

# *B999 Health Trust*

7<sup>th</sup> February 2012

NHS Grampian  
Westholme House  
Woodend Hospital  
Aberdeen  
AB15 6XS

Dear Sirs,

## **Application for Inclusion in the Pharmaceutical List to Provide Pharmaceutical Service**

Please find enclosed an application to provide Pharmaceutical services from within the Haddo Medical Group's Pitmedden Health Centre.

My contact detail are:

Tel: 01651 851807  
Email: [hekelaar@btinternet.com](mailto:hekelaar@btinternet.com)

Yours faithfully  
For B999 Health Trust



David G.F. Hekelaar  
Director & Company Secretary

Primary Care  
Contracts Team

07 FEB 2013

## **B999 Health Trust**

### **Application for Inclusion in the Pharmaceutical List to Provide Pharmaceutical Services**

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**7<sup>th</sup> February 2013**

FORM A (1) Regulation 5(2)  
Application for Inclusion in the Pharmaceutical List to Provide Pharmaceutical  
Services – Relocation or New Application  
(Please delete words/sections which do not apply)

TO .....NHS Grampian HEALTH BOARD

**1. Applicant's details**

~~I am/we are applying as an Individual/ a Pharmacist/ a Corporate Body. ( \* If applying as Corporate Body please also provide Superintendent Pharmacist details below)~~

I/We (name of person making application)

David Hekelaar

of (correspondence address and name of company if relevant)

B999 Health Trust, 15a High Street, Inverurie, AB51 3QA

apply to have my/our name(s) included in the pharmaceutical list. The application is in respect of:

~~(a) the relocation of the premises from which I/we provide pharmaceutical services specified in Part 4. (Please complete Parts 2, 3, 4 (a) or (b) and sign and date the application at 5).~~

(b) the opening of new premises for the provision of pharmaceutical services specified in Part 4. (Please complete Parts 2, 4 (b) and sign and date the application at 5).

\* Superintendent Pharmacist is

Diane M. Fyffe, GPhC number 2027654

**2. Premises details**

(a) The premises from which I/we propose to provide pharmaceutical services are at—

Pitmedden Health Centre

Tarves Road, Pitmedden, Aberdeenshire, AB41 7NX

(b) the premises from which it is proposed to provide pharmaceutical services are—

(i) already constructed            Yes No

(ii) already in our possession (lease or ownership)    Yes No

\*\* (iii) registered by the General Pharmaceutical Council in my/our name(s)

Yes No N/A

If the answer to (iii) is yes, state reference number.

If the answer to (iii) is no, give date of application for registration.

1st April 2013, We expect premises to be registered in good time for any possible start date

\*\*\* (c) If applicable the Responsible Pharmacist at the said premises will be—

Name

Diane M. Fyffe

GPhC Registration No.

2027654

If the application is for a relocation please proceed to Part 3, if not please proceed to Part 4(b)

**3. Relocation Details**

~~(a) To be completed only by persons whose names are included in the pharmaceutical list applying under Part 1(a)~~

~~(i) the premises in the Board's area from which I am/we are currently providing pharmaceutical services are at—~~

n/a

~~(ii) the relocation is for the following reasons:~~

If the relocation application is considered to be minor please complete (iii) and then proceed to Part 4(a). If relocation is other than minor please proceed to Part 4(b)

(iii) To be completed only if the applicant considers relocation to be minor. A minor relocation is one where there will be no significant change in the neighbourhood population served, and other circumstances are such that there will be no significant effect on the NHS pharmaceutical services provided by the applicant or any other person on the Board's list.

I/We consider the relocation fulfils the criteria for minor relocation because:—

It is preferred that services will be continuous however if the service will be interrupted please state why and for what period below.

If the application is for a minor relocation please proceed to Part 4(a)

If the application is for a relocation other than minor or for a new application please proceed to Part 4 (b).

4.

**Part 4(a) – Additional information. To be completed by persons applying for a minor relocation.**

Please note, the NHS Board may reject your application if they do not consider that you have provided sufficient detail.

(i) If the answer to 2(b)(ii) is no, please provide written consent from the person who may grant such possession that the premises may be used for the provision of pharmaceutical services.

(ii) Describe any adjustments you intend to make to the premises to ensure you will comply with the duties incumbent upon you, as the provider of pharmaceutical services, under section 29 of the Equalities Act 2010.

(iii) Please provide a description of the pharmaceutical services you currently and will continue to provide, along with detail of any further services you propose to provide if relocation is successful.

(iv) Please provide the date you intend to commence the provision of the services detailed above if relocation is successful.

(v) Please detail the hours in each day that you currently and will continue to provide such services, along side any intention to extend hours (taking into account the Board's Hours of Service Scheme.)

Please proceed to Part 5

**Part 4(b) – Applicant's Assessment. To be completed by persons applying for a relocation other than minor or to open new premises.**

(i) If the answer to 2 (b)(ii) is no, please provide written consent from the person who may grant such possession that the premises may be used for the provision of pharmaceutical services.

See enclosed letter from Haddo Medical Group

(ii) Describe any adjustments you intend to make to the premises to ensure you will comply with the duties incumbent upon you, as the provider of pharmaceutical services, under section 29 of the Equalities Act 2010.

Premises are fully DDA compliant and conversion will include DDA accessible facilities

(iii) Describe the boundaries of the neighbourhood, where you intend to provide pharmaceutical services, which your application proposes to cover.

**The settlement of Pitmedden, including Milldale.** From the existing Western Pitmedden boundary, extending Westwards along the B9000 to its junction with the A920, then Northwards and Eastwards along this road to include Formartine FC Football Ground, Pitmedden House and Gardens Estate and North Mains to the junction with the B999. Then South Eastwards on the B999 including the boundaries of the properties accessed off the East side of this road, to meet the settlement boundary just North of Bonnyton road. Then Eastwards including the boundaries of the properties along the North side of Bonnyton road to include Bonnyton Farm, then South Westwards to meet the Bronie burn and Eastern village boundary. Continuing South Eastwards along the B999 pathway to include the Northern part of Milldale, extending along the B9000 Eastwards to include Cloisterseat Croft then back Westwards to include the remainder of Milldale and all the property boundaries accessed off the small section of the B999 South of the Post Office. Then across the B999 to the burn and Northwards to include the Mill of Udney Business Centre then North Westwards to meet the Western Pitmedden boundary. **(All as indicated in black on the enclosed map).**

This neighbourhood has been chosen to allow patients to access the premises using safe walking routes.

(iv) Provide an assessment of the current provision, in the proposed neighbourhood, for which you believe there not to be adequate provision and evidence to support that view.

There are no Pharmacies within the neighbourhood, thus no opportunity for face to face consultation with a Pharmacist. All patients have to travel outwith the neighbourhood to access Pharmaceutical services; as such the current provision is inadequate.

A delivery service is operated by pharmacies outwith the neighbourhood, however this is a poor substitute for the services offered by a local Community Pharmacy. Pitmedden's own community pharmacy could not only offer an acute medicines service but will provide chronic medicines services, electronic minor ailments service and public health promotion as the core pharmaceutical services, as expected and supplied to all patients where a community pharmacy operates in Scotland.

Locally negotiated pharmaceutical services such as unscheduled care prescriptions, emergency hormonal contraception, substance abuse treatments, nicotine replacement services and pharmaceutical palliative care could be provided from the pharmacy at Pitmedden if agreed by NHS Grampian'- services which patients have to travel some considerable distances to obtain at the moment.

Haddo Medical Group has been requested by NHS Grampian (extract of Board Minute 4<sup>th</sup> December 2012) to continue to provide dispensing services to patients within the neighbourhood on the basis of proven 'serious difficulty' in accessing pharmacy services. (NHSG Review Panel recommendation to Board dated 27<sup>th</sup> November 2012).

The Review Panel decided that the evidence presented by local Community Councils demonstrated that within the proposed neighbourhood there is Serious Difficulty in obtaining from a Pharmacist any drugs, medicines or appliances, other than scheduled drugs, required for that person's treatment due to Inadequacy of means of Communication" The limited provision of public transport was (and remains) a contributing factor to this decision.

(Report to Board and community submission to Review Panel enclosed)

(v) Describe the pharmaceutical services you will provide.

Dispensing of medicines; supplying of drugs and of listed appliances as specified in the Drug Tariff as well as Core Community Pharmacy services

(vi) State the date you intend to commence the provision of the services detailed above.

28<sup>th</sup> October 2013

(vii) State the hours in each day that you intend to provide such services (taking into account the Board's Hours of Service Scheme.)

Monday to Friday 0900 - 1300 and 1400 - 1800 (lunch 1300-1400)

Saturday 1000 - 1300

Sunday Closed

(viii) Provide details of the consultation conducted and a summary of views from people within the neighbourhood that the application affects.

#### **Consultation**

Extensive consultation has been carried out in the neighbourhood both to inform the NHSG Review Panel and separately for this application.

Specifically for this application

Advertisements were placed in local newspapers, public notices displayed on all noticeboards, door to door circulation of questionnaires, public announcement in local newsletter and at a kirk service plus a public meeting was held. Full details are given within the appendices.

#### **Results from Questionnaires**

The Questionnaires were distributed to each household within Pitmedden neighbourhood and were also available at key locations in the village. Facilities for electronic submission were made available via [www.b999.org.uk](http://www.b999.org.uk)

To get a true reflection the first validation check of the data removed all information for post codes outwith the neighbourhood.

There were 129 responses from people within the neighbourhood and 126 of these were registered patients of the Haddo Medical Practice. When asked if they were happy that the surplus income from the company would be used in the community almost 94% of them agreed with this policy.

When asked what additional services they would like, the responses were as follows:-

51% would like Evening Opening, 10% would like Sunday opening and 34% would like a home delivery service.

(ix) Has there been an application to provide pharmaceutical services in the neighbourhood that encompasses the same or substantially the same area encompassed by the neighbourhood as stated at 4(ii) above within the previous 12 months?

~~Yes~~ No

If yes, please provide evidence of the significant change that has occurred that means in your view that it is now necessary or desirable that an application be granted in order to secure adequate provision of pharmaceutical services in the neighbourhood to which the application relates. If the answer is no please proceed to Part 5.

~~5-~~We undertake to provide the services as detailed in this Form and undertake to provide such of these services as may be approved by the Board in accordance with the terms of service for the time being in operation.

Signed:



Print Name: David G. F. Hekelaar

Date 7<sup>th</sup> February 2013

NOTES:

- (1) An application on Form A (1) will be required by any person already included or who wishes to be included in the pharmaceutical list to undertake to supply pharmaceutical services from additional or alternative premises. A person wishing to be included on the list to provide pharmaceutical services from premises already on the list should complete Form A (2).
- (2) *Please note that medicines cannot be dispensed from the premises until they are registered by the General Pharmaceutical Council. Although an application to be included in the pharmaceutical list can be considered in advance of such registration, registration details and any other information required but not given at the initial application stage must subsequently be provided on Form B before inclusion in the list is confirmed.*
- (3) *\*\*Premises need only be registered with the General Pharmaceutical Council if the intention is to dispense medicines from the premises.*
- (4) *\*\*\*Responsible Pharmacist details should be provided if full pharmaceutical services are being provided.*
- (5) *Payment cannot be made for NHS services provided before the date of entry in the pharmaceutical list recorded in Form C as issued by the Board.*

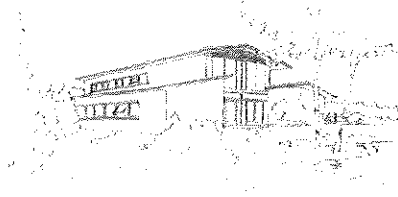
Primary Care  
Contracts Team

07 FEB 2013

# HADDO MEDICAL GROUP

Tel: (01651) 843468

Fax: (01651) 843920



Pitmedden Surgery  
Tarves Road  
Pitmedden  
Ellon  
Aberdeenshire  
AB41 7NX

4<sup>th</sup> February 2013

Directors  
B999  
C/o Brian McDougall  
1 Hunters Rise  
Pitmedden  
AB41 7Qd

Dear Mr McDougall

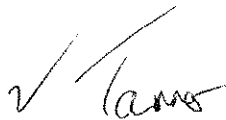
## **Location for Pharmacy within Haddo Medical Group – Pitmedden**

I am writing on behalf of Haddo Medical Group regarding the possibility of co-locating a pharmacy within our existing premises at Pitmedden Surgery.

Haddo Medical Group is the Lease Holder of Pitmedden Surgery. We have discussed the inclusion of a pharmacy within the premises with the Landlord (Carden). The Landlord has agreed to allow internal re-design, to provide suitable accommodation, for a pharmacy. Any re-design will be suitable for medical services and not detrimental to practice service provision.

The practice supports your application for a pharmacy and will work with the Directors of B999 to achieve this goal.

Yours sincerely  
On behalf of Haddo Medical Group

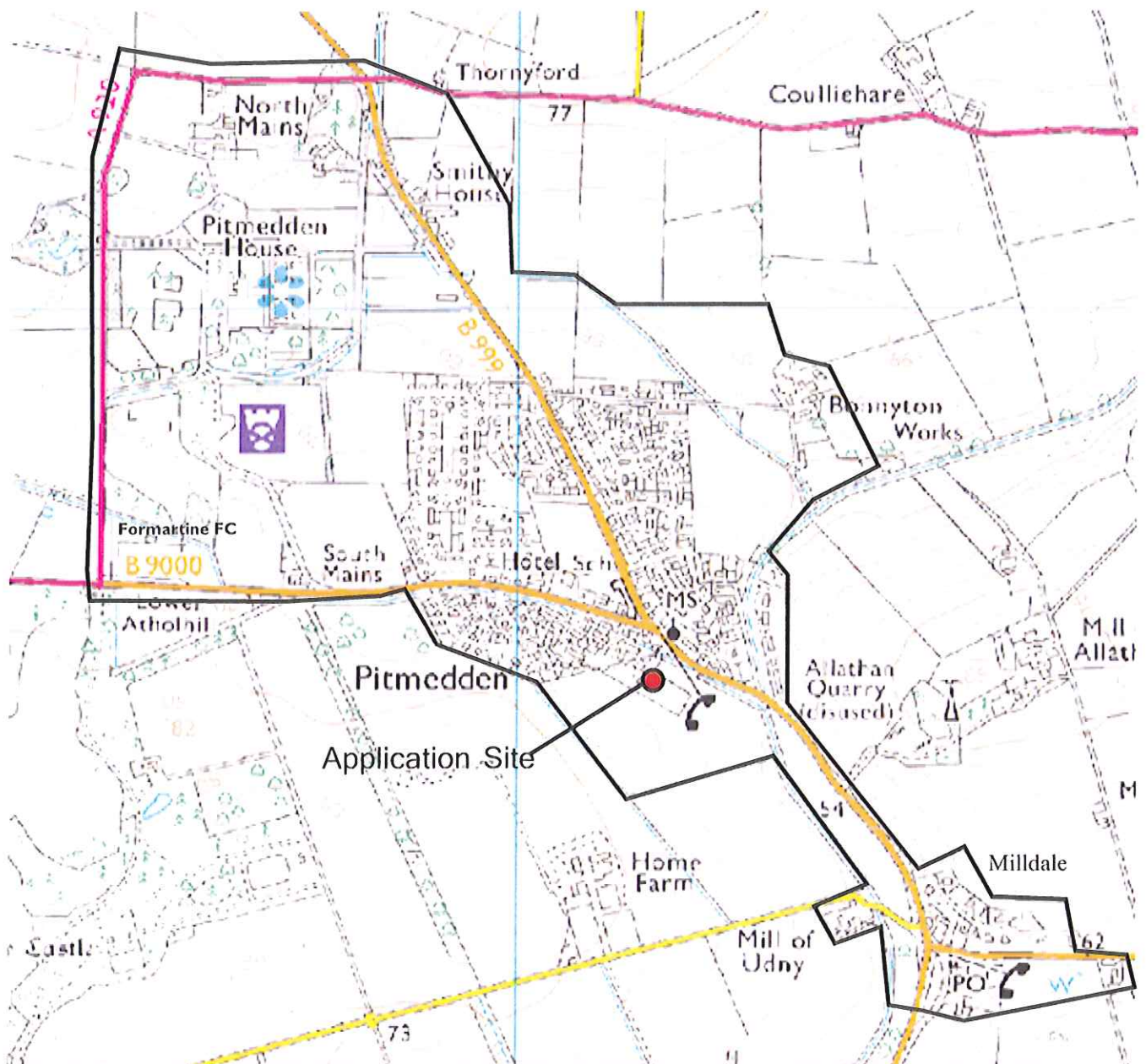


Mrs V Tanner  
Practice Manager





# Pitmedden Pharmacy Neighbourhood



The neighbourhood is based on safe easy walking distance to the Pharmacy and Medical Centre from in and around the settlement, avoiding having to use the car or walk or cycle on public roads without paths/pavements for unsafe distances.

The neighbourhood is shown outlined in black on the map above.

## B999 Health Trust

Application to NHS Grampian for entry on to the Pharmaceutical List; -  
Pitmedden Health Centre, Tarves Road, Pitmedden, Ellon, Aberdeenshire.  
AB41 7NX.

B999 Health Trust is a Company limited by guarantee (SC437970). Its purpose is to establish and run a pharmacy based in Pitmedden and to utilise all surplus income for improving health care in the parishes of Udney, Tarves and Methlick; the area covered by Haddo Medical Group.

### Neighbourhood

The proposed neighbourhood in which the premises are located is:-

The settlement of Pitmedden, including Milldale. From the existing Western Pitmedden boundary, extending Westwards along the B9000 to its junction with the A920, then Northwards and Eastwards along this road to include Formartine FC Football Ground, Pitmedden House and Gardens Estate and North Mains to the junction with the B999. Then South Eastwards on the B999 including the boundaries of the properties accessed off the East side of this road, to meet the settlement boundary just North of Bonnyton road. Then Eastwards including the boundaries of the properties along the North side of Bonnyton road to include Bonnyton Farm, then South Westwards to meet the Bronie burn and Eastern village boundary. Continuing South Eastwards along the B999 pathway to include the Northern part of Milldale, extending along the B9000 Eastwards to include Cloisterseat Croft then back Westwards to include the remainder of Milldale and all the property boundaries accessed off the small section of the B999 South of the Post Office . Then across the B999 to the burn and Northwards to include the Mill of Udney Business Centre then North Westwards to meet the Western Pitmedden boundary. **(All as indicated on the attached map)** This neighbourhood has been chosen to allow patients to access the premises using safe walking routes.

The neighbourhood has around 1500 residents, and, at its core, Pitmedden village, a rural service centre within which is the main GP premises for Haddo Medical group.

There are numerous Employment related premises, facilities and services provided within the neighbourhood which daily draw in people from the wider Formartine area and beyond, including:-

Primary school which, inclusive of Nursery has over 220 pupils, Sheltered housing complex, Wood RecyclAbility, which provides training and employment for 40 adults with learning difficulties and minor physical disabilities, Village hall which is a facility used to full capacity and hosts a daily Playgroup with 18 children, Church and Post office/general store. There is also a Car Repair Garage/MOT station, Hotel, Mini Supermarket, Public bar, Fast food takeaway, Bowling green, Tennis court, Public Park, Pitmedden Gardens and Designed Landscape (a well visited National Trust attraction), and also Formartine Football Club pitches.

It is suffice to say that Pitmedden is part of a normal pattern of travel for a considerable number of people who, along with residents would utilise the services of a Community Pharmacy. This increased footfall in effect increases the neighbourhood "population" by a considerable number. Further to this, patients from nearby Udny Green utilise the services in Pitmedden.

### **Adequacy of Existing Services**

For the vast majority of patients in NHS Grampian, medicines are prescribed by GPs (General Practitioners) and dispensed by community pharmacists (local chemists). This separation of pharmaceutical and general medical services supports safety in medicines supply and recognises that pharmaceutical services are broader than the supply of dispensed medicines. In areas where access to community pharmacy is poor the Health Board, under the General Medical Service Regulations, can require a GP practice to dispense for its patients. This is only allowed where the Health Board has agreed that patients registered with the practice have a serious difficulty in accessing prescribed medicines from a pharmacist. NHS Grampian has historically required the Haddo Medical Group to provide dispensing services as it had agreed that patients using the main practice in Pitmedden and the satellite practices in Tarves and Methlick had serious difficulty in accessing prescribed medicines from a pharmacist.

Haddo Medical Group has been requested by NHS Grampian to continue to provide dispensing services to patients within the proposed Pitmedden neighbourhood on the basis of proven 'serious difficulty' in accessing pharmacy services. (NHSG Review Panel recommendation to Board dated 27<sup>th</sup> November 2012). The Review Panel decided that the evidence presented by local Community Councils demonstrated that within the proposed neighbourhood there is Serious Difficulty in obtaining from a Pharmacist any drugs, medicines or appliances, other than scheduled drugs, required for that person's treatment due to ***Inadequacy of means of Communication. The limited provision of public transport was (and remains) a contributing factor to this decision. (Report to Board attached)***

Community pharmacy catchment areas and populations are not currently defined. Under current Pharmaceutical Care Services regulations for Scotland, services provision by contractors on the pharmaceutical list should be assessed within a defined 'neighbourhood'. There are no Pharmacies within the proposed neighbourhood, thus no opportunity for face to face consultation with a Pharmacist. All patients have to travel outwith the neighbourhood to access full Pharmaceutical services; as such the current provision is inadequate. NHSG's May 2012 Pharmaceutical Care Services (PCS) Plan document recognises the serious difficulty within the neighbourhood by way of including the services corresponding to Pharmaceutical services provided by the Dispensing Doctors at Pitmedden within this document.

There are Pharmacies outwith the neighbourhood at Tarves (3.5 miles), Ellon (5.6 miles) and Oldmeldrum (5.7 miles), all of which have very poor Public transport links - as agreed by the NHSG Review panel.

Delivery services are operated by these Pharmacies however these are not contractual NHS services and are not a substitute for the services offered by a Community Pharmacy based within the neighbourhood. A possible reduction in income by an existing dispensing GP or an existing Pharmacy is not in itself a relevant consideration, unless it could affect the continued viability of the other pharmacies in the neighbourhood – There are of course no existing Pharmacies in the Pitmedden neighbourhood.

It is not considered that a Community Pharmacy in Pitmedden would affect the continued viability of the other pharmacies in the surrounding area. We are aware of the previous National Appeals Panel decision paper for the Pharmacy in Tarves, within which, James Semple, on behalf of the applicants and appellants, clearly stated ***that even if Grampian Health Board decided that patients in Pitmedden and Methlick still had a serious difficulty in accessing pharmaceutical services at a pharmacy in Tarves there would still be sufficient population to support a pharmacy in Tarves.***

Following this evidence the National Appeals Panel concluded that “**Mr. Semple has satisfied himself that the Pharmacy would be viable**”.

We consider it appropriate to agree with this well informed response from a Pharmacist with many years of experience in the viability of Pharmacies.

### **Anticipation of Future Developments**

Sites in both Pitmedden and Udney Green have recently been subject to Planning applications for new housing, which will increase the numbers seeking services in Pitmedden. Similarly, Tarves has a Development of 18 new houses nearing completion and a current Planning application for 33 dwellinghouses, and an allocation for a further 50 in the current Local Development Plan which will considerably increase demand for services in Tarves. A new Pharmacy in Pitmedden will allow patients to consult with the Pharmacist without having to make an appointment; This will free up GP services and permit more GP time in Tarves to meet the increased demand. This in turn should provide extra business for Tarves Pharmacy.

### **Necessity**

To progress further with *NHS Grampian's Health and Care Framework* it is necessary to ensure that care within NHS Grampian is provided at the right time, by the right person and in the right place which is high quality, effective, efficient, sustainable, and affordable. The provision of a Community Pharmacy in Pitmedden is necessary to enable this strategy within this neighbourhood. It would also be more progress towards the NHSG aim and ethos of providing services as close to people's homes as possible. It has been demonstrated via the NHS Grampian review panel that the majority of patients from Pitmedden who have to use public transport would spend well in excess of the 20 minute travel time threshold referred to in the PCS Plan, in order to access a Pharmacy. This makes these patients “access deprived” and disadvantaged and it is incumbent on Health Boards to support opportunities to address this situation when they are presented.

Patients who reside within the Pitmedden neighbourhood would not, as a part of their daily routine travel to Tarves (which is the nearest Pharmacy) due to Pitmedden having the majority of services contained within it.

The necessity within a growing Community such as Pitmedden for the full Pharmaceutical services that can be provided by a Community Pharmacy is enshrined in Scottish Health Policy. Long standing strategies have emphasised the role of pharmacists in delivering pharmaceutical care for patients with chronic conditions, improving access to pharmaceutical care services in general, and prescribed and over-the-counter medicines in particular, along with expanding the pharmacist's role in health improvement. Pharmacies have been identified by the Scottish Government as the future '*walk-in healthy living*' centres for Scotland.

In the NHS Grampian Health Plan, Chief Executive Richard Carey outlined the vision for improving services including Community Pharmacy.

This includes a commitment to improve public access across primary care, making greater use of all service providers, of which pharmacy and general medical services and their integration is of particular relevance at Pitmedden.

There are no national standards for the number of community pharmacies required to meet the pharmaceutical care services needs of defined geographical populations, as this will vary depending on local factors including the existing infrastructure such as transport networks. Clearly from the recommendations of the Review panel Pharmaceutical services based within the neighbourhood are necessary. There is no target number of community pharmacies, either nationally or within NHS Grampian. The proposed pharmacy will have a positive long-term impact on the local community in terms of addressing national policy priorities and local Health Board priorities. It is envisaged that the proposed pharmacy would work closely with the local GP surgery to develop and supplement the services already provided.

### **Desirability**

A previous NHSG PPC agreed it would be desirable for the neighbourhood of Pitmedden to receive the full range of pharmaceutical services as defined in the Pharmacy Contract but that the terms of the then existing regulations *regrettably* did not facilitate that. The Committee were bound by the regulations in force at the time in making their decision. The Committee felt that this issue was one that should be addressed at a national level.

The regulations have of course changed and Scotland has seen more Pharmacies being placed in small to medium communities such as Pitmedden. In September 2012 NHS Fife's PPC approved a new Pharmacy in East Wemyss of which the population was less than 2000. This application highlighted six other neighbourhoods with populations less than this figure that have their own Pharmacies or that recently had an application granted, an example being Ellie and Earlsferry having a population of 910. The approved application at East Wemyss was granted despite their being 5 Pharmacies in the surrounding towns and villages; - within a range of 3.5 miles. The nearest being only 1.8 miles, which exemplifies the new Regulations giving support to PPCs to grant applications, even if there are Pharmacies fairly close, when neighbourhood circumstances are judged on their own particular circumstances and merits.

(Info from NHS Fife PPC minutes)

## **Consultation**

Extensive consultation has been carried out in the neighbourhood both to inform the NHSG Review Panel and separately for this application. Results of the consultation for the submission to both the NHSG Review Panel & Board are within the attached documentation.

### **B999 Pitmedden Pharmacy specific consultation**

#### **Advertisement**

In accordance with the regulations Public Notices advising B999 Health Care's intention to apply to open a pharmacy within premises at Pitmedden Surgery were placed on the Public Notice Boards, within the General Store, the Post Office both located in Pitmedden and the Pitmedden Surgery on 4<sup>th</sup> December 2012 inviting public views by 11<sup>th</sup> January 2013.

A notice was also placed on [www.B999.org.uk](http://www.B999.org.uk) inviting online submission of the questionnaire.

Newspaper advertisements were placed in the Press & Journal (5<sup>th</sup> December 2012) and Ellon Times (6<sup>th</sup> December 2012).

The Pitmedden Community Newsletter distributed early December to ALL households and businesses within the neighbourhood with copies available from local shops, health centre, kirk, public hall, hotel and public house contained an article on the consultation. Copies are also distributed to homes in Udney Green and the wider Udney community.

B999 Health Trust and importantly the Consultation were advised to the congregation at Pitmedden Parish Church.

#### **Public Meeting**

Posters advertising a Public Meeting to be held in Pitmedden Hall on 9<sup>th</sup> January 2013 were displayed on all local notice boards, including those in Udney Green, shops, public Hall, School, kirk, post office and the Pitmedden Health Centre.

At the public meeting attended by 56 people there was a clear message from those present that a Pharmacy in Pitmedden was necessary to fill an unmet demand. Concerns raised at a previous public meeting in Pitmedden were reiterated; that Pharmacies out with the village had poor parking for disabled and there was a need for provision of a local Pharmacy where disabled parking could be provided.

### **Results from Questionnaires**

The Questionnaires were distributed to each household within the Pitmedden neighbourhood and were available at key locations in the village. Questionnaire could be completed electronically on [www.b999.org.uk](http://www.b999.org.uk) or deposited in collection boxes at the local Co-op, the post office or at the Health Centre.

To get a true reflection the first validation check of the data removed all information for post codes outwith the neighbourhood.

There were 129 responses from people within the neighbourhood and 126 of these were registered patients of the Haddo Medical Practice. When asked if they were happy that the surplus income from the company would be used in the community almost 94% of them agreed with this policy.

When asked what additional services they would like, the responses were as follows:-  
51% would like Evening Opening, 10% would like Sunday opening and 34% would like a home delivery service.

***Support Documentation is provided within the Appendices***



## NHS GRAMPIAN

### Dispensing of NHS prescriptions by the Haddo Medical Group for the population who live in and around Pitmedden

#### Aim

This paper seeks a decision from the Board concerning the dispensing of NHS prescriptions by the Haddo Medical Group for the population who live in and around Pitmedden. A recommendation from a Review Panel set up at the request of the Chief Operating Officer, is made to the Board. The Review Panel's report is available at Appendix 1.

#### Background

The Board considered this issue at its meeting on 4 April 2012 (Appendix 2) and decided to request the Haddo Medical Group to cease dispensing for the populations of Tarves and Pitmedden. Following the Board's decision in April 2012, NHS Grampian has continued to meet all stakeholders and agreed in September 2012 to convene an independent Review Panel to review the outcome and decision of the Dispensing Doctor Decision Making Group in January 2011.

A full chronology is provided in the "Background" section of the Review Panel's report (Appendix 1).

#### Discussion

The Review Panel made its recommendation having considered the scope of its remit very carefully. Its decision was based on the regulations and the consideration of serious difficulty. The panel was aware of the closure of the Tarves branch surgery but did not include this in its decision making as it deemed this to be beyond its remit.

The Review Panel considered all of the evidence which had been considered previously. In addition, the Review Panel was presented with new written evidence from Udny and Tarves Community Councils. This written evidence was supported with a verbal presentation to the Review Panel by two members of the Community Council. The Review Panel also received two letters from two MSPs.

The Review Panel reached a majority decision that this evidence demonstrated serious difficulty *in obtaining from a pharmacist any drugs, medicines or appliances, other than scheduled drugs, required for that person's treatment* due to "inadequacy of means of communication". The Review Panel's interpretation of this concerned the use of public transport for a proportion of the population.

## **Risks**

The Board faces a significant risk if it supports the recommendation of the Review Panel, namely the potential of a legal challenge from a pharmacist to the legitimacy of the continued dispensing by the practice in this area which may be considered to have adequate provision from the pharmacy in Tarves (as well as those in Ellon, Oldmeldrum and others). This issue is highlighted in the paper presented to the April 2012 Board meeting (Appendix 2).

The Board faces a significant risk by not supporting the recommendation (i.e. remain with their previous decision reached in April 2012 – to cease the dispensing by the practice to the population of Pitmedden), namely, the potential challenge from the community and its politicians in the face of the recommendation from an independent Review Panel.

## **Recommendation**

The Review Panel believed that the Community Councils' presentation and supporting papers demonstrated serious difficulty of access for a proportion of the community of Pitmedden and therefore recommend that the Haddo Medical Group should continue to dispense NHS prescriptions for their practice population in all areas except that covered by the Tarves neighbourhood, which was defined by the National Appeal Panel as the village of Tarves surrounded on all sides by agricultural green land.

## **Background Papers**

Appendix 1 – Report from the Review Panel meeting on 22 November 2012  
Appendix 2 – NHS Grampian Board Paper from 4 April 2012 – Review of NHS Grampian's requirement for the continuation of dispensing of NHS Prescriptions by the Haddo Medical Group

## **Executive Lead**

Dr Pauline Strachan, Chief Operating Officer

## **Report Author**

Adam Coldwells, General Manager for Aberdeenshire CHP and Moray CH&SCP  
(Chair of the Review Panel of 22 November 2012)

27 November 2012

# **Challenge to the decision to request Haddo Medical Group to cease dispensing from Tarves and Pitmedden**

Submitted by Udney and Tarves Community Councils November 2012

## **Who are we?**

The presentation to the NHS Grampian review panel will be given by Chris York and David Hekelaar. This supporting paper has been prepared by Tamsin Morris, who will also attend the panel meeting. We are residents of the Tarves and Pitmedden area and have been asked to prepare this submission to the panel on behalf the Udney and Tarves Community Councils. We have no connection to Haddo Medical Group, other than as concerned patients.

## **Why we are here?**

Prior to 2011, Haddo Medical Group had been requested by NHS Grampian to dispense prescription drugs to their patients, under the National Health Service (General Medical Services) (Scotland) Regulations 1995. In 2011, a pharmacy opened in the village of Tarves. In January 2012, The NHS Grampian Dispensing Doctors Decision Making Group (DDDMG) decided that, as a consequence of the new pharmacy, Haddo Medical Group were no longer required to dispense to patients in Tarves with immediate effect and to patients in Pitmedden from April 2013. This was ratified by the NHS Grampian Board in April 2012 (NHS Grampian, 2012). As a result of the loss of income from dispensing, Haddo Medical Group took the decision to close Tarves branch surgery in September 2012.

## **Who cares?**

The community councils have been lobbying NHS Grampian since the Pharmacy application was submitted and hundreds of people have signed petitions, responded to consultations and written to NHS Grampian. Despite this, Tarves Surgery closed on September 7<sup>th</sup> 2012. A public meeting in August, to discuss the closure, was attended by over 200 local people. A 'closing ceremony' for the surgery drew out 150 angry locals and attracted considerable press coverage. Since then, local people, MPs and MSPs have been working to see the surgery re-instated.

The decision of the DDDMG means that dispensing will cease from Pitmedden surgery in April 2013. Over 180 residents of Pitmedden attended a meeting held on November 14<sup>th</sup>, 2012 where concerns over the implications of the loss of dispensing were raised.

As part of the information gathering process for this presentation, a questionnaire was prepared for Pitmedden and Tarves residents, which was completed by 460 people. The data collected from this questionnaire are outlined in this paper.

## Why are we challenging this decision?

The decision of the DDDMG removes dispensing from Pitmedden as well as Tarves. We are challenging this decision on the following grounds:

- The definition of serious difficulty
- The extent of serious difficulty within the relevant area
- The decision making process used
- The available information used for the decision
- The legal basis of the position taken by NHS Grampian
- Change in circumstances / special circumstances (loss of Tarves surgery)

## What is meant by 'serious difficulty'?

Serious difficulty does not appear to have a legal definition. Since the earliest days of the National Health Service, dispensing by doctors has been permitted to patients who cannot access a pharmacy. The National Health Service (General Medical and Pharmaceutical Services) Regulations 1974 stated that doctors could dispense to a person who:

*"satisfy the Committee that he would have serious difficulty in obtaining any necessary drugs...from a chemist by reason of distance or inadequacy of communication"*

The term 'serious difficulty' is not defined within these regulations, although a distance of 1 mile was specified as a way to determine an area which is 'rural' in character and would be sufficient justification for requiring a doctor to dispense. In the 1970s, a National Joint Review Committee on the dispensing of NHS prescriptions in rural areas was established, which produced the 'Clothier Report'. (Clothier, 1977)

This committee couldn't produce a workable definition of who could or couldn't dispense in rural areas. They recognised that serious difficulty can be impossible to define as it depends on public transport, patient health, local geography etc. Rather than new rules, they recommended that all significant changes to dispensing in rural areas be reviewed by a national committee, which would gradually establish 'case-law'.

Following the publication of the Clothier Report, amending legislation was introduced to set up a new national body and new regulations came into force in 1983 (the NHS (General Medical and Pharmaceutical Services) Amendment Regulations 1983. Under these new regulations, areas which had previously been deemed to be 'rural in character' became known as 'controlled localities', most of which were at least 1 mile from a pharmacy.

Over time, this situation has been maintained in England, with doctors generally able to dispense to patients who are more than 1 mile distance from a pharmacy. However, in Scotland, dispensing by doctors is now governed by the National Health Service (General Medical Services) (Scotland) Regulations 1995, which state:

*"34.-(1) Where the Board or primary care NHS trust after consultation with the Area Pharmaceutical Committee is satisfied that a person, by reason of distance or inadequacy of means of communication or other exceptional circumstances, will have serious difficulty in obtaining from a pharmacist any drugs, not being scheduled drugs, or appliances*

*required for his treatment under these Regulations, the Board or primary care NHS trust shall require the doctor who is responsible for the treatment of the person to supply such drugs and appliances to that person until further notice."*

## **How are we defining serious difficulty?**

Given the lack of a legal definition, serious difficulty must be defined by common sense. A simple consideration of linear distance is inadequate, particularly in rural areas where there is inequality in the road and public transport network compared with urban areas. Therefore, we have used the following criteria, which could be applied to anywhere in Scotland:

**Location:** whether a patient can walk or cycle; make a short journey by public transport or require a long journey by public transport.

**Vehicle Availability:** whether a patient has access to a vehicle all, some or none of the time, without relying on a 3<sup>rd</sup> party to drive

**Health condition:** whether a patient is fit to drive and the type of medical condition (e.g. acute or chronic)

A scoring system could be developed to investigate how these factors work together, giving, for example, a weighting to different location types, vehicle availability and health conditions. This is presented as a model in Annex A. In practice this would not be possible as health conditions and other factors can change for any one individual on a daily basis. Additionally, as with all scoring systems, reliance on a calculated number would be dangerous and we have therefore simplified the analysis to produce the following workable definition:

**A patient is considered to have serious difficulty obtaining dispensed medicines, if they would have to:**

- *Rely on a third party to reach a pharmacy; or*
- *Make a journey by public transport for greater than two hours to reach a pharmacy.*

We believe this is a conservative definition – in reality, few of us would accept needing to rely on a third party or use public transport for two hours to access basic food items, let alone potentially urgent prescription medicines. It should also be remembered that our tolerance for travel is often reduced by illness – two hours using public transport (often involving a wait outside in potentially inclement weather) is unpleasant when in good health, but can be unbearable when ill.

### ***Is anyone in serious difficulty within Haddo Medical Group area?***

Residents who have their own vehicles are not considered to be in serious difficulty. They are able to visit the doctors in Pitmedden, drive three miles to Tarves to collect their prescription and drive three return miles. This is inconvenient, but does not constitute serious difficulty.

However, not all residents own a car. The Scottish Index of Multiple Deprivation highlights the Ythsie area (which includes Pitmedden, Tarves and Methlick) as having very little economic

deprivation but a high degree of deprivation in geographic access to services. The best estimate, from the Scottish Neighbourhood Statistics, is 87% of households in Accessible Rural areas owning, or having access to at least one car (Scottish Government, 2012). This means that at least 13% of households would not have access to a car. **These people are therefore reliant on a third party taking them to a pharmacy, or on using public transport.**

Additionally, it should be noted that the Scottish Neighbourhood Statistics estimate cars per household. This is not the same as cars per individual. In many cases, households will have one car, which is used by several household members. This may result in the car being unavailable all of the time. For example, many young families have only one car, which is used by the primary wage-earner to get to and from work. **The parent who remains at home with children may therefore not have access to a car during the daytime.** There are no recently published statistics to verify the frequency of one-car families within the Ythsie area – the estimate for households in 'Accessible Rural' locations with two or more cars is 45% (SNS 2009), leaving 55% of households potentially unable to access a car 'on demand'. However, the questionnaire data collected for this presentation showed the following:

From the 414 valid responses, 38-46% of respondents have limited or no access to a car (see Annex B – survey results). These include residents of Pitmedden village as well as Tarves and outlying areas.

We therefore believe that limited daytime access to cars and limited car ownership results in more than a third of the population of Pitmedden being unable to drive to a pharmacy to obtain prescription medicines. These people would be reliant on a 3<sup>rd</sup> party or public transport, and therefore have serious difficulty obtaining prescribed medicines from a pharmacy.

## **But can't people use the bus instead?**

Previous representations to NHS Grampian have highlighted the hourly bus service between Tarves and Pitmedden and the short journey time once a patient is on a bus. However, whilst the journey itself is short, this does not take into account the time spent trying to make a 'bus connection' as part of their visit to a doctor and/or pharmacy. A patient who lives in Pitmedden, visiting the doctor and being given an urgent prescription needs to catch a bus to Tarves, the nearest pharmacy, Ellon or Oldmeldrum. They can then have the prescription filled, before catching a return bus to Pitmedden. Based on journey times alone, this could take approximately 20 minutes – five minutes to travel to Tarves, ten minutes to obtain the prescription and five minutes back.

In practice, depending on the time of the appointment, it can take from 56 minutes to 4 hours to see a doctor, collect the prescription and return to Pitmedden (not including any travel time to or from the Health Centre). For appointments after 5pm patients would have to wait until the next day before being able to obtain their prescribed medicine. In the most favourable circumstances 52% of appointment times result in more than 2 hours journey, which rises to 81% for where there are delays of more than 10 minutes, or patients cannot make the dash to the pharmacy and back in less than 16 minutes. Of these, 14% would take more than 3 hours. See Annex C – public transport analysis

In the longer term, there are concerns over the viability of the Pitmedden – Tarves bus route. At the present time, the Tarves to Aberdeen bus is currently subsidised at a cost of just under £100,000 (Aberdeenshire Council Public Transport Unit, 2012) and it is therefore at risk during future public sector cuts. We would therefore suggest that the data outlined above is best case scenario, which is only likely to get worse if the timetable is reduced.

## **But can't people just get a lift?**

We do not believe that reliance on a third party is an acceptable method for someone in Scotland to rely on in order to access urgent or even routine medicines. However, in a rural community such as Pitmedden it is likely that many people will be able to get friends and neighbours to drive them to the pharmacy. This is more likely to occur when the journey is part of the natural 'fabric' of people's lives. So, if people are frequently travelling between Pitmedden and Tarves, it is likely to be easier for people to obtain a lift. However, natural patterns of travel do not run in a northerly direction from Pitmedden. Tarves itself is not a destination – it has fewer facilities than Pitmedden and is not en-route to a significant town or village. This is likely to reduce the number of opportunities for patients to obtain a lift with a third party.

In an application to Greater Glasgow NHS Board, Invercoast Ltd submitted evidence stating that one of the key factors in the need for a pharmacy was that

*"The existing services were... on average a mile from the residents, and nowhere near the places they went as part of their daily routine. The population was 5,500 and was one of the most deprived in Scotland." (NHS Greater Glasgow and Clyde, 2011).*

It was therefore argued that where the population had no reason to visit a particular locality a pharmacy does not serve the needs of those in adjoining neighbourhoods. A similar situation applies to the Tarves pharmacy. This means that the opening of the pharmacy has not changed the situation for any patients outside the Tarves neighbourhood, irrespective of whether they have access to a vehicle or not.

## **Are there any other risks in the DDDMG decision?**

As a result of the DDDMG decision, patients who require an urgent prescription for an acute medical condition will need to travel from Pitmedden to Tarves and return. For many, they will have a serious difficulty in doing this. For those who do have a car, they will be driving along a road which has suffered a significant number of fatal and serious accidents in recent years. (www.crashmap.co.uk, 2012)

The latest available figures (January – August 2012) showed that Haddo Medical Group dispensed an average of 3,672 prescriptions per month. There is no data available as to how many of these are repeat, non-urgent prescriptions and how many are emergency, one-off items. However, data collected in our questionnaire showed that 43% of the prescriptions received by the respondents were for acute, one-off conditions.

Assuming that at least 58% of these prescriptions will be collected by car (i.e. by those who do not have serious difficulty), this will result in another 916 journeys on the B999. In many cases

these people are unlikely to be in a fit condition to drive as they will be suffering from an acute condition which requires urgent medication.

## **Is there an environmental impact from extra journeys?**

Assuming that 60% of the 3,672 prescriptions currently dispensed by Haddo Medical Group are for patient in or around Pitmedden, an additional 1,278 journeys along the B999 (or to an alternative pharmacy, further away) will be required as a result of the DDDMG decision.

Assuming a 10km journey, using an 'average' car with emissions of 150g/km (167kg/km in 2006, 138kg/km in 2011 for new cars), this equates to an additional 1.9 tonnes of CO<sub>2</sub> per month, (23 tonnes of CO<sub>2</sub> per annum). As a public body, NHS Grampian is required, under the Climate Change Act 2009 to "*act in the way best calculated to contribute to delivery of the Act's greenhouse gas emissions reduction targets.*" (Scottish Parliament, 2009)

This also appears to be contrary to the £24 million investment in the 'NHS Scotland Carbon Reduction Programme' announced by the Scottish Government (Alex Neil, MSP, 2012)

## **Does the closing of Tarves Surgery have any impact on patients?**

As a result of DDDMG decision, Tarves branch surgery has been closed. We believe that this change in circumstances constitutes 'special circumstances' as defined in the General Medical Services Regulations and should therefore be taken into account during any review of the DDDMG decision.

Patients in Tarves will now have to travel to Pitmedden or Methlick to see a doctor, then back to Tarves to collect a prescription. Many patients in Tarves will have serious difficulty in doing this – for similar reasons to those highlighted above, including lack of access to a car and an infrequent bus service. Those needing to use public transport will find that 84% of appointment times would require more than 2 hours to make the journey and return to Tarves to collect their prescription. It is arguable that Tarves residents are more likely to face serious difficulty in accessing pharmacy services since the opening of a pharmacy in their neighbourhood.

## **Is this reduction in local availability of services an NHS Grampian policy?**

As highlighted in the Community Health Partnership impact assessment of the dispensing decision (NHS Grampian, 2012), the decision goes against NHS ethos of delivering services closer to patients' homes as possible. It also goes against public opinion, in contrast to the aims and outcomes stated in the Healthcare Quality Strategy for NHS Scotland which states an aim of people in Scotland having "an assurance that NHS Scotland services will be further improved in the light of what people tell us about their experiences and outcomes."

Currently the NHS Grampian Pharmaceutical Care Services plan makes the statement in April 2012 that the neighbourhood of Pitmedden in Udney is adequately served (NHS Grampian, 2012). This assessment of provision is based on the inclusion of a dispensing doctor within Pitmedden (as highlighted on the map in page 59). We would therefore suggest that the



removal of a doctors dispensing provision in Pitmedden requires adequacy within the terms of the pharmaceutical care plan to be reassessed. The Pharmaceutical Care Services plan also states that:

*Under current Pharmaceutical Care Services regulations for Scotland, services provision by contractors on the pharmaceutical list should be assessed within a defined 'neighbourhood'."*

The DDDMG appears to have gone against this statement by assessing provision within a much greater area than the Tarves neighbourhood alone.

## **What is our recommendation to NHS Grampian?**

We have demonstrated that there is a sizeable proportion of the local population that will face serious difficulty accessing pharmacy services if Haddo Medical Group is unable to dispense to patients outwith the Methlick area. It is not possible to administer a system which records who will have serious difficulty as this, as highlighted above, depends on individual circumstances, which may vary on a daily basis. It would therefore be logical to request Haddo Medical Group to continue to dispense to all patients in the Pitmedden area and those outside the defined Tarves neighbourhood.

We therefore recommend that NHS Grampian continues to request dispensing from Pitmedden.

## **Would reversing the DDDMG decision result in a legal challenge?**

A Freedom of Information request to NHS Grampian on 12th October 2012 (FOI/2012/402) revealed that the threat of a legal challenge from a pharmacist connected to the Tarves pharmacy was considered to be a material consideration for the decision to cease dispensing. In an email dated 15th February 2011, Mr Semple suggests that the NHS Grampian protocol for deciding on when to ask doctors to dispense is illegal because it uses neighbourhood alone.

However, as can be seen above, our evidence uses more than just neighbourhood or a simple linear measure of distance. Those who have serious difficulty accessing pharmaceutical services cannot be defined by location alone. Levels of difficulty will vary depending on the economic status of the household, the extent of the public transport availability, the natural directions of travel within an area, the location of a patient's friends and relations and the state of their health at the time of requiring pharmaceutical services. Neighbourhood is to some extent a 'shorthand' for all these factors, but it does not represent the full complexity of the issue. Location (i.e. neighbourhood) does not define 'serious difficulty' but is a reasonable means of delimiting it, providing other factors are considered.

Our analysis of the Pitmedden locality, its bus service and the surrounding area indicate that significant numbers of patients will have serious difficulty in accessing pharmaceutical services. This would not necessarily be the case with every patient in Scotland who is three miles from the nearest pharmacy. However, the particular circumstances of the Pitmedden case are such that serious difficulty results.

We believe that the evidence provided above is a factual account of the serious difficulty that would be faced by patients, which could be defended at a legal challenge. It is a complex case which requires factually correct information. As highlighted in our challenge to the DDDMG decision (see Annex D – which provides a background to the process), we can demonstrate that information presented previously was factually incorrect or misleading.

## Where can I find out more?

You can find further information on our case at [www.savetarvessurgery.org.uk](http://www.savetarvessurgery.org.uk), or by following us on Twitter (@TarvesSurgery).

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[http://www.nhsgrampian.org/nhsgrampian/gra\\_display\\_simple\\_index.jsp;jsessionid=5D1C8FAB8D6B0FDE216CCA5C194A000E?pContentID=5210&p\\_applic=CCC&p\\_service=Content.show&](http://www.nhsgrampian.org/nhsgrampian/gra_display_simple_index.jsp;jsessionid=5D1C8FAB8D6B0FDE216CCA5C194A000E?pContentID=5210&p_applic=CCC&p_service=Content.show&)

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# Annex A - A weighted-score approach to assessing 'serious difficulty'

## Transport Options

Walking / cycling

Urban Public Transport

Rural / poor public transport

No public transport

## Base score

0.5 Safe access on pavement by foot, or speed limited road by cycle

1 Less than 2 hours round trip, with 45 minutes for wait, consultation and medication

2 Greater than 2 hours round trip with 45 minute stop or more than 1 bus required

3 More than 800m from bus route

## Vehicle Availability

None

Occasional

Always

## Vehicle multiple

3 need good public transport or walking / cycling; taxi possible (includes non drivers)

2 may be able to drive, but not dependable; taxi possible

1 able to drive; at least one vehicle available during daytime

## Health Condition

Unable to drive

acute (non-emergency)

acute minor

Chronic

## Health multiple

4 not in a fit state to drive

3 short term illness, requires prescribed medication quickly

2 could be treated by minor ailments clinic if necessary

1 long term condition - repeat prescriptions

| Health                | Vehicle Availability | Situation | Walking / cycling | Transport options |                  |                     |
|-----------------------|----------------------|-----------|-------------------|-------------------|------------------|---------------------|
|                       |                      |           |                   | 1-2 hours on bus  | > 2 hours on bus | No public transport |
| Unable to drive       | 3 None               | 12        | 0.5               | 1                 | 2                | 3                   |
|                       | 2 Occasional         | 8         | 6                 | 12                | 24               | 36                  |
|                       | 1 Always             | 4         | 4                 | 8                 | 16               | 24                  |
|                       |                      | 4         | 2                 | 4                 | 8                | 12                  |
| acute (non-emergency) | 3 None               | 9         | 4.5               | 9                 | 18               | 27                  |
|                       | 2 Occasional         | 6         | 3                 | 6                 | 12               | 18                  |
|                       | 1 Always             | 3         | 1.5               | 3                 | 6                | 9                   |
| acute minor           | 3 None               | 6         | 3                 | 6                 | 12               | 18                  |
|                       | 2 Occasional         | 4         | 2                 | 4                 | 8                | 12                  |
| Chronic               | 1 Always             | 2         | 1                 | 2                 | 4                | 6                   |
|                       | 3 None               | 3         | 1.5               | 3                 | 6                | 9                   |
|                       | 2 Occasional         | 2         | 1                 | 2                 | 4                | 6                   |

$$\text{Situation score} = \text{Health Condition} \times \text{Vehicle Availability}$$

$$\text{Difficulty score} = \text{Transport Options} \times \text{Situation Score}$$

## Score

0-8 Adequate

9-12 moderate difficulty

13-20 serious difficulty

21-30 extreme difficulty

can be done with minimum of forward planning

requires planning of journey and sufficient time

wholly dependent on third party who may not always be available

cannot be done without assistance, limited availability of assistance

# Challenge to the decision to request Haddo Medical Group to cease dispensing from Tarves and Pitmedden

Submitted by Udney and Tarves Community Councils November 2012

## Annex B: Community Consultation Results – online and paper survey

### *Methodology*

The questionnaire was made available online from 29<sup>th</sup> October 2012 until 18<sup>th</sup> November 2012 and the IP address of the respondent was recorded.

Approximately 1500 paper copies were distributed within Pitmedden village and collection boxes were placed in local shops and in Pitmedden Surgery. The paper responses were entered into the online form by volunteers and the IP address of these responses was noted.

The original survey can be viewed online at [www.SaveTarvesSurgery.org.uk/questionnaire](http://www.SaveTarvesSurgery.org.uk/questionnaire) (new submissions are disabled).

### *Results*

A total of 464 responses were received, of which 449 gave a postcode. Valid responses for a given question are those where the question was answered. The sample size gives a margin of error of +/- 4.3% at 95% confidence level. Although, it is recognised that it is not a truly random sample, this is considered to be a robust quantitative analysis in the given circumstances.

There is no evidence that multiple responses were entered, or that responses were received online from outwith the catchment, although it is recognised that not all IP addresses are accurately located (some locations are for the ISP rather than the network connection).

### **Vehicle availability within the respondents**

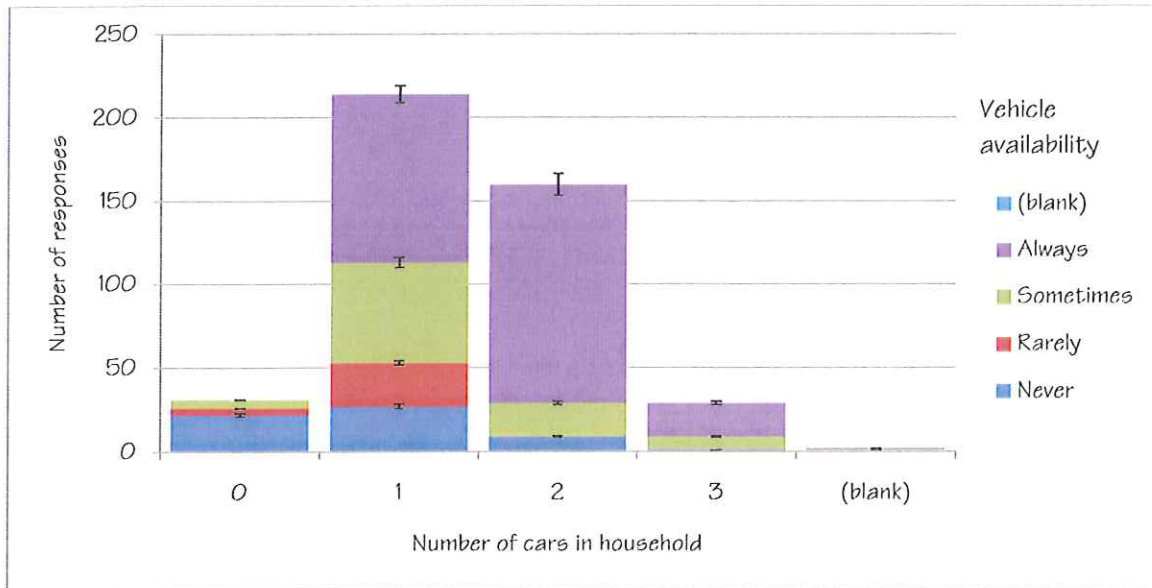
The following table shows car ownership by respondent:

|                             |     |
|-----------------------------|-----|
| No cars                     | 7%  |
| 1 car household             | 49% |
| 2 car household             | 37% |
| 3 or more cars in household | 7%  |

The following table shows availability of cars by respondent (9 respondents with no car in the household reported limited availability of a car whereas 37 respondents with one or more car in the household reported having limited or no access)

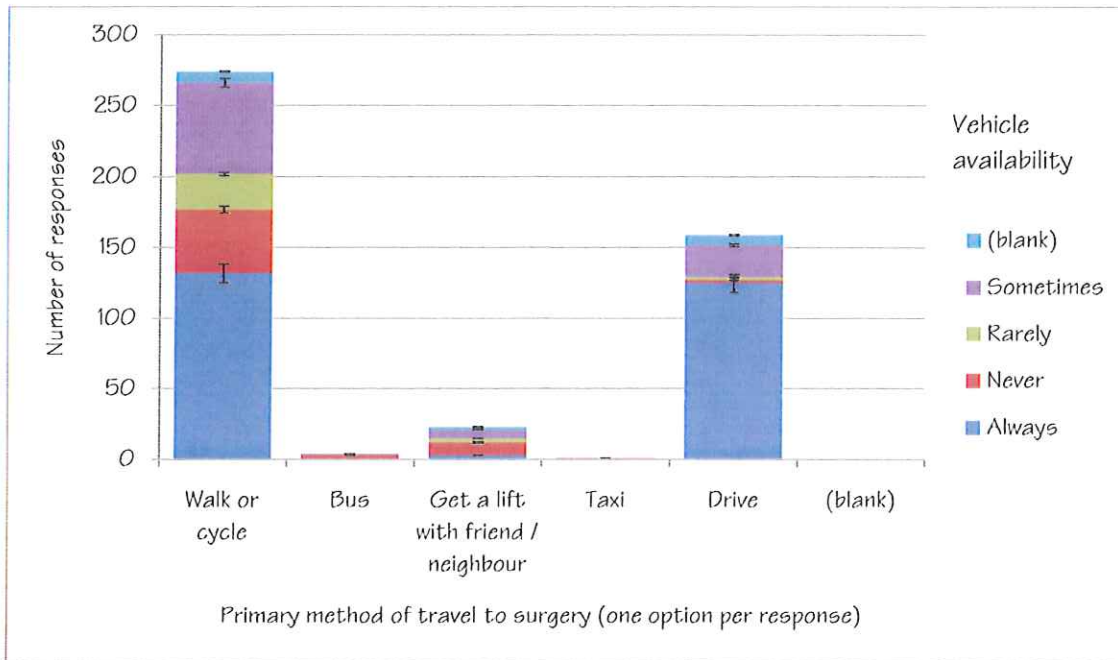
|                    |     |
|--------------------|-----|
| No vehicle access  | 14% |
| Limited access     | 28% |
| Always have access | 58% |

From this it is reasonable to assume that 42% (range 38-46%) of respondents are potentially dependent on 3rd party or public transport to obtain prescribed medicines and this is shown on the chart below:

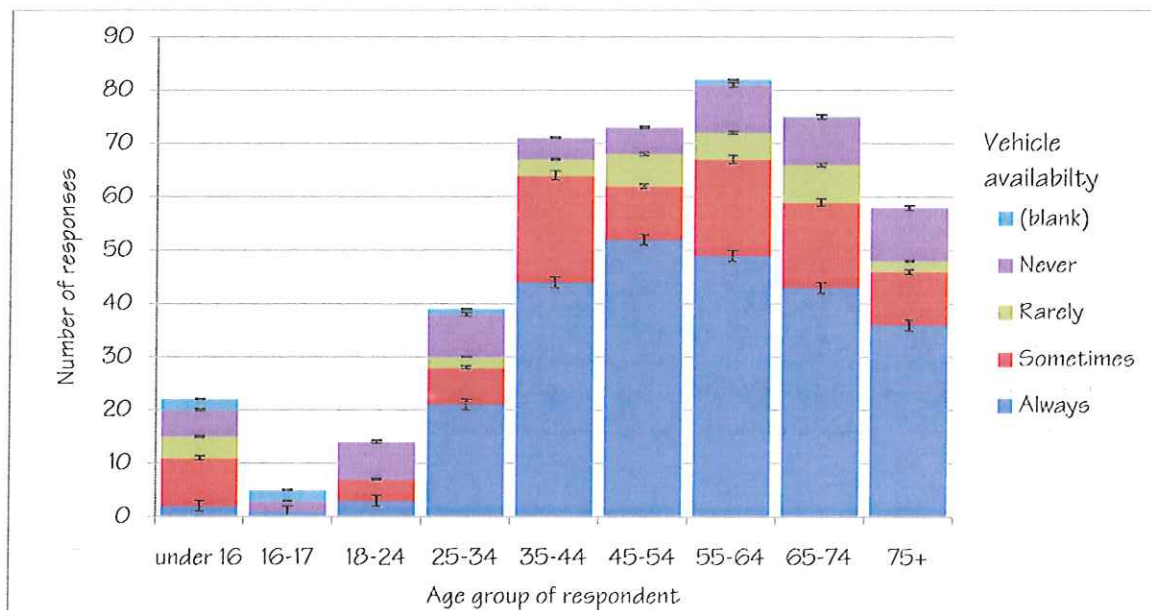


Of those without access to a car, 83% (n50) do not hold a driving licence. These people would be unable to resolve their serious difficulty easily.

In addition respondents were asked how they currently access their surgery, which can be seen plotted on the chart below along with vehicle availability. This shows that only 51% of people who currently walk or cycle always have access to a car.



Vehicle availability can also be cross referenced with the age profile of respondents as shown on the chart below. A potential risk to those aged over 75 is that they are more likely to have restrictions on vehicle availability owing to medical conditions or need to reapply for their licence due to age or medical condition. 94% of over 75s who always have access to a car have a driving licence



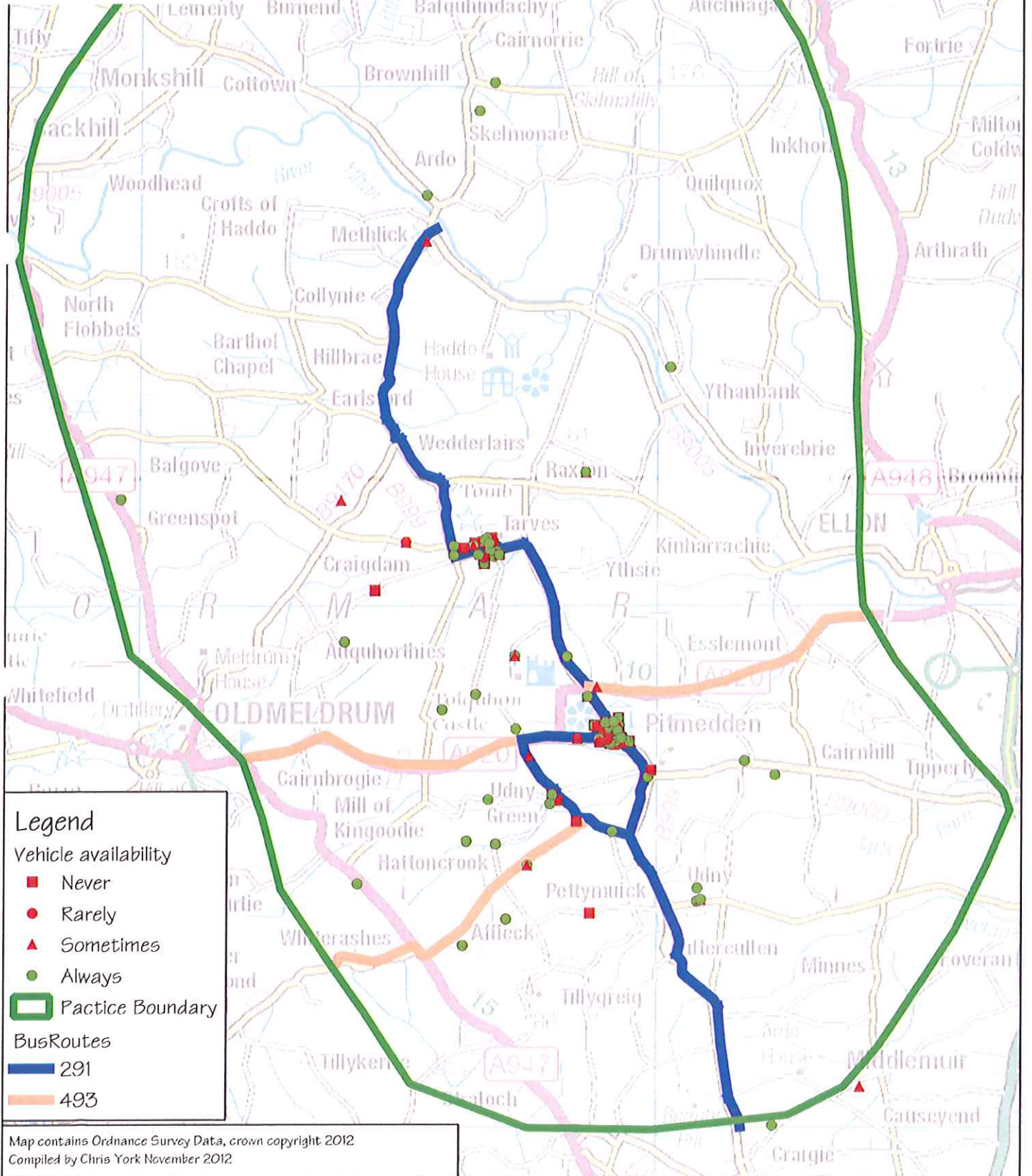
The location of respondents was also recorded by postcode and this spatial distribution is shown on the map overleaf. This demonstrates that 42% (38-46%) of respondents within the settlement of Pitmedden have limited or no access to a car. These are most likely to be most impacted by the withdrawal of dispensing services as they can currently obtain prescribed medicine by walking/ cycling (or mobility scooter) and would be required to travel on public transport or rely on a third party.

# HMG area community survey: daytime access to a car - respondents by postcode

Always have access to a car 54-62%  
 Dependent on 3rd party or public transport 38-46%

No cars 3-11%  
 1 car household 45-53%  
 2 car household 32-41%  
 3 or more cars in household 2-11%

441 valid responses  
 error = +/- 4.3% @ 95%



# Public transport options for Pitmedden patients obtaining prescribed medicines

## Service 290/1 Pitmedden to Tarves pharmacy - realistic assessment

|               |          |                      |                  |       |       |       |       |       |       |       |     |
|---------------|----------|----------------------|------------------|-------|-------|-------|-------|-------|-------|-------|-----|
| Appointment   | Earliest | 08:40                | 09:10            | 10:10 | 11:00 | 14:30 | 15:00 | 16:10 | 17:10 |       |     |
|               |          | 08:50                | 09:20            | 10:20 | 11:10 | 14:40 | 15:10 | 16:20 | 17:20 |       |     |
|               |          | 09:00                | 09:30            | 10:30 | 11:20 | 14:50 | 15:20 | 16:30 | 17:30 |       |     |
|               |          |                      | 09:40            | 10:40 |       |       | 15:30 | 16:40 |       |       |     |
|               |          |                      | 09:50            | 10:50 |       |       | 15:40 | 16:50 |       |       |     |
|               |          |                      | 10:00            |       |       |       | 15:50 | 17:00 |       |       |     |
|               |          |                      |                  |       |       |       | 16:00 |       |       |       |     |
|               |          |                      |                  |       |       |       |       |       |       |       |     |
|               |          |                      |                  |       |       |       |       |       |       |       |     |
| Bus (290/291) | Latest   | Depart Pitmedden     | 09:37            | 10:33 | 11:26 | 12:33 | 15:21 | 16:36 | 17:30 | n/a   |     |
|               |          | Collect prescription | Arrive Tarves    | 09:44 | 10:40 | 11:33 | 12:40 | 15:28 | 16:52 | 17:35 | n/a |
|               |          | Bus                  | Depart Tarves    | 10:49 | 11:49 | 12:49 | 14:09 | 17:16 | 17:16 | 18:50 | n/a |
|               |          |                      | Arrive Pitmedden | 10:56 | 11:56 | 12:56 | 14:16 | 17:21 | 17:21 | 18:59 | n/a |
| Journey time  | longest  | 02:16                | 02:46            | 02:46 | 03:16 | 02:51 | 02:21 | 02:49 |       |       |     |
|               |          | 02:06                | 02:36            | 02:36 | 03:06 | 02:41 | 02:11 | 02:39 |       |       |     |
|               |          | 01:56                | 02:26            | 02:26 | 02:56 | 02:31 | 02:01 | 02:29 |       |       |     |
|               |          |                      | 02:16            | 02:16 |       |       | 01:51 | 02:19 |       |       |     |
|               |          |                      | 02:06            | 02:06 |       |       | 01:41 | 02:09 |       |       |     |
|               |          |                      | 01:56            |       |       |       | 01:31 | 01:59 |       |       |     |
|               |          |                      |                  |       |       |       | 01:21 |       |       |       |     |
|               |          |                      |                  |       |       |       |       |       |       |       |     |
|               |          |                      |                  |       |       |       |       |       |       |       |     |
|               |          |                      |                  |       |       |       |       |       |       |       |     |

shortest

1-2 hours 19.4% of appointment times

2-3 hours 66.7%

more than 3 hours 13.9%

Assumptions: 30 minutes from appointment to next bus (including walk to bus stop - 5 minutes)  
 more than 15 minutes to reach pharmacy and collect prescription  
 all doctors appointments and buses are running to schedule (within 5 minutes)  
 does not include travel time to / from surgery

## Service 290/1 Pitmedden to Tarves pharmacy - minimum travel times

|              |          |                      |                  |       |       |       |       |       |       |       |     |
|--------------|----------|----------------------|------------------|-------|-------|-------|-------|-------|-------|-------|-----|
| Appointment  | Earliest | 08:40                | 09:20            | 10:20 | 11:10 | 14:20 | 15:10 | 16:20 | 17:20 |       |     |
|              |          | 08:50                | 09:30            | 10:30 | 11:20 | 14:30 | 15:20 | 16:30 | 17:30 |       |     |
|              |          | 09:00                | 09:40            | 10:40 |       | 14:40 | 15:30 | 16:40 |       |       |     |
|              |          | 09:10                | 09:50            | 10:50 |       | 14:50 | 15:40 | 16:50 |       |       |     |
|              |          |                      | 10:00            | 11:00 |       | 15:00 | 15:50 | 17:00 |       |       |     |
|              |          |                      | 10:10            |       |       |       | 16:00 | 17:10 |       |       |     |
|              |          |                      |                  |       |       |       | 16:10 |       |       |       |     |
|              |          |                      |                  |       |       |       |       |       |       |       |     |
|              |          |                      |                  |       |       |       |       |       |       |       |     |
| Bus          | Latest   | Depart Pitmedden     | 09:37            | 10:33 | 11:26 | 12:33 | 15:21 | 16:36 | 17:30 | n/a   |     |
|              |          | Collect prescription | Arrive Tarves    | 09:44 | 10:40 | 11:33 | 12:40 | 15:28 | 16:52 | 17:35 | n/a |
|              |          | Bus                  | Depart Tarves    | 10:49 | 11:49 | 11:49 | 12:49 | 17:16 | 17:16 | 18:50 | n/a |
|              |          |                      | Arrive Pitmedden | 10:56 | 11:56 | 11:56 | 12:56 | 17:21 | 17:21 | 18:59 | n/a |
| Journey time | longest  | 02:16                | 02:36            | 01:36 | 01:46 | 03:01 | 02:11 | 02:39 |       |       |     |
|              |          | 02:06                | 02:26            | 01:26 | 01:36 | 02:51 | 02:01 | 02:29 |       |       |     |
|              |          | 01:56                | 02:16            | 01:16 |       | 02:41 | 01:51 | 02:19 |       |       |     |
|              |          | 01:46                | 02:06            | 01:06 |       | 02:31 | 01:41 | 02:09 |       |       |     |
|              |          |                      | 01:56            | 00:56 |       | 02:21 | 01:31 | 01:59 |       |       |     |
|              |          |                      | 01:46            |       |       |       | 01:21 | 01:49 |       |       |     |
|              |          |                      |                  |       |       |       | 01:11 |       |       |       |     |
|              |          |                      |                  |       |       |       |       |       |       |       |     |
|              |          |                      |                  |       |       |       |       |       |       |       |     |
|              |          |                      |                  |       |       |       |       |       |       |       |     |

shortest

<1 hour 2.7% of appointment times

1-2 hours 45.9%

2-3 hours 43.2%

more than 3 hours 8.1%

Assumptions: 20 minutes from appointment to next bus  
 9 minutes to reach pharmacy, collect prescription and return to bus stop  
 all appointments are on schedule and last 10 minutes  
 all buses are running to schedule



# Public transport options for Pitmedden patients obtaining prescribed medicines

## Service 493 - Pitmedden - Ellon / Oldmeldrum/ Inverurie pharmacy

| Appointment          | Earliest          | 08:40 | 09:10 | 14:30 | 16:20 |                  | 09:10 | 14:30 | 15:40 |
|----------------------|-------------------|-------|-------|-------|-------|------------------|-------|-------|-------|
|                      |                   | 08:50 | 09:20 | 14:40 | 16:30 |                  | 09:20 | 14:40 | 15:50 |
|                      |                   | 09:00 | 09:30 | 14:50 | 16:40 |                  | 09:30 | 14:50 | 16:10 |
|                      |                   |       | 09:40 | 15:00 | 16:50 |                  | 09:40 | 15:00 | 16:20 |
|                      |                   |       | 09:50 | 15:10 | 17:00 |                  | 09:50 | 15:10 | 16:30 |
|                      |                   |       | 10:00 | 15:20 | 17:10 |                  | 10:00 | 15:20 | 16:40 |
|                      |                   |       | 10:10 | 15:30 | 17:20 |                  | 10:10 | 15:30 | 16:50 |
|                      |                   |       | 10:20 | 15:40 | 17:30 |                  | 10:20 |       | 17:00 |
|                      |                   |       | 10:30 | 15:50 |       |                  | 10:30 |       | 17:10 |
|                      |                   |       | 10:40 | 16:10 |       |                  | 10:40 |       | 17:20 |
|                      |                   |       | 10:50 |       |       |                  | 10:50 |       | 17:30 |
|                      |                   |       | 11:00 |       |       |                  | 11:00 |       |       |
|                      |                   |       | 11:10 |       |       |                  | 11:10 |       |       |
|                      |                   |       | 11:20 |       |       |                  | 11:20 |       |       |
| Bus                  | Latest            | 09:37 | 13:25 | 16:45 | n/a   | Depart Pitmedden | 12:22 | 16:05 | 17:52 |
| Collect prescription | Depart Pitmedden  | -     | 13:35 | 16:55 |       | Arrive Ellon     | 12:32 | 16:18 | 18:04 |
|                      | Arrive Oldmeldrum | 09:59 | 13:47 | 17:09 |       |                  |       |       |       |
|                      | Arrive Inverurie  | 12:00 | 14:00 | 17:25 |       |                  |       |       |       |
| Bus                  | Depart Inverurie  |       | 14:12 | 17:37 |       | Depart Ellon     | 12:46 | 16:38 | n/a   |
|                      | Depart Oldmeldrum | 12:22 | 14:22 | 17:52 |       | Arrive Pitmedden | 12:56 | 16:48 |       |
|                      | Arrive Pitmedden  |       |       |       |       |                  |       |       |       |
| Journey time         | longest           | 03:42 | 03:32 | 03:37 |       |                  | 03:46 | 02:18 |       |
|                      |                   | 03:32 | 03:22 | 03:27 |       |                  | 03:36 | 02:08 |       |
|                      |                   | 03:22 | 03:17 | 03:22 |       |                  | 03:26 | 01:58 |       |
|                      |                   |       | 03:02 | 02:52 |       |                  | 03:16 | 01:48 |       |
|                      |                   |       | 02:52 | 02:42 |       |                  | 03:06 | 01:38 |       |
|                      |                   |       | 02:32 | 02:32 |       |                  | 02:56 | 01:28 |       |
|                      |                   |       | 02:42 | 02:22 |       |                  | 02:46 | 01:18 |       |
|                      |                   |       | 02:07 | 02:12 |       |                  | 02:36 |       |       |
|                      |                   |       | 02:52 | 02:02 |       |                  | 02:26 |       |       |
|                      |                   |       | 02:42 | 01:42 |       |                  | 02:16 |       |       |
|                      |                   |       | 02:32 |       |       |                  | 02:06 |       |       |
|                      |                   |       | 02:22 |       |       |                  | 01:56 |       |       |
|                      |                   |       | 02:12 |       |       |                  | 01:46 |       |       |
|                      |                   |       | 02:02 |       |       |                  | 01:36 |       |       |
|                      | shortest          |       | 02:02 |       |       |                  |       |       |       |

|                   |       |                   |       |
|-------------------|-------|-------------------|-------|
| 1-2 hours         | 2.9%  | 1-2 hours         | 25.0% |
| 2-3 hours         | 17.1% | 2-3 hours         | 25.0% |
| more than 3 hours | 80.0% | more than 3 hours | 50.0% |

Assumptions: 30 minutes from appointment to next bus  
 less than 15 minutes to reach pharmacy and collect prescription  
 all buses are running to schedule

Public transport options for Tarves patients obtaining prescribed medicines

Service 290/1 - Tarves - Pitmedden surgery - Tarves Pharmacy

|  |       |       |       |       |       |       |       |       |       |       |       |
|--|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Depart Tarves                          | 08:40 | 08:40 | 09:40 | 09:40 | 10:50 | 10:50 | 14:10 | 14:10 | 15:49 | 15:49 | 15:49 |
| Arrive Pitmedden                       | 08:46 | 08:46 | 09:46 | 09:46 | 10:56 | 10:56 | 14:16 | 14:16 | 15:56 | 15:56 | 15:56 |
| Appointment time                       | 09:00 | 09:20 | 10:00 | 10:20 | 11:10 | 11:20 | 14:30 | 15:10 | 16:10 | 16:20 | 17:10 |
|  | 09:10 | 09:30 | 10:10 | 10:30 |       |       | 14:40 | 15:20 |       | 16:30 | 17:20 |
|  |       | 09:40 |       | 10:40 |       |       | 14:50 | 15:30 |       | 16:40 | 17:30 |
|  |       | 09:50 |       | 10:50 |       |       | 15:00 | 15:40 |       | 16:50 |       |
|  |       |       |       | 11:00 |       |       | 15:50 | 17:00 |       |       |       |
|  |       |       |       |       |       |       | 16:00 |       |       |       |       |
| Bus Depart Pitmedden                   | 09:37 | 10:33 | 10:33 | 11:26 | 11:26 | 12:33 | 15:21 | 16:36 | 16:36 | 17:35 | 18:17 |
| Arrive Tarves                          | 09:43 | 10:39 | 10:39 | 11:31 | 11:31 | 12:39 | 15:27 | 16:42 | 16:42 | 17:41 | 18:24 |
| Collect prescription (15min after bus) | 09:58 | 10:54 | 10:54 | 11:46 | 11:46 | 12:54 | 15:42 | 16:57 | 16:57 | 17:56 | n/a   |
| Journey time                           | 01:18 | 02:14 | 01:14 | 02:06 | 00:56 | 02:04 | 01:32 | 02:47 | 01:08 | 02:07 | 02:35 |

<1 hour 0.0%  
 1-2 hours 15.4%  
 2-3 hours 78.8%  
 no same day collection 5.8%

# Challenge to the decision to request Haddo Medical Group to cease dispensing from Tarves and Pitmedden

Submitted by Udney and Tarves Community Councils November 2012

## Annex D: Flaws in the Decision Making Process

In the opinion of the Community Councils the decision of the Board to ratify the recommendation of the Dispensing Doctor Decision Making Group (DDDMG) to cease dispensing at the Pitmedden Surgery of HMG was not based on the healthcare needs of the patients. It is clear that the NHS Grampian Board were presented with a choice between patient care and a perceived threat of a legal challenge to an established (and widely used) protocol. We do not believe that these options had equivalent merit and the decision to give precedence to a perceived legal challenge was incorrect.

We are requesting that this panel considers the following items from the Minutes of the DDDMG Meeting held on 16th January 2012, which appear to demonstrate that the decision did not consider all the available evidence prior to making a recommendation to the Board. We contend that as a result, the NHS Grampian Board was left to consider two disparate papers instead of a fully considered view of the position.

The following issues are drawn to the attention of the panel:

### ***Deviations from known NHS policies and practice***

The decision appears to contradict established policy and we have found no record of a policy imperative that would have required overturning an existing protocol.

### **Within Item 1 Background**

#### ***Third para***

*Following the granting of a pharmacy contract in Tarves and the opening of Tarves Pharmacy on 13th December 2010, the Haddo Medical Group were given 12 month's notice to cease dispensing services to registered patients living within the neighbourhood of the pharmacy, as defined by the National Appeals Panel. "This cessation was in line with the NHS Grampian (and other Health Boards) protocol available at the time"*

#### ***Fourth para***

*Following the notification to the Haddo Medical Group to cease dispensing for patients, living within the neighbourhood of Tarves, the pharmacy contractor in Tarves challenged the legality of this decision... Advice from the Central legal Office was that it was not appropriate to use the neighbourhood alone to define difficulty"*

This demonstrates that the DDDMG was convened as a response to a perceived threat of legal action rather than because the issue of serious difficulty had been resolved.

We were advised that NHS Grampian would obtain and provide us with a summary of the advice from Central legal Office, but had to submit a Freedom Of Information Request for details of the legal advice (FOI/2012/402). This was declined on 1st November 2012 however, we were provided with redacted copies of emails from Mr Semple to NHS Grampian between 3rd and 21st February 2012 which indicated written advice had been sought. These appear to indicate that the concerns were mainly related to the commercial viability of the Tarves pharmacy and that the implied threat of legal challenge was based on Mr Semple's own opinion.

From the limited documentation we have been provided with, the challenge was raised by Mr Semple in February 2011. To the best of our knowledge, Mr Semple was not the pharmacy contractor in Tarves at that time, although he claims to be an NHS contractor in Grampian in his email. We understand that the contractor is Tarves Health Limited, a company wholly owned by a Ms Blane, but it may be that Mr Semple remains the 'Superintendent Pharmacist', which could allow him to be classed as a contractor.

Additionally, as the Appeal to the National Appeals Panel had been submitted (against the decision of the PPC not to grant an application by Opel & Associates Ltd to be included in the Pharmaceutical List) it may have been inappropriate for NHS Grampian to continue discussion/communication with Mr Semple regarding the withdrawal of dispensing from Haddo Medical Group sites, irrespective of whether or not he is a contractor.

### ***Omissions and inadequacies within the decision making process***

We have identified a number of issues that question whether the DDDMG considered all of the evidence available or were able to give sufficient consideration to the implications of their recommendation.

#### **Within Item 4 Haddo**

*The Group agreed that it was appropriate to consider the impact of the opening of the pharmacy in Tarves, on the historical serious difficulty in patients obtaining drugs and appliances from a pharmacist, within the three separate communities of Tarves, Pitmedden and Methlick.*

#### **d. Access and Transport**

*From responses received from members of the public during the consultation period the vast majority quoted "serious difficulty" in accessing a pharmacy even now that the Tarves pharmacy was open.*

It is not clear from the minute whether this aspect was ignored or given a low priority and there appears to have been no attempt to quantify the proportion of population that would be without access to a car to collect prescribed medicines.

#### **e. Submissions from Interested Parties**

*The group were provided with copies of all submissions received during the 60 day consultation period from all those interested parties who replied.*

This is listed as including a submission from TLC Pharmacy which, to the best of our knowledge, is not a Pharmacy Contractor in the HMG area.

In a letter dated 19th October 2011 headed "REVIEW OF THE CONTINUED PROVISION OF DISPENSING SERVICES BY THE HADDO MEDICAL GROUP – OPPORTUNITY TO PROVIDE COMMENT" the Director of Pharmacy and Medicines Management stated:- "The consultation commences on Monday 24th October 2011 and concludes on Friday 23rd December 2011. All responses received previously and during the 60 day consultation period will be taken into consideration at a meeting of the Dispensing Doctor Decision Making Group, to be held in January 2012. "

He further stated that "I have written to the Practice and provided a number of laminated copies of this letter for display within their premises where patients collect their medicines".

Based on the minutes of the meeting it is clear that "All responses received previously" were not presented to the Group. These should have included submissions concerning the "Continued Provision of Dispensing by the Haddo Medical Group" which date back to 2009 when the possibility of the removal of dispensing by Haddo Medical Group was first mooted.

The wording of the letter advised patients who had previously indicated that they wished HMG to continue to dispense, were not required to re-submit their objections to the removal of dispensing from HMG.

This demonstrates that the consultation process was clearly flawed in that it did not give due consideration to all the submissions made to NHS Grampian, or the public was unwittingly misled.

#### *f. Decision of the Group*

From the wording of the minutes it is clear that the DDDMG was significantly influenced by the conclusion of the PPC Report, dated December 2010, on the application by Opel Associates to open a community pharmacy in Pitmedden which considered that there was adequate access to pharmacy services to the neighbourhood of Pitmedden. This decision was made under the 2009 set of regulations and the report contains a number of misleading or erroneous assertions that were presented by an interested party, the most relevant of which is on page 10 (PPC, 2010):

*"There are 16 different journeys per day, Monday-Friday that can be taken by residents of Pitmedden in order to access an NHS Community Pharmacy by bus, roughly speaking two every hour. The shortest round trip is 23 minutes, with a 9 minute dash to the pharmacy and the longest by far is 1 hr 31 minutes with 1 hr 17 minutes at the destination. Unsurprisingly, the shortest and easiest journey is to Tarves and back."*

The analysis of public transport done on behalf of Undy and Tarves Community councils clearly demonstrates that this information is disingenuous and misleading. In addition the PPC was tasked to determine whether a Community Pharmacy was 'necessary or desirable' and did not consider serious difficulty for patients.

We believe it was therefore unsafe for the DDDMG to rely on the PPC decision in determining serious difficulty: it was made using the previous set of regulations on Pharmacy Services, not General Medical Services Regulations, and the report contained misleading information.

## Within Item 6 Next Steps

### *Impact Assessment*

In our opinion an Impact Assessment by the Community Health Partnership should be undertaken prior to the meeting of the DDDMG or for the group to be reconvened when the assessment becomes available. This was not done in the case of Haddo Medical Group.

The Aberdeenshire Community Health Partnership undertook an assessment and the report (dated 23rd February 2012) was made available to the Board. Its conclusion states:

*The ratification of the DDDMG will have a direct impact on the shape of General Medical Services operating from the Haddo Medical Group; is contrary to public opinion in the area and also the NHS ethos of delivering services as close to the homes of people as possible.*

This is a significant assessment that should have been referred back to the DDDMG prior to them finalising their recommendation to the Board.

Extract from the approved Minute of Meeting of GRAMPIAN NHS BOARD held in Open Session on Tuesday 4 December 2012 at 10.00am in Committee Room 5, Woodhill House, Westburn Road, Aberdeen

Item 5 Review Panel – Dispensing of NHS Prescriptions by the Haddo Medical Group for the population who live in and around Pitmedden

Dr Coldwells, who had chaired the Review Panel, presented the report of the panel which had met on 22 November 2012.

The recommendation concluded that the Review Panel was satisfied that there had been demonstration of serious difficulty for a proportion of Pitmedden and that the practice should continue to dispense NHS prescriptions for their practice population in all areas excluding that covered by Tarves as defined by the National Appeal Panel as the village of Tarves surrounded on all sides by agricultural green land.

The Chairman welcomed two members of a deputation from the Tarves and Udney Community Councils – Mr Chris York and Mr David Hekelaar, to the meeting. He invited them to present to the Board and reminded them that, in terms of the Standing Orders, they had a maximum of 10 minutes to do so. Mr York and Mr Hekelaar gave a powerpoint presentation, during which they provided their working definition of “serious difficulty” which was not determined by distance alone. They referred to videos of more than 20 local people on their website who gave explanations of the difficulties faced. They referred to Tarves as being an empowered community as envisaged by the proposed Community Empowerment and Renewal Bill. They concluded by endorsing the findings of the Review Panel and asking the Board to implement its recommendations, asking the Board to recognise that the wishes of the community were compliant with all relevant health care regulations. They suggested that GP dispensing can be in the best interests of quality health care.

Following the presentation Board members were given the opportunity to ask questions. These related to the home delivery service provided by Tarves Pharmacy, additional safety checks of pharmacy dispensing and the availability of local transport services such as A to B and Dial A Bus.

Mrs Duncan queried the definition of “serious difficulty” and asked if it would apply to all rural and some City areas if the Board accepted it. She suggested that it might cause future difficulty if a precedent was set.

Mr York advised that some journeys took 4 hours. He suggested that serious difficulty was not defined in law.

Dr Coldwells advised that the Panel had considered precedent and had concluded that each community would have to provide the same level of evidence to establish serious difficulty. The Panel had difficulty deciding the proportion of the population for which there was a serious difficulty.

The Board was advised that 51- 81% of GP appointment times led to serious difficulty.

The Panel had considered a letter from the pharmacy in Tarves which had suggested the services it could provide. It was noted that there was no contractual obligation to provide these services. There was discussion about the prescription collection delivery service and the Chairman read an extract from a letter from the Tarves Pharmacy:

“I can assure you that Tarves Pharmacy will continue to offer this level of service on a daily basis in the future. Whilst this is not a service we are contracted to provide, it is common with most Pharmacies. Given our rural location it is a necessity for our patients that we will ALWAYS be willing to provide”.

The community representatives had been unaware of the offer to deliver to all, not just disabled patients.

Mr Bisset pointed out that it was not uncommon in other locations to have to wait until the following day for drugs to be dispensed because of timing of appointments or availability of medicines.

Mr Muir advised that there had not been sufficient time to take legal advice on the submission of what constituted “serious difficulty”.

Mr Anderson questioned whether by solving a problem in this location a strategic problem would be created if the bigger picture was not considered. He suggested the difficulties may be no worse than other areas. If it was indicative of a larger problem, then it might be appropriate to tackle the totality of this issue across Grampian.

Mr Scott suggested there was a dilemma and suggested that it be considered during the forthcoming review of pharmacy services in Grampian.

Mr Carey advised that each case would be looked at on its own merits. He did not think that a definition of serious difficulty would be forthcoming from the Scottish Government.

In response to a query about a review of pharmacy services, Dr Strachan advised that the recommendation of the Panel to the Board was based on the best information available and it was clear that currently all applications were dealt with on an individual basis and a precedent may be set. She assured the Board that a review of pharmacy needs of the population of Grampian would be undertaken and that this area would be included in the pharmacy care needs assessment.

Dr Dijkhuizen queried the consideration of the Tarves Pharmacy’s position by the Panel. Mr Coldwells advised it was difficult to recreate the intricacies of the Panel discussion, but the Panel had been aware of this. On balance it did not outweigh the issue of serious difficulty. He advised it was not an absolute decision – a judgement had been made based on the information available. He reassured the Board that the letter from the Tarves Pharmacy had been considered as part of the decision-making process.

Mr Muir suggested an offer was not the same as the guarantee. It was acknowledged that there was no legal contract binding the pharmacy to provide services.



Mrs Greener was not convinced of a serious difficulty compared to other areas and moved for an amendment to the recommendation. Mrs Lester seconded this. Mrs Juroszek suggested that allowing dispensing at Pitmedden did not necessarily mean that the Tarves surgery would reopen.

Following the discussion, the Chairman proposed the recommendation in the paper presented. This was seconded by Mr Charles Muir. Eleven members voted in favour of the recommendation in the paper, eight voted in favour of the amended recommendation and there was one abstention.

Therefore, by a majority vote, the Board agreed that the Haddo Medical Group should continue to dispense NHS prescriptions for their practice population in all areas except that covered by the Tarves neighbourhood, which was defined by the National Appeal Panel as the village of Tarves surrounded on all sides by agricultural green land.

## **B999 Pharmacy – Pitmedden**

### **Notice of Community Consultation (pre-application stage)**

The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, as amended, require a community consultation BEFORE any application is made to open a Community Pharmacy, and the consultation must run for 20 working days.

This is a formal notification of the start of the consultation process:

**The community-owned, B999 Health Trust (SC437970) intends to submit an application to NHS Grampian proposing to provide the full range of NHS pharmaceutical services, including any additional services required under an NHS arrangement from premises at:**

**Pitmedden Surgery, Tarves Road, Pitmedden**

**The proposed opening hours of the pharmacy are:**

**Monday to Friday, 9am to 6pm**

**Saturday, 9am – 1pm**

**Further details regarding this application can be found at [www.b999.org.uk](http://www.b999.org.uk) or by contacting:**

**B999 Health Trust  
c/o Udney Post Office  
AB41 7PQ  
[pharmacy@b999.org.uk](mailto:pharmacy@b999.org.uk)**

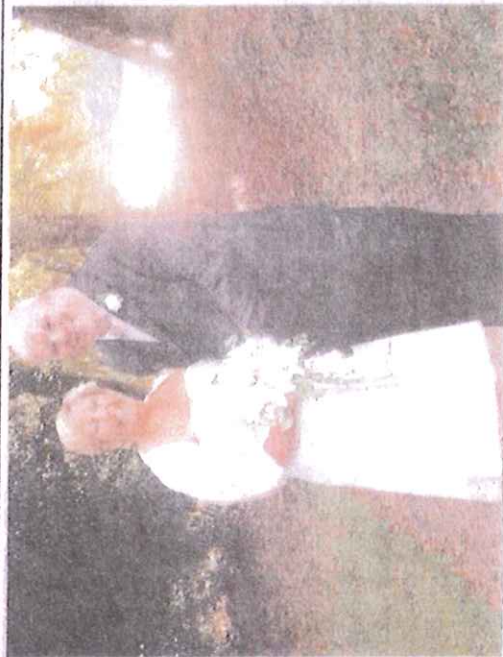
**Members of the public are invited to provide their views on this proposal by 11<sup>th</sup> January 2013**

**B999 Health Trust is a newly registered company limited by guarantee. It has been set up as a *non-profit making social enterprise*, owned by the community with all surplus income being used for Health Services in the area.**

# Notice Board

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## Weddings



### DOCHERTY - MILNE

Doc & Jools are pleased to announce their marriage on 20th October 2012 at Inverness. We would like to thank all of our family & friends for helping make the big day so special for us especially the celebration at The Cullier Mills Club

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## Lost and Found



### MISSING FROM COVE

Much loved family pet missing from the Charleston area of Cove. Gizmo is a friendly black short-haired cat. He does not wear a collar but is chipped. If you have seen him

13

## Public Notices

The community-owned, B399 Health Trust (SC437970) intends to submit an application to NHS Grampian proposing to provide the full range of NHS pharmaceutical services, including any additional services required under an NHS arrangement from premises at:

**Pitmedden Surgery, Tarves Road, Pitmedden**

The proposed opening hours of the pharmacy are:  
Monday to Friday, 9am to 6pm

Saturday, 9am - 1pm

Further details regarding this application can be found at [www.b399.org.uk](http://www.b399.org.uk) or by contacting:

B399 Health Trust, c/o Udry Post Office

AB41 7PQ

email: [pharmacy@b399.org.uk](mailto:pharmacy@b399.org.uk)

Members of the public are invited to provide their views on this proposal by 11<sup>th</sup> January 2013

## Personal Season's Greetings



### ALFIE & MARY MASSIE

Will not be sending cards this year but would like to wish all their family, friends and neighbours a Merry Christmas and Prosperous New Year.



### AGNES GORDON

Formerly of Dunroamin. Wishes all Family, Neighbours and Friends a Merry

## Personal Season's Greetings



### ELMA MCMASTER

will not be sending cards this year, but would like to send best wishes For christmas and the new year to all her family friends and neighbours

Lathries, OldRayne



### GEORGE MORRISON

Will not be sending Christmas cards this year but wishes all Relatives & Friends a Merry Xmas and Happy New Year.

Fairley Road, Kingswells

## Christmas Messages



### MARY RITCHIE

Would like to wish all family and friends and Merry Christmas and a Happy New Year.

POTTERTON



### MARJORY PAGET

is not sending cards but wishes family and friends a happy festive season and best wishes for 2013.

Huntly



**TOK CHRISTMAS GIFTS**  
 23-25 WEST HIGH ST.,  
 INVERURIE  
 Tel. 01467 621494

# DISPENSARY SERVICE VICTORY

By **KIRSTIE ROSS**

**AFTER months of uncertainty, and an agonising decision making process, the villagers in and around Pitmedden were celebrating this week, after winning the fight to save their dispensary service.**

Grampian Health Board members voted 11 to eight, with one abstention, in favour of retaining the community service on Tuesday, December 4. It was decided at the meeting, that Haddo Medical Group may continue to dispense NHS prescriptions in all areas except the Tarves neighbourhood. Uduy Community Council secretary, Brian McDougall, said: "It was an excellent result, but a very anxious wait.

"We sat down just after 10.15am and a decision wasn't made until around 11.30am.

"A full and frank discussion was had - it covered all the good bits and all the bad bits.

"We are delighted with the result, and pleased that we were able to produce the evidence to allow the health board to make their decision.

"We feel we made a very good case, and put in a lot of effort to make sure we had all the evidence needed."

The decision was made to remove the dispensing service at Pitmedden Surgery from April next year, when the opening of a commercial pharmacy in Tarves rendered the running of Tarves Surgery financially unviable, forcing it to close in September.

Campaigners Chris York, David Hekelaar and Tamsin Morris presented their case on November 22, to show that many people in Pitmedden would face serious difficulty in collecting medicines from neighbouring pharmacies in Tarves or Methlick.

Campaigner Chris commented that it had been a team effort on behalf of hundreds of people who gave their views, and that the presentation was only possible with their help.

The positive outcome of Tuesday's meeting means that Pitmedden Surgery can continue to dispense prescriptions, and the income will then support local NHS services, with a view to re-opening Tarves Surgery.

It was also announced by campaigners on Tuesday that they intend to set up their own community-run pharmacy in Pitmedden, where all profits would go back into local health services.

Locals will be making an application for their own pharmacy under the B999 Health Trust, a limited company, named after the road that links the three communities involved - Methlick, Pitmedden and Tarves.

The community-run pharmacy would be the first of its kind in Scotland, where they would employ their own chemist to continue to run the current dispensary in Pitmedden Surgery.

There were fears that Tuesday's decision to retain

dispensing would make the income from the service a target for commercial pharmacists.

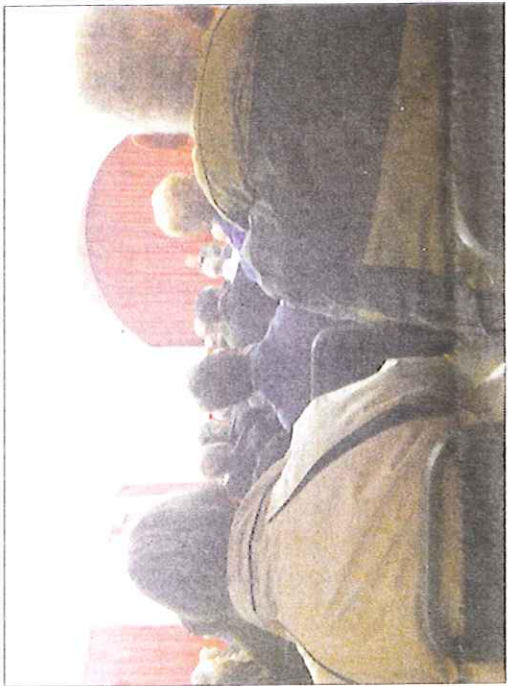
Community Council secretary, Brian, continued: "In fairness to the health board, they gave us the opportunity to present our case, they listened to everything we said, and we're very pleased.

"The plan for a community-run pharmacy isn't a take-over bid for Tarves pharmacy, or anything like that, it's just a case of safe-guarding people being able to get their medicines in Pitmedden.

"If we leave the situation as it is, there's a danger that another chemist could come in and try to open a commercial pharmacy here, where all the profits from drugs would go to that pharmacy and potentially out of the area.

"This way, all the profits will go back into local health provisions - that is the main aim - but we're willing to support the pharmacy in Tarves too, because WE need to make sure we re-open Tarves Surgery.

"We are looking forward to the challenge of setting up a community pharmacy, there will be a lot of hurdles to go through to set it up, but we really want to get on with it."



The decision made on Tuesday to save the dispensary service was welcomed by locals, who would have been forced to travel to Tarves to collect prescriptions after seeing a doctor in Pitmedden. Results of a questionnaire presented to the board revealed that up to 46 percent of the people who use the service in Pitmedden would need to rely on others for access to cars.

While up to 85 percent of appointment times at Pitmedden were found to be incompatible with buses, resulting in a two hour round trip for some people to get medicine.

First Minister Alex Salmond, who made a submission to the Review Panel prior to Tuesday's meeting hailed the result as a resounding success for the local community.

Commenting, Mr Salmond, said: "It is in line with community feeling on the matter and it is in the best interests of local health care provision.

"The community representatives are to be commended on their determined efforts to persuade the health board to look at the matter again.

"They have worked tremendously hard and this is an excellent example of local activism delivering positive outcomes for the community."

The SNP MSP also commended Grampian Health Board for their flexibility and sensitivity to residents concerns.

Similarly, North-east MP for Gordon Sir Malcolm Bruce praised the efforts of locals and the health board: "I welcome NHS Grampian's considered judgement.

"The board has made the right decision for the community.

"I pay tribute to the hard-fought community campaign that has led to this outcome and I hope that this will now pave the way for the re-opening of the surgery in Tarves."

# Community Spirit? Tinctures, potions and pills

Three Aberdeenshire communities have decided to take local health care into their own hands by making an application for a community-owned pharmacy in the village of Pitmedden. The pharmacy will be run by a community owned business and all profits from the venture will be ploughed back into the provision of healthcare services in the local area.

Although the pharmacy will be based in Pitmedden, it's hoped the profits will be sufficient to fund the operation of the branch surgery in Tarves.

The villages of Tarves, Pitmedden and Methlick hit the headlines recently when a commercial pharmacy was opened in Tarves. That meant the local GPs, Haddo Medical Group, were no longer allowed to fill prescriptions and the loss of income from their dispensing forced them to close one of their branch surgeries, leaving residents without easy access to a GP. It also meant that from April 2013 people in Pitmedden could see a doctor, but

then had to travel to Tarves or elsewhere to get a prescription filled. Campaigners from throughout the local area challenged NHS Grampian's decision to remove dispensing from Haddo Medical Group in Pitmedden, showing that patients would have serious difficulty in accessing prescribed medicines.



Tamsin Morris, one of the local campaigners, takes up the story: "We took our case to a specially convened NHS review panel on November 22nd, who accepted our evidence and recommended to the Health Board that dispensing be restored to Haddo Medical Group for the Pitmedden area. That's great and we welcome their support, but it also means the dispensing income is still a target for a commercial pharmacy."

*"If a commercial pharmacy opens in Pitmedden, all the income will go into a private company and the profits may well go out of the area. The only way we can avoid that is to open a pharmacy ourselves, owned by the community"*

the profits may well go out of the area. The only way we can avoid that is to open a pharmacy ourselves, owned by the community and leasing space within the Pitmedden surgery. Then patients have easy access to their medicines, the dispensing income stays in the community and we can put all the profits towards providing health

care services in the local area. That'll include funding the surgery in Tarves and ultimately we hope to expand the range of services that can be offered to patients."

She continued, "We've actually been listening to the pharmacists - if it is a matter of patient safety, then opening a pharmacy ourselves helps to resolve the problem. Our approach chimes with the Scottish Government's intention to empower and encourage enterprising communities and community development. However, this is not just about putting something back into our communities, it's about not taking it out in the first place."



Residents can find out more about the proposed pharmacy and add comments to the consultation at [www.b999.org.uk](http://www.b999.org.uk).

*"Communities all over Scotland are taking on assets and running them themselves"*

Councillor Paul Johnston has been working hard in the background to support the communities throughout the process. He commented, "This is a really important step being made today, moving from a situation where local people feel defensive and threatened, to a place where they can look towards a more secure future for the basic services that they want and deserve."

Brian MacDougall from Pitmedden has been helping set up the community company: "Communities all over Scotland are taking on assets and running them themselves - here in Pitmedden we've already got our own community owned wind turbine. So

this seemed like a logical solution when we realised the dispensing in Pitmedden would be at risk from a commercial application. We've called the community company the B999 Health Trust, because it's not only the phone number for the emergency services, it's also the road that runs through our villages. We've still got a long journey ahead of us, as we're just starting the consultation that's the first part of a pharmacy application."

The B999 Health Trust specifically prohibits any director taking a profit. All operating profits will be used for the provision of health care services within the Trust's operating area. B999 Health Trust is beginning a mandatory public consultation on Tuesday 4th December 2012 under The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, as amended in 2011. Posters advertising the consultation are displayed in Pitmedden village and notices have been placed in local newspapers - as required by the regulations.



# Public Meeting

**About new pharmacy and dispensing services**

**PROPOSED CHANGES AT PITMEDDEN SURGERY**

**Wednesday 9th January  
7:30 pm in Pitmedden Hall**

A new community pharmacy is proposed to service the neighbourhood of Pitmedden and the Udney Area. This is a significant change in service and this meeting is a chance for local people to hear the proposals and give their views.

**All invited by B999 Health Trust**

To hear about the Community's own application to open a pharmacy and provide dispensing medicines, pharmacy services, over the counter medicines and pharmacy goods to meet local needs from within Haddo Medical Group's Surgery. B999 Health Trust is a local social enterprise who have applied for a pharmacy to replace doctors dispensing with a more comprehensive service.

Media Release – for immediate use

## **Public Consultation Meeting for Pharmacy Application in Pitmedden**

The B999 Health Trust is holding a public meeting in Pitmedden Hall on Wednesday 9<sup>th</sup> January 2013 at 7.30pm to provide information and listen to local views on the proposed Community Pharmacy to be based in Pitmedden surgery.

The meeting is part of a public consultation process, which ends on 11<sup>th</sup> January 2013.

Paul Johnston, who is one of the directors of B999 Health Trust said “We are hoping that residents in Pitmedden will come and find out what the proposed pharmacy will mean for health services in the area.”

Brian McDougall of Udney Community Council, another director continued, “We have set up the Trust as a non-profit making Social Enterprise so that all of the surplus income from the pharmacy can be used to improve health care provision in the area – which will include supporting GP services in branch surgeries. This is a very exciting opportunity and is the first of its kind in Scotland.”

Paul Johnston also said: “We are hoping that local residents will see the benefits of this radical approach to delivering NHS health care services. The public meeting is a chance for people to find out more and give us their views on the proposal.”

If the application to open the pharmacy is approved by NHS Grampian, the community pharmacy will provide a range of NHS Pharmaceutical Services to meet local needs, in addition to dispensing prescribed medicines. These will include a ‘drop-in’ Minor Ailments Service, a Smoking Cessation Service, and a Chronic Medication Service to deal with repeat prescriptions. The pharmacy will be based in Pitmedden surgery and will be managed independently of the Haddo Medical Group with their co-operation

### **Notes to editors**

The B999 Health Trust is a registered company limited by guarantee and has no shareholders. The directors are local residents and include representatives of the local community councils. It is the first social enterprise in Scotland to apply to open or run a Pharmacy.

The application to open a new pharmacy in Pitmedden surgery will be lodged within 20 working days of the end of the public consultation. NHS Grampian will then assess the application and decide whether to grant inclusion on the Pharmaceutical List (which allows pharmacies to provide NHS services). If the application is approved the pharmacy is likely to be open by November 2013.

For more information please call

Paul Johnston 07799582879

# WELDON

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**UP TO 50% OFF**  
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Information event: Many local residents turned out on Wednesday night to learn more about Pitmedden's latest social enterprise, a community run pharmacy. Photograph by Phil Harman



Pharmacy proposal: Voluntary directors of the B999 Health Trust hope to submit their application to NHS Grampian imminently, (from left) Brian McDougall, Paul Johnston and Bob Davidson. Photograph by Phil Harman



# UNIQUE PHARMACY SCHEME GAINS SUPPORT OF COMMUNITY

**R**ESIDENTS of Pitmedden welcomed the prospect of a groundbreaking community pharmacy in their village with open arms, at a consultation held in the public hall on Wednesday night.

If approved, the pharmacy which has a neighbourhood catchment of around 1200 villagers, extending to just south of the village, will be the first of its kind in Scotland and could be open by November.

The meeting was called by the B999 Health Trust - a social enterprise set up in the wake of last month's NHS decision to retain dispensing in Pitmedden.

The decision to pursue a community-led venture was made after the village demonstrated to NHS Grampian in December, that they would have serious difficulty in obtaining prescriptions elsewhere if they lost their current service.

Campaigners realised, that by publicly displaying this need, the village was left open for a commercial pharmacist to come in. B999 director, Paul Johnston,

said: "There is sufficient demand to warrant the possibility of a commercial chain coming in, which would undermine the opportunity for this community to have sufficient medical cover."

"We came up with this idea very quickly to have a community pharmacy, where profits will go back into this area."

The B999 Health Trust - so-called as the B999 is the spinal road that links Pitmedden, Tarves and Methlick - is a limited company where any surplus income will be dedicated to improving services locally, and reopening Tarves Surgery.

This social enterprise will be run alongside, but entirely separately from Haddo Medical Group (HMG) who practise in Pitmedden and Methlick.

It was emphasised that the community pharmacy is not going to subsidise doctors or the NHS. Instead profits could fund other health services in the area, such as chiropody and smoking cessation programmes.

As it is a not-for-profit company, the only individuals who will make money from this, will be the community employed pharmacist and their dispensers.

By **KIRSTIE ROSS**

Talks are ongoing with Carden Medical Investments - who rent the Pitmedden Surgery building to the health board - to establish whether the pharmacy can also be housed under the same roof.

Director Brian McDougall, continued: "Having everything in the same place would be a true integration of the services."

"By having this close association, though being separate, we will provide a better service in this pharmacy."

"We will be the first community in Scotland to own a not-for-profit pharmacy, putting money back into local health services - it is a model for rural Scotland, that I think a lot of people will be paying attention to."

The Health Trust will be submitting a detailed application under new Scottish Government regulation to NHS Grampian, for a dispensing licence, sometime after the public consultation process ends on Friday, January 11.

Money to fund the scheme will need to be raised, and the Health Trust is expected to apply for a small amount from the Udrny

The role of the directors in this venture was questioned by Roy and some audience members, who raised concerns about the longevity of the project if it fails to make a profit.

The directors - three of whom were in attendance last night - are entirely unpaid and will serve a year, at the end of which they must retire, to give others the chance to become involved, but can be re-elected.

Another resident also questioned the accountability of a community pharmacy, and said: "It's all said profits will go back into the community, which I think is very forward thinking - getting the power off the big boys - but I do worry about the accountability of what happens in the management."

Residents were assured that there is a commitment to the scheme by the B999 Health Trust, and that extensive research has been done into the proposal.

B999 director, Paul, commented: "I share your concern, we need to make money, and we have to consider everything about employing a pharmacist, at this point in time it looks viable."

Over the next couple of months we'll be double checking these figures.

The Community Councils are all involved and they will have a say in who gets voted into the directorship.

"You can chuck us out at the elections, all meeting will be held in public and all questions can be asked in public at any time."

"We have tried to make sure that we are there to be transparent, all of our accounts will be fully open too."

Residents were urged to give feedback at the end of the meeting via a questionnaire, the results of which, the Trust will use to pinpoint people's needs and their proximity to the proposed pharmacy.

# J&K SHOES

Find US ON

**Brownies**

THE BELLEVILLE TIMES 10/11/2013 R33

## Residents urged to reply to consultation

ORGANISERS behind the proposals for a new community pharmacy in Pitmedden are appealing for local residents to take part in a consultation before Friday, after a public meeting on the topic at Pitmedden Hall yesterday.

Cllr Paul Johnston, who

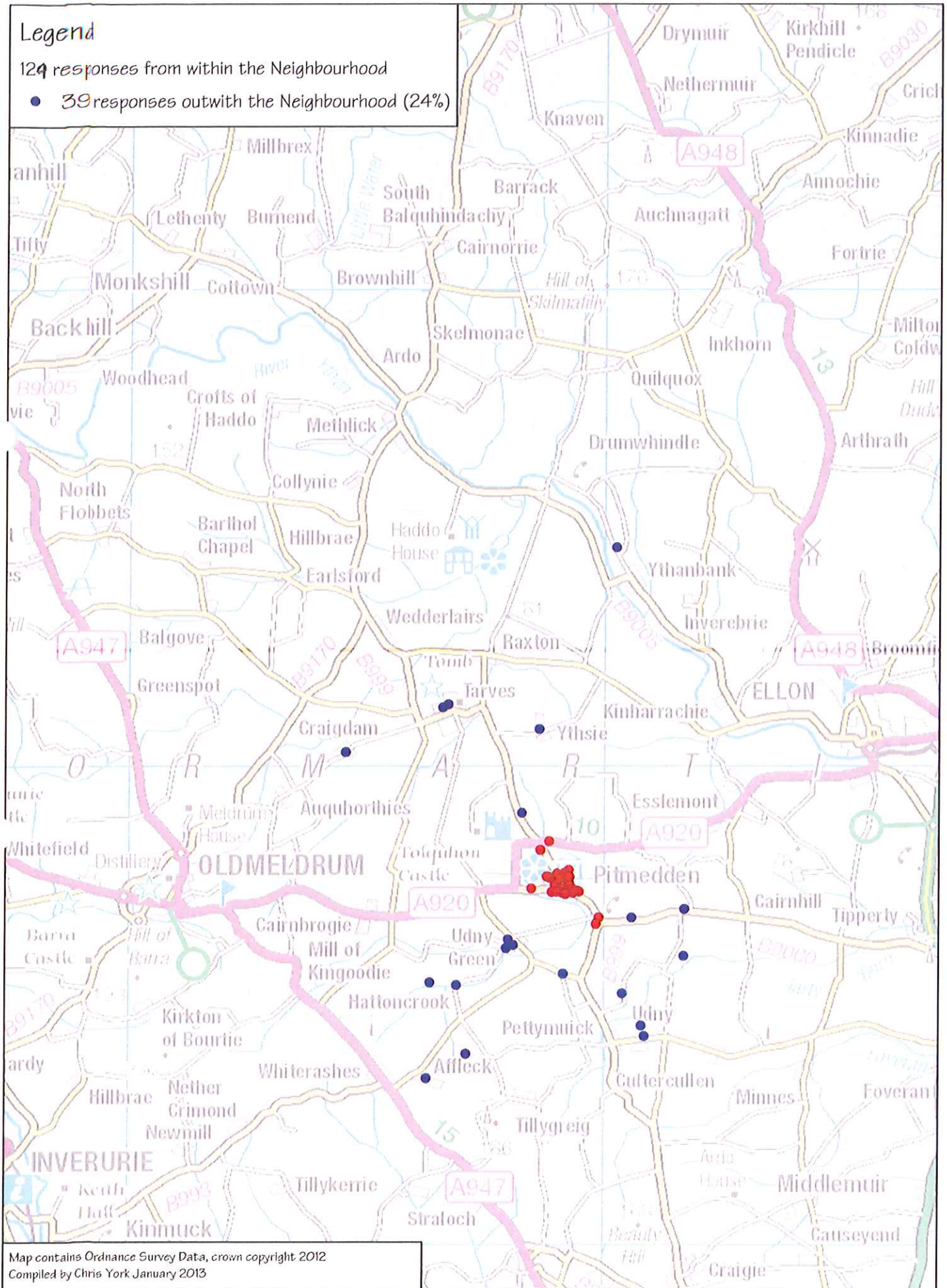
is one of the directors of the Trust said: "For those unable to attend the public meeting and return a questionnaire/survey, we have produced an on line option that allows public responses still being taken until midnight Friday on-line at: <http://www.b999.org.uk/9-consultation>.

"People can pick up a form from the Pitmedden Surgery to fill in as well, - one per resident- and return them to the local shops ( Co-op and Udny Post Office ) or the Pitmedden Surgery up until 5pm."

"This is a very significant change to the provision

of Pharmacy services in Pitmedden. A community owned Pharmacy is being proposed, this will provide new as well as improved services to residents of Pitmedden if they support it. That is why we are urging responses on-line until Friday."

# Location of respondents to the B999 Health Trust public consultation



## Pharmacy Questionnaire

Are you registered as a patient with Haddo Medical Group?  Yes  No

Do you want prescribed medicines to be available from Pitmedden Surgery?  Yes  No

Do you want the surplus income from a new Pharmacy to be used for the benefit of the wider community?  Yes  No

Which additional services would you like to be available in a Pharmacy in Pitmedden? *(tick any that apply)*

- Evening opening
- Sunday opening
- Home delivery services

What is your age group?  under 16  16-17  
 18-24  25-34  
 35-44  55-64  
 45-54  65-74  
 75+

To help the NHS

What is your postcode? *(required)* \_\_\_\_\_

Other comments or ideas?

---

*Thanks for taking the time to complete this questionnaire – please take it to the surgery or a local shop. Alternatively you can complete it online by visiting [www.b999.org.uk](http://www.b999.org.uk) and give us your ideas as well.*

## Pharmacy Questionnaire

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Do you want the surplus income from a new Pharmacy to be used for the benefit of the wider community?  Yes  No

Which additional services would you like to be available in a pharmacy in Pitmedden? *(tick any that apply)*

- Evening opening
- Sunday opening
- Home delivery services

What is your age group?  under 16  16-17  
 18-24  25-34  
 35-44  55-64  
 45-54  65-74  
 75+

To help the NHS

What is your postcode? *(required)* \_\_\_\_\_

Other comments or ideas?

---

*Thanks for taking the time to complete this questionnaire – please take it to the surgery or a local shop. Alternatively you can complete it online by visiting [www.b999.org.uk](http://www.b999.org.uk) and give us your ideas as well.*

**B999 Health Trust**

**Pirbright Surgery Public Consultation Questionnaire submissions received by 11th January 2013**

| id   | Registered_with_HMG | Continue_prescribing | its_to_comm | Additional_services  | AgeGroup | Postcode |
|------|---------------------|----------------------|-------------|--|----------|----------|
| 1.7  | Yes                 | Yes                  | Yes         | Evening opening ; Home delivery services                                 | 45-54    | AB41 7GB |
| 1.8  | Yes                 | Yes                  | Yes         | Evening opening ; Home delivery services                                 | under 16 | AB41 7GB |
| 1.9  | Yes                 | Yes                  | Yes         | Evening opening ; Home delivery services                                 | under 16 | AB41 7GB |
| 2.0  | Yes                 | Yes                  | Yes         | Evening opening ; Home delivery services                                 | 35-44    | AB41 7GB |
| 3.0  | Yes                 | Yes                  | Yes         | Sunday opening   | 65-74    | AB41 7GB |
| 5.5  | Yes                 | Yes                  | Yes         | Evening opening ; Sunday opening ; Home delivery services                | 65-74    | AB41 7GB |
| 6.7  | Yes                 | Yes                  | Yes         | Evening opening  | 55-64    | AB41 7GB |
| 7.0  | Yes                 | Yes                  | Yes         | Evening opening  | 18-24    | AB41 7GB |
| 9.4  | Yes                 | Yes                  | Yes         | Evening opening  | 55-64    | AB41 7GB |
| 12.2 | Yes                 | Yes                  | Yes         | Evening opening  | 65-74    | AB41 7GB |
| 13.4 | Yes                 | Yes                  | Yes         | Evening opening ; Sunday opening   | 18-24    | AB41 7GB |
| 14.3 | Yes                 | Yes                  | Yes         | Evening opening  | 45-54    | AB41 7GB |
| 14.4 | Yes                 | Yes                  | Yes         | Home delivery services   | 75+      | AB41 7GB |
| 14.8 | Yes                 | No                   | No          | Home delivery services   | 65-74    | AB41 7GB |
| 16.2 | Yes                 | Yes                  | Yes         | Evening opening  | 45-54    | AB41 7GB |
| 11.6 | Yes                 | Yes                  | Yes         | Evening opening  | 55-64    | AB41 7GD |
| 3.5  | Yes                 | Yes                  | Yes         | Home delivery services   | 65-74    | AB41 7GE |
| 5.7  | Yes                 | Yes                  | Yes         | An e-mail notifier to let folk know when prescriptions are ready to pick | 25-34    | ab41 7ge |
| 11.3 | Yes                 | Yes                  | Yes         | null   | 75+      | AB41 7GE |
| 11.4 | Yes                 | Yes                  | Yes         | null   | 75+      | AB41 7GE |
| 1.6  | Yes                 | Yes                  | Yes         | null   | 65-74    | AB41 7GF |
| 4.6  | Yes                 | Yes                  | Yes         | null   | 65-74    | AB41 7GF |
| 4.7  | Yes                 | Yes                  | Yes         | null   | 65-74    | AB41 7GF |
| 7.9  | Yes                 | Yes                  | Yes         | null   | 65-74    | AB41 7GF |
| 8.0  | Yes                 | Yes                  | Yes         | null   | 65-74    | AB41 7GF |
| 11.1 | Yes                 | Yes                  | Yes         | Evening opening  | 55-64    | AB41 7GF |
| 11.2 | Yes                 | Yes                  | Yes         | Evening opening  | 65-74    | AB41 7GF |
| 11.9 | Yes                 | Yes                  | Yes         | Evening opening  | 25-34    | AB41 7GF |
| 12.0 | Yes                 | Yes                  | Yes         | Evening opening  | 35-44    | AB41 7GF |
| 15.5 | Yes                 | Yes                  | Yes         | Home delivery services   | 75+      | AB41 7GF |
| 16.1 | Yes                 | Yes                  | Yes         | null   | 65-74    | AB41 7GF |
| 1.4  | Yes                 | Yes                  | Yes         | Evening opening ; Sunday opening ; Home delivery services                | 55-64    | AB41 7GG |
| 2.7  | Yes                 | Yes                  | Yes         | Evening opening  | 35-44    | AB41 7GG |
| 11.7 | Yes                 | Yes                  | Yes         | Evening opening  | 25-34    | Ab41 7gh |
| 4    | Yes                 | Yes                  | Yes         | null   | 55-64    | ab41 7gj |
| 3.2  | Yes                 | Yes                  | Yes         | null   | 35-44    | AB41 7GJ |
| 7.8  | Yes                 | Yes                  | Yes         | Home delivery services   | 55-64    | AB41 7GN |
| 14.5 | Yes                 | Yes                  | Yes         | Evening opening  | 18-24    | AB41 7GN |
| 5.3  | Yes                 | Yes                  | Yes         | null   | 35-44    | AB41 7GP |
| 5.8  | Yes                 | Yes                  | Yes         | Evening opening ; Sunday opening   | 35-44    | ab41 7gp |
| 11.0 | Yes                 | Yes                  | Yes         | Evening opening  | 45-54    | AB41 7GP |
| 5    | Yes                 | Yes                  | No          | Evening opening  | 45-54    | AB41 7GQ |
| 6    | Yes                 | Yes                  | Yes         | Evening opening  | 35-44    | AB41 7GQ |
| 6.1  | Yes                 | Yes                  | Yes         | null   | 75+      | AB41 7GQ |
| 6.4  | Yes                 | Yes                  | Yes         | Home delivery services   | 75+      | AB41 7GQ |
| 9.3  | Yes                 | Yes                  | Yes         | null   | 65-74    | AB41 7GQ |
| 16.5 | Yes                 | Yes                  | Yes         | Evening opening  | 25-34    | AB41 7GQ |
| 3.8  | Yes                 | Yes                  | Yes         | null   | 65-74    | AB41 7NF |
| 5.1  | Yes                 | Yes                  | Yes         | Home delivery services   | 55-64    | AB41 7NF |
| 3.3  | Yes                 | Yes                  | Yes         | null   | 75+      | AB41 7NG |
| 3.9  | Yes                 | Yes                  | Yes         | Home delivery services   | 75+      | AB41 7NG |
| 4.0  | Yes                 | Yes                  | Yes         | Home delivery services   | 75+      | AB41 7NG |
| 4.1  | Yes                 | Yes                  | Yes         | null   | 75+      | AB41 7NG |
| 4.8  | Yes                 | Yes                  | Yes         | Evening opening  | 75+      | AB41 7NG |
| 10.4 | Yes                 | Yes                  | Yes         | Home delivery services   | 75+      | AB41 7NG |
| 10.5 | Yes                 | Yes                  | Yes         | null   | 75+      | AB41 7NG |
| 11.5 | Yes                 | Yes                  | Yes         | Home delivery services   | 55-64    | AB41 7NG |
| 16.3 | Yes                 | Yes                  | Yes         | Home delivery services   | 75+      | AB41 7NG |
| 16.4 | Yes                 | Yes                  | Yes         | Home delivery services   | 75+      | AB41 7NG |
| 9.2  | Yes                 | Yes                  | Yes         | null   | 55-64    | AB41 7NR |
| 9.5  | Yes                 | Yes                  | Yes         | null   | 55-64    | AB41 7NR |
| 4.4  | Yes                 | Yes                  | No          | null   | 65-74    | AB41 7NX |
| 5.0  | Yes                 | Yes                  | Yes         | Evening opening  | 45-54    | AB41 7NX |
| 11.8 | Yes                 | Yes                  | Yes         | Evening opening ; Sunday opening   | 35-44    | ab41 7nx |
| 7.5  | Yes                 | Yes                  | Yes         | Evening opening ; Home delivery services                                 | 55-64    | AB41 7NY |
| 8.5  | Yes                 | Yes                  | Yes         | Evening opening ; Home delivery services                                 | 55-64    | AB41 7NY |
| 12.7 | Yes                 | Yes                  | Yes         | Evening opening  | 55-64    | AB41 7NY |
| 12.9 | Yes                 | Yes                  | Yes         | Evening opening  | 55-64    | AB41 7NY |
| 5.4  | Yes                 | Yes                  | Yes         | Home delivery services   | 65-74    | AB41 7PA |
| 3    | Yes                 | Yes                  | Yes         | Evening opening  | 55-64    | AB41 7PB |
| 9    | Yes                 | Yes                  | Yes         | null   | 35-44    | AB41 7PB |

|     |     |     |     |   |       |         |
|-----|-----|-----|-----|---|-------|---------|
| 11  | Yes | Yes | Yes | Evening opening ; Sunday opening ; Home delivery services | 45-54 | Ab417pb |
| 12  | Yes | Yes | Yes | Evening opening ; Sunday opening ; Home delivery services | 45-54 | Ab417pb |
| 149 | Yes | Yes | Yes | Home delivery services                                    | 65-74 | AB417PB |
| 151 | Yes | Yes | Yes | Evening opening   | 65-74 | AB417PB |
| 140 | Yes | Yes | Yes | Evening opening   | 55-64 | AB417PD |
| 141 | Yes | Yes | Yes | Evening opening   | 65-74 | AB417PD |
| 147 | No  | Yes | Yes | null  | 55-64 | AB417PE |
| 138 | No  | Yes | Yes | Evening opening   |       | AB417PQ |
| 139 | Yes | Yes | Yes | Home delivery services                                    | 75+   | AB417PQ |
| 132 | Yes | Yes | Yes | Home delivery services                                    | 65-74 | AB417PR |
| 157 | Yes | Yes | Yes | Home delivery services                                    | 75+   | AB417PR |
| 8   | Yes | Yes | Yes | Home delivery services                                    | 75+   | AB417PT |
| 59  | Yes | Yes | Yes | Evening opening ; Home delivery services                  | 65-74 | AB417PT |
| 77  | Yes | Yes | Yes | null  | 55-64 | AB417PT |
| 82  | Yes | Yes | Yes | Evening opening ; Home delivery services                  | 75+   | AB417PT |
| 2   | Yes | Yes |     | null  | 65-74 | ab417px |
| 29  | Yes | Yes | Yes | Home delivery services                                    | 65-74 | AB417PX |
| 36  | Yes | Yes | Yes | null  | 55-64 | AB417PX |
| 42  | Yes | Yes | Yes | null  | 55-64 | AB417PX |
| 45  | Yes | Yes | Yes | null  | 55-64 | AB417PX |
| 68  | Yes | Yes | Yes | null  | 25-34 | AB417PX |
| 76  | Yes | Yes | Yes | null  | 55-64 | AB417PX |
| 133 | Yes | Yes | Yes | Evening opening ; Sunday opening                          | 75+   | AB417PY |
| 10  | Yes | Yes | Yes | Evening opening   | 55-64 | AB417QA |
| 49  | Yes | Yes | No  | Evening opening   | 65-74 | AB417QB |
| 72  | Yes | Yes | Yes | Evening opening ; Home delivery services                  | 65-74 | AB417QB |
| 73  | Yes | Yes | Yes | Evening opening ; Sunday opening ; Home delivery services | 65-74 | AB417QB |
| 152 | Yes | Yes | Yes | Home delivery services                                    | 75+   | AB417QB |
| 87  | Yes | Yes | Yes | Evening opening   | 45-54 | AB417QD |
| 90  | Yes | Yes | Yes | Evening opening   | 55-64 | AB417QD |
| 91  | Yes | Yes | Yes | Evening opening   | 65-74 | AB417QD |
| 103 | Yes | Yes | Yes | Evening opening ; Sunday opening                          | 35-44 | AB417QD |
| 86  | Yes | Yes | Yes | Evening opening   | 45-54 | AB417RT |
| 109 | Yes | Yes | Yes | Home delivery services                                    | 65-74 | AB417RT |
| 142 | Yes | Yes | Yes | Evening opening ; Home delivery services                  | 65-74 | AB417RU |
| 26  | Yes | Yes | Yes | Evening opening   | 35-44 | AB417RW |
| 43  | Yes | Yes | Yes | Evening opening ; Sunday opening ; Home delivery services | 55-64 | AB417RW |
| 52  | Yes | Yes | Yes | null  | 55-64 | AB417RW |
| 28  | Yes | Yes | Yes | Home delivery services                                    | 65-74 | AB417XA |
| 34  | Yes | Yes | No  | Home delivery services                                    | 75+   | AB417XA |
| 56  | Yes | Yes |     | Home delivery services                                    | 65-74 | AB417XA |
| 62  | Yes | Yes | Yes | Evening opening ; Home delivery services                  | 18-24 | AB417XA |
| 63  | Yes | Yes | Yes | Evening opening ; Home delivery services                  |       | AB417XA |
| 65  | Yes | Yes | Yes | Evening opening ; Home delivery services                  | 16-17 | AB417XA |
| 66  | Yes | Yes | Yes | Evening opening ; Home delivery services                  | 18-24 | AB417XA |
| 71  | Yes | Yes | Yes | Evening opening ; Home delivery services                  | 35-44 | AB417XA |
| 130 | No  | Yes | Yes | Home delivery services                                    | 65-74 | AB417XA |
| 126 | Yes |     | Yes | Home delivery services                                    | 25-34 | AB417XD |
| 160 | Yes | Yes | Yes | null  | 65-74 | AB417XD |
| 21  | Yes | Yes | Yes | Evening opening   | 55-64 | AB417GF |
| 22  | Yes | Yes | Yes | Evening opening   | 45-54 | AB417GF |
| 60  | Yes | Yes | Yes | Evening opening   | 35-44 | Ab417gq |
| 23  | Yes | Yes | Yes | Evening opening   | 65-74 | ab417nx |
| 24  | Yes | Yes | Yes | Home delivery services                                    | 65-74 | ab417nx |
| 13  | Yes | Yes | Yes | Evening opening   | 35-44 | AB417PB |
| 121 | Yes | Yes | Yes | Evening opening ; Sunday opening                          | 45-54 | AB417PB |
| 7   | Yes | Yes | Yes | Home delivery services                                    | 65-74 | AB417PT |
| 15  | Yes | Yes | Yes | Evening opening   | 45-54 | AB417PY |