24.2. The Chairman 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 reconvened should the Committee require further factual 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. .
- 24.3. The hearing adjourned at 10.40 hours for a short break before deliberations began.
- 24.4. The Committee reconvened at 11:00 hours to deliberate on the written and verbal submissions.

## **25. Supplementary Information**

- 25.1. Following consideration of the oral evidence, the Committee noted:
- i. List of Services Provided by Community Pharmacies in the Area

- ii. Local GP Practices and Community Pharmacies Opening Times and Distances
- iii. Local GP Practices Information
- iv. Falkirk CHP Area Community Pharmacy List
- v. Pharmaceutical Care Services Plan
- vi. Census Profiles (2011) for Larbert and Stenhousemuir
- vii. Council Information / Local Developments Papers
- viii. Bus Timetables for service no.59 between Callander, Stirling and Falkirk.
- ix. Map of area showing the location of the proposed pharmacy in relation to existing pharmacies and GP surgeries within Stenhousemuir, Larbert, and the surrounding area.
- x. Larbert and Stenhousemuir Community Council map

## 26. **Summary of the Consultation Analysis Report (CAR)**

### 26.1. Introduction

26.1.1. NHS Forth Valley undertook a joint consultation exercise with Right Medicine Pharmacy Ltd regarding the application for a new pharmacy in Unit 2, Kinnauld Village Retail Centre, McIntyre Avenue, Larbert, FK5 4XT.

26.1.2. 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.

### 26.2. Method of Engagement to Undertake Consultation

26.2.1. The consultation was conducted by placing advertisements in the Falkirk Herald on 15 October 2015 and 21 January 2016, and also displayed details of the potential application on the Forth Valley public website ([www.nhsforthvalley.com/get-involved/public-consultations](http://www.nhsforthvalley.com/get-involved/public-consultations)); making available the electronic questionnaire on the NHS Forth Valley public website and having paper copies available from the Health Board. It was agreed general written comments would also be accepted in response to the joint consultation.

26.2.2. The Consultation Period lasted for 90 working days and ran from 15 October 2015 until 23 February 2016.

### 26.3. Summary of Questions and Analysis of Responses

26.3.1. 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, opening hours.



- 26.3.2. In total 91 responses were received; however not every respondent answered every question. All submissions were made and received within the required timescale, thus all were included in the Consultation Analysis Report.
- 26.3.3. From the 91 responses received, 65 were identified as individual responses, 11 responded groups or families, 15 did not provide any indication. 77 had completed questionnaires and 14 had provided general written comments.
- 26.3.4. 85 respondents supported the proposed application
- 26.3.5. From the addresses and post codes provided, respondents were identified from the following areas:
- Kinnaird (63)
  - Falkirk Area (8)
  - Larbert/Stenhousemuir (3)

## 27. **Discussion**

- 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.

### 27.1. **Neighbourhood**

- 27.1.1. It was recognised that the neighbourhood should be a neighbourhood for all purposes. A number of factors were taken into account when defining the neighbourhood, including those resident in it, natural and physical boundaries, general amenities such as schools/shopping areas, the mixture of public and private housing, the provision of parks and other recreational facilities, the distances residents had to travel to obtain pharmaceutical and other services and also the availability of public transport.
- 27.1.2. The Committee acknowledged that the neighbourhood as defined by the Applicant was different to the neighbourhood defined by the APC and the Interested Parties. The Committee considered the size of the area, and whether it formed its own distinct neighbourhood or whether it was an extension of Larbert and Stenhousemuir. The Committee noted that the neighbourhood defined by Mr Wicks (the Applicant) lacked several key amenities, that residents regarded themselves as being either from Inches or Kinnaird, rather than Kinnaird Village, and that the neighbourhood should therefore be considered as part of the wider area, as defined by the APC.
- 27.1.3. The Committee agreed with the APC that the neighbourhood should be defined by the following boundaries, as it was agreed that overall, it was part of a bigger centre.
- Northern boundary – The M876 until it met the unnamed road (known as the Moss Road).

- Eastern boundary – from the Moss Road heading south til it reached Bellsdyke Road, followed east to the roundabout, and then south along the B902 (New Carron Road) until it reached the River Carron.
- Southern boundary – the River Carron until it passed under the Railway line.
- Western boundary – the Railway Line heading north until it intersected the M876.

**27.2. Adequacy of existing provision of pharmaceutical services and necessity or desirability**

- 27.2.1. Having reached a conclusion as to neighbourhood, the Committee was then required to consider the adequacy of pharmaceutical services within or to that neighbourhood and, if the committee deemed them inadequate, whether the granting of the application was necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood.
- 27.2.2. The Committee noted that there were four existing pharmacies in the neighbourhood: T McLean & Sons, two Lloyd's Pharmacies (Hallam Road and Main Street, Stenhousemuir) and Larbert Pharmacy, as well as two GP practices, all of which were within two miles of the proposed pharmacy location. The Committee also noted two further existing pharmacies outwith the neighbourhood.
- 27.2.3. The Committee looked for evidence of inadequacy in the existing pharmacy provision from the Consultation Analysis Report , and acknowledged that 91 responses was very low, especially in view of forms having been dropped directly through residents' doors via the Applicant's pharmacy team.
- 27.2.4. The Committee considered Question 4 of the CAR with regard to gaps and deficiencies in the existing pharmaceutical services. It was felt that the CAR would have elicited a greater number of responses if the service had been deemed inadequate by the respondents, and the Committee concluded that the majority of comments related to convenience, rather than gaps or deficiencies.
- 27.2.5. For Question 7 regarding the methods used to access existing services, the Committee noted that from the 75 responses, 52 travelled by car and a further 17 travelled either by car or by foot, with only two people travelling by foot, cycling or by taxi. 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 The Chair also added that all the existing pharmacies had indicated capacity to grow.
- 27.2.6. The Committee noted that residents who currently needed to see a GP would have to travel in any event, and it was easier to access pharmaceutical services nearby. It was also noted that all the existing pharmacies in the neighbourhood provided delivery service for repeat prescriptions.

- 27.2.7. The Committee noted that the application was not supported by the Area Pharmaceutical Committee and there was no inadequacy of pharmacy services apparent in the Pharmaceutical Care Services Plan.
- 27.2.8. The Committee considered the opening hours and noted that the proposed pharmacy did not offer extended opening hours on Saturday afternoons, which was offered by all four of the other existing pharmacies within 2 miles of the proposed pharmacy location.
- 27.2.9. 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. When asked by the Chairman, confirmation was received that the Lay Members were ready to vote.
- 27.2.10. Ms Stewart and Mr Shimmins then withdrew from the hearing in accordance with the procedure on applications contained within Paragraph 6, Schedule 4 of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, as amended and the vote taken.

## 28. **Decision**

- 28.1. The decision of the Committee for the reasons set out above was that the provision of pharmaceutical services at the proposed premises was neither necessary nor desirable 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 rejected. The decision was made **not to grant** the application for a new pharmacy contract to Right Medicines Pharmacy Ltd, subject to the right of appeal as specified in Paragraph 4.1, Regulations 2009, as amended
- 28.2. Ms Stewart and Mr Shimmins returned to the meeting and were advised of the decision of the Committee.
- 28.3. **The meeting closed at 11:15 hours**