APPLICATION FOR INCLUSION IN NHS FIFE’S PHARMACEUTICAL LIST:
TICK PHARMACY – 91 HIGH STREET, BURNTISLAND, KY3 9AA

PRESENTATION NOTES

Good morning ladies and gentlemen and esteemed members of the Committee. I would like to take this opportunity in thanking you for allowing me to put forward this application for inclusion in the pharmaceutical list.

I would like to begin by defining the neighbourhood.

The neighbourhood proposed for this application, in accordance with the *Legal Test – Regulation 5(10)* is the town of Burntisland, in its entirety.

The town is bounded to the north by the Binn - a large volcanic plug and densely wooded escarpment which tapers out to steep slopes westward and cliffs eastward. To the south is the Forth Estuary, with sandy beaches extending from the Links eastward towards Kinghorn and to the Lammerlaws, a rocky peninsula jutting out into the Forth which levels off towards the docks at the south west side of the town. The steep topography of the town provides outstanding panoramic views out across the Forth Estuary westward to the Rail Bridge and as far as the eye can see to the east. The Binn provides a distinctive landmark that makes Burntisland visible from the south side of the river.

Within the town there are hills and escarpments which provide visual interest to the townscape. On the west side of the town is West Broom Hill with the south facing cliff on which Rosscrow Castle stands, overlooking the harbour. East Broom Hill and Mount Pleasant are located immediately behind High Street and further east, above the Links and Kinghorn Road, is Craigkennochie Terrace; an attractive south facing row of Victorian houses built upon another escarpment.

The town is accessed by four routes: the Aberdour Road (west) the Cowdenbeath Road (north) and the Kinghorn Loch Road (north east).

The National Health Service (Pharmaceutical Services) (Scotland) (Miscellaneous Amendments) Regulations 2014 now stipulate that a joint consultation be carried out between the applicant and the Board, for two purposes: to assess the current provision of pharmaceutical services in the neighbourhood and whether it is adequate, and to establish the level of support of residents in the neighbourhood for the application.

As a result of the joint consultation, the key themes emanating from the resulting Consultation Analysis Report (CAR) can be summarised as follows:
- there is a high level of support for an additional community pharmacy from those who responded;
- although the location of the proposed pharmacy is not yet known, there is support for it to be located within the town centre;
- the extended opening hours will be an advantage over what is currently available
- respondents feel that the livelihood of the existing pharmacy will not be affected as the expanding population requires additional health services
- there is an expectation that a new pharmacy will reduce waiting times/queues for prescriptions; and
- the competition/choice that a new pharmacy would bring would be better for patients.

Whilst I do not wish to cast any aspersions on the sole contractor in the town, Lloyds Pharmacy, it is a matter of fact that pharmaceutical service provision in the town is stretched. This is to such an extent that there are long waiting times for prescriptions and quite simply put, Lloyds are unable to cope with current demand for local healthcare needs. This situation is only going to be further exacerbated by the population increase in the town.

NHS Fife’s Area Pharmaceutical Committee have also noted the following key facts:

- The current pharmacy is serving a population of approximately 6500 patients, which is a large number for one pharmacy
- The application is desired by the majority of the CAR respondents
- The consensus is that the application is desirable due to the proposed extended hours, and the perceived long waiting times at the existing pharmacy, but that it was not necessary

Through Freedom of Information, it has also been established that Lloyds Pharmacy are dispensing around 9,000 items per month. (FOI Request: Prescription items dispensed: Jan - March 2014: 9,195; 9,131; 9,924)

This is a sizeable number and having ascertained the current state of affairs, through the comprehensive public consultation conducted, that there are long waiting times and queues, this situation needs to be ameliorated.

The Royal Burgh of Burntisland Community Council also favour an additional pharmacy in the town. The correspondence by the Chairman, Mr MacDonald, to the Health Board makes for a compelling read and shows the colossal support and need for additional pharmacy in the area. If I may summarise the following points from the correspondence:

- The single pharmacy in Burntisland is regularly crowded with a queue of people waiting for prescriptions
- There is at least a 4 day delay in patients requesting their repeat prescriptions. This is egregious, to say the least
The population of Burntisland has grown by 17%, compared to 5% for Fife as a whole.

Recently, the Community Council completed a comprehensive survey of local people, exploring the needs and desires of residents. Without being prompted, over 500 responses were received, with the need for an extended or additional pharmacy coming top of the Public Service category.

The existing pharmacy is operating from a space which is physically constrained.

This really does paint a grim picture of the current service provision in the area and a remedy is most definitely required. It is clear that all these factors preclude Lloyds Pharmacy from offering the full range of pharmaceutical services to the local population.

Now, if I may switch your attention to the demography of the area:

The town comprises of eight datazones: S01002618, S01002620, S01002630, S01002635, S01002636, S01002640, S01002644, S01002662.

One datazone (S01002618) is in the 15% of most deprived datazones in Scotland (SIMD 2012).

The total population (SAPE 2011) of each datazone is: 842, 807, 690, 582, 578, 689, 720, 1403 people respectively, which gives a combined total population of 6,311 people.

Planning permission has also been granted on the old Alcan Chemicals Plant site, which closed in 2002. The development will consist of 296 houses.

Planning permission has also been granted for a £2.5 million regeneration of Burntisland’s East Dock.

There are also various brownfield sites identified as development opportunities, one of which our company has secured. (show option agreement, if necessary)

Some important information to also note, regarding the GP surgeries is: (as of 1st Oct 2015),

- DRS BANDULARATNE, MCGOURTY, REES & WHEAL – practice list: 5,545 – open from 8am, Mon – Fri and a late surgery on Mondays - 6pm – 8.30pm

- THE RAMSAY PRACTICE – practice list: 1,411

Our extended opening hours will mimic the opening time of the larger practice and we will also work very closely with the local GPs.

Plans for the new pharmacy show that it will be very spacious indeed, operating from a purpose built unit, fit for the twenty first century and able to adequately deal with the needs of the local population.
If anyone wishes to see the plans and layout, I am more than happy to make this available.

Apart from Lloyds, other pharmacy contractors are located outside the town:

- Kinghorn - Lloyds Pharmacy, High Street (2.3 miles/3.7km)
- Aberdour - Aberdour Pharmacy, 30 High Street (2.8 miles/4.4km)

There are also a number of areas within Fife, with a smaller population than Burntisland, that contain more than one pharmacy:

- Anstruther - two pharmacies; circa 3,600 people
- Cardenden - two pharmacies; circa 5,771 people
- Inverkeithing - two pharmacies; circa 5,265 people
- Kelty - two pharmacies; circa 6,000 people
- Lochgelly - two pharmacies; circa 6,834 people (population of Burntisland will exceed this when all the developments come to fruition)

A flexible approach should be adopted in the granting of this application, as local needs will change over time and a pattern of service provision must adapt accordingly.

**Conclusion**

A flexible approach should be adopted in the granting of this application, as there will be an even greater demand for pharmaceutical services over time and a pattern of service provision must adapt accordingly.

Pharmaceutical service provision in the town is stretched. The opening of an additional pharmacy will help to ameliorate service provision in the town and will not affect the viability of the current contractor, Lloyds Pharmacy, to such a detriment to cause it to cease trading.

Judicial guidance also allows us to take into account probable future developments in the area and this will affect adequacy. Substantial residential developments are on the rise and the population increase will only exacerbate current service provision.

Extended opening hours and Sunday provision would also be highly desirable, as patients’ expectations are changing.

There are also health issues for which pharmacy is ideally placed to make interventions that will have a positive impact on the health of the population. For this to happen, the provision of pharmaceutical services within the neighbourhood must be adequate and it is my opinion that the current provision of care is inadequate.
I believe that the granting of this pharmacy contract will ameliorate the situation and will greatly benefit the demanding needs of the local population. The new pharmacy will be able to raise Public Health awareness, meet the demands of the local population and influx of new patients, thereby allowing the smooth implementation of the AMS, CMS and minor ailment service components of the pharmacy contract.

This application is both necessary and desirable to secure adequate pharmaceutical services in the defined neighbourhood. There is and will be an increased need for pharmaceutical services in the area, owing to changes in the demography and the growth of the population, as illustrated by the new housing developments.

I would also like to highlight the decision of Lord Drummond Young in the Judicial Review—*Lloyds Pharmacy Limited v The National Appeal Panel* 2004 at paragraph 10, which indicates that there is a requirement to consider probable future developments for two reasons. Firstly, that a neighbourhood may change, involving new housing developments or a population shift, and secondly, there may be changes in pharmaceutical practice, the implementation of the new pharmacy contract. I have shown evidence that here has been a significant neighbourhood population increase, imminent housing developments and further projected population increase. The future developments can be considered probable rather than speculative. In my opinion, the implementation of the core pharmacy services at this moment and in the future will have a major impact on an already very busy pharmacy. Paragraph 11 of Lord Drummond Young’s decision also states that a PPC or Panel can award a contract which results in some degree of “present over provision” if it secures adequacy into the future. Is it then necessary to grant this application in order to secure adequate provision of pharmaceutical services in the neighbourhood? This will also be affected by the already large number and influx of new patients eligible for the minor ailment service, substance misuse patients, the pressure that changes to the public health service will bring, along with the increased time that it takes to implement the acute medication service and the chronic medication service. I consider that these all add up to create an even greater demand for local health needs, to be met in the pharmacy environment.

The overall objective here should be to determine what effect this application has on access, implementation and delivery of pharmaceutical care services for patients and not the overall effect it will have on the other contractor, although Lloyd’s viability will not be affected with the granting of this application.

The Government’s Prescription for Excellence publication: A Vision and Action Plan document also sets out the Government’s Vision for pharmaceutical care over the next 10 years. It sets out an ambition that all pharmacists would be independent prescribers and that new and innovative models of practice would be needed in order to allow all patients access to high quality pharmaceutical care. I believe that this can only be achieved through integrated partnerships and innovation. Within an already busy, high volume dispensing pharmacy, which is due to get even busier, can high pharmaceutical care be adequately provided in the future?
I hope you concur with my findings and unanimously agree with having a new pharmacy contract established in the area, as a pragmatic and responsible approach must be adopted here.

Thank you