PHARMACY PRACTICES COMMITTEE

Application by Mr John Fowlie of JMF Healthcare Ltd, for inclusion in the pharmaceutical list in respect of the address, Unit 3, 30 Wisely Place, Countesswells, Aberdeen, AB15 8NF.

The Pharmacy Practices Committee met at 1pm on Monday 29th June 2026 in the Conference Room, Summerfield House, 2 Eday Road, Aberdeen to consider the above application in accordance with the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2014, as amended.

Decision of the Pharmacy Practices Committee

The Chair confirmed the decision had been reached on the Application. The reason for the decision was based on the following:

- **Adequacy of existing services to defined neighbourhood:**

  Having considered all of the evidence presented, the Committee concluded that the existing provision of pharmaceutical services available to the Countesswells neighbourhood was inadequate, with many residents facing significant barriers to accessing services outside the neighbourhood and no compelling evidence provided to demonstrate that current provision sufficiently met local need.

- **Transport and accessibility:**

  The Committee attached significant weight to the evidence presented regarding transport and accessibility, accepting that many residents face practical difficulties in accessing pharmaceutical services outside the neighbourhood. In particular, limited public transport provision, reduced bus services, and barriers experienced by those without access to private vehicles or with mobility issues supported the Committee's conclusion that existing access arrangements were inadequate.

- **Consideration of Consultation Analysis Report (CAR):**

  The Committee attached significant weight to the Consultation Analysis Report, noting the exceptionally high level of community engagement and the consistent responses received across the consultation. Members considered the CAR to provide persuasive evidence of local support, perceived gaps in current access to pharmaceutical services, and a clear indication of community need within the Countesswells neighbourhood.

- **Evidence of unmet need:**

  The Committee considered that evidence of unmet need was demonstrated through the applicant's submissions, the Consultation Analysis Report, and representations highlighting difficulties in accessing pharmaceutical services from within the neighbourhood. Members were particularly persuaded by evidence relating to accessibility barriers, transport limitations, and the strong volume of community feedback indicating that existing provision was not meeting the needs of all residents.

- **Desirability vs necessity:**

  The Committee recognised that the proposal would provide greater convenience and therefore be desirable to residents of Countesswells. However, Members concluded that the evidence presented extended well beyond issues of convenience alone and demonstrated a genuine need for improved access to pharmaceutical services. Accordingly, the Committee determined that the application met both the tests of desirability and necessity, with necessity carrying the greater weight in reaching its decision.

- **Unanimous decision:**

  Having considered all written and oral evidence, the Committee unanimously agreed that the existing provision of pharmaceutical services within the Countesswells neighbourhood was inadequate and that the granting of the application was both necessary and desirable to secure adequate pharmaceutical services for local residents.

The decision of the Committee was that the provision of pharmaceutical services at the premises was necessary in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises were located by persons whose names are included in the pharmaceutical list and that accordingly the application **should be** granted. Full details of the decision and its discussion can be viewed towards end of this report.

Pharmacy Practices Committee

Ritchie Johnson	(Chair)
Claire Thomson	(Non-contractor member)
Matthew Hamilton	(Contractor member)
Derek Scott	(Lay member)
Alison Mackenzie	(Lay member)
John Ross	(Lay member)

In Attendance

John Fowlie	(Applicant)

Brian Arris	(Interested Party)
Steven Brodie	(Clerk to the Pharmacy Practices Committee)
Christine Boyle	(Observing on behalf of NHS Grampian, Public Engagement Team)
Pamela Jack	(Observing on behalf of NHS Grampian, Public Engagement Team)

Apologies

Lynne Davidson	(APC)
Kenneth Manson	(Cults Pharmacy)
Lucy Corner	(Rowlands Pharmacy)

- At 13:00 hrs on Monday 29th June 2026 the Committee convened to consider an application for inclusion in the pharmaceutical list, dated 22nd May 2026, by Mr John Fowlie of JMF Healthcare Ltd, for inclusion in the pharmaceutical list in respect of the address, Unit 3, 30 Wisely Place, Countesswells, Aberdeen, AB15 8NF. A copy of the application and consultation analysis report had been circulated in advance to the Committee and the interested parties.

- Written representations had been received from the Area Pharmaceutical Committee, Cults Pharmacy, Kingswells Pharmacy and Rowlands Pharmacy. The applicant and the interested parties were entitled to comment on the representations received. Copies of the written representations were circulated in advance to the Committee and the interested parties, with the CAR having been previously shared with all at the time of issuing the 30 day notification letters.

- The following written representations had been received and circulated with the hearing papers to the Committee. Those identified as Interested Parties who responded during the 30 day consultation had been provided with the following copies of written representations:

  Reply dated 22nd June 2026 – Mr Brian Arris, Kingswells Pharmacy
  Reply dated 22nd June 2026 – Ms Lynne Davidson, APC
  Reply dated 23rd June 2026 – Mr Kenneth Manson, Cults Pharmacy
  Reply dated 24th June 2026 – Ms Lucy Corner, Rowlands Pharmacy

- The Committee had before them maps of the area surrounding the proposed premises detailing the location of the nearest pharmacies and GP surgeries, deprivation categories and population density. They had details of the numbers of prescriptions dispensed during the months 1st October 2025 – 1st March 2026 by the pharmacies nearest to the proposed premises and the number of prescriptions they dispensed that were issued from the GP surgeries closest to the premises during the months. The Committee were also provided with "Pharmacy Profiles" of the nearest pharmacies detailing opening hours, premises facilities and services offered.

- Under paragraph 5(10) of the Regulations the Committee was required to decide whether "the provision of pharmaceutical services at the premises named in the application is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located by persons whose names are included in the pharmaceutical list."

- It had been confirmed prior to the meeting that the members present did not have an interest to declare.

- The Committee agreed to invite the applicant, **Mr John Fowlie** and those who were present who had made written representations to attend before them. They were:

Applicant

Mr John Fowlie	-	Countesswells Pharmacy (proposed)

Interested Parties

Mr Brian Arris	-	Kingswells Pharmacy

The Open Session Commenced at 13:10hrs

- The Chair began by welcoming everyone to the hearing and introductions were carried out. At this time the Chair advised all present that the meeting would be digitally recorded to ensure an accurate record of the hearing was obtained for the purposes of the minute. This digital recording would be deleted once the minute had been approved by the Board. No-one present objected to the hearing being digitally recorded.

- The procedure adopted by the Committee was that the Applicant made an opening submission to the Committee, which was followed by an opportunity for the Interested Parties and the Committee to ask questions. The Interested Parties then made their oral representations and the Applicant and the Committee then asked the Interested Parties questions. The parties were then given an opportunity to sum up. Before the parties left the meeting the Chairman asked all parties if they felt that they had had a fair and full hearing. They confirmed that they had.

- Prior to the hearing, the Committee undertook a site visit. The Committee noted the location of the proposed premises, the pharmacies nearest to the proposed premises, the nearest GP surgeries and the neighbourhood as defined by the applicant.

The Committee was required to and did take account of all relevant factors concerning the issues of neighbourhood, adequacy of existing pharmaceutical services in the neighbourhood and whether the provision of pharmaceutical services at the premises named in the application was necessary or desirable to secure adequate provision of pharmaceutical services in the neighbourhood in which the proposed pharmacy premises would be located.

Presentation - Applicant

- **Mr John Fowlie, Applicant, Oral Presentation accompanied by a visual presentation via Powerpoint *(all attendees were provided with a pack of 20 Appendices to refer to throughout the presentation, this was provided by the applicant and distributed by Clerk to the PPC on Wednesday 25th June 2026).***

Good afternoon, firstly thank you to everyone here today for giving me the opportunity to present my case for the inclusion of Countesswells Pharmacy to the pharmaceutical list in Grampian. I hope my presentation is informative and hopefully covers all the important points without dragging on too long!

To start, a little background on myself, my name is John Fowlie and I have been qualified as a pharmacist for over 20 years and have been a pharmacy contractor for 18. I currently have four community pharmacies, one in Garthdee Aberdeen, one in Newtonhill, one in Balmedie and one in Edzell. My pharmacy in Newtonhill was a new contract and had only been open a matter of months when I took it over in 2008, I have therefore seen first hand the difference a pharmacy can make to the community, especially one where there is little or no other medical provision.

The reason we are here today is to consider whether a pharmacy in Countesswells is necessary or desirable – **Slide 1 Legal Test**.

An application shall be granted if the Board or NHS Trust is satisfied that the provision of pharmaceutical services at the premises is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located.

2 Factors to be considered:

a) What is the neighbourhood in which the premises are located?

b) What are the existing services in the neighbourhood?

c) Are these services adequate or not?

d) Is it necessary to grant the application in order to secure adequate provision of pharmaceutical services in the neighbourhood?

e) Is it desirable to grant the application in order to secure adequate provision of pharmaceutical services in the neighbourhood?

As a starting point, let us consider the neighbourhood where we intend to provide pharmaceutical services. This broadly is the new development at Countesswells, we have identified the following natural boundaries to this neighbourhood: **Appendix 1 Countesswells boundary (Slide 2)**

That is the A944 road to the north
Hazelhead wood to the east
Countesswells wood to the west
Countesswells road / Blacktop Road to the south

Countesswells is a new development, permission was granted for 3000 houses to be built in 2014. Work began in 2016 and we currently have Phase one of the masterplan nearing completion, we estimate that there are close to 1000 houses in the development at the moment (BBC news website 1st July 2025 – 900 houses) , with Barrett and David Wilson Homes currently actively building on the site. I sure you will have noticed the rate at which houses are being built and the speed at which the SOLD signs appear before the building is even completed!

I recently spoke to a Barrett representative at their Kings Gallop development who told me that the initial development there was nearing completion, but they had land to build another 170 houses at the back of the current area, they also confirmed that David Wilson had plans for another 50 houses once their current area was complete.

As far as the population of Countesswells is concerned, we have data from the 2022 census (March 2022) which showed 1419 residents living in 596 houses. This would give an average of 2.38 people per household.

If we consider that we now have approximately 1000 houses and use the same number of people per household from the census that would give us an estimated current population of 2380. Let us also bear in mind that this number is constantly increasing as every new house is completed.

Countesswells has had a pharmacy application in the past, in March 2022, more than four years ago. However, the landscape of Countesswells in 2022 was very different to what it is today. We have the benefit of the 2022 Census (March 2022) to tell us that at the time of the previous hearing there were 596 houses, however the future of the development was very much in doubt.

Countesswells Development Limited (CDL) who owned the site had gone into administration in November 2021, at the point of the hearing in March 2022 there was uncertainty whether more houses would be built to complete Phase 1 and whether Phase 2 or 3 would ever get built. There was also a real lack of amenities with Sainsburys only recently having opened and there being no school or other retail offerings.

Fast forward to June 2026 and we have around 1000 houses built, further houses currently in construction and plans lodged for plenty more. Ogilvie homes have bought the land previously held by CDL and already have planning permission in for nearly 100 houses. **Appendix 2 Ogilvie letter (slide 3)**.

They have met with local community groups and have a real desire to make Countesswells into the sustainable development that was promised when plans were first submitted in 2014.

Regarding amenities, the primary school opened in April 2023 and currently has 340 children in it, and as detailed in the letter from Paula Rough Headteacher, these numbers grow week by week as more houses are built. **Appendix 3 School letter (slide 4)**

There is also a dentist, barber and NHS CTAC centre. At long last Countesswells is becoming the self-sufficient community that was promised all, those years ago!
This leads nicely on to some of the local and national policies that shape a new development like Countesswells.
The Scottish Government National Planning Framework (NPF4) specifically aims to support local living and references 20-minute neighbourhoods, the premise of this is that those living within a neighbourhood should be able to access all necessary services within a 20-minute walk, cycle or wheel. This is something that Audrey Nicoll MP makes specific reference to this in her letter of support.
Appendix 4 Audrey Nicoll letter (slide 5).

We then have the Aberdeen Local Development Plan which is also referenced in the letter from Audrey Nicoll. The most recent plan is dated from 2023 and has been formally adopted by the council and constituted as part of the statutory development plan. This lists Countesswells as a growing development and states such developments 'to be a place where people can live, work and play without having to rely on private transport, with each neighbourhood designed so that residents can access schools, shops and employment opportunities within walking distance of their home'. **Appendix 5 Local Development Plan (slide 6)**
The plan also details that Countesswells should have a GP practice (who knows when!) a dental practice (in place) and in fact two community pharmacies – one would be a good start!
Similarly the Aberdeen City Health and Social Care Partnership (ACHSP) has details on pharmaceutical services in new developments including Countesswells **Appendix 6 ACHSP (Slide 7)**. This document specifically mentions a new pharmacy contract. It also talks about an interim solution for Countesswells in line with the section 75 agreement. A Section 75 agreement is a legal mechanism under the NHS Act 2006 that allows NHS bodies and local authorities to collaborate on health-related functions. In this case it states that there is a requirement to provide an interim health solution at the completion of 500th unit. It also says that pharmaceutical care services could form part of this interim solution.
We now have approx. 1000 units and no health solution for the residents of Countesswells! This Section 75 agreement is also referenced by Audrey Nicoll.
So Countesswells has really developed in the last few years and with Ogilvie homes having bought the development land and already having planning permission in for more houses it is only going to grow larger. We also have both Scottish Government policy, Local council development plans and Health and Social Care policy stating that new developments like Countesswells should be self-sufficient, be able to live without the need for private transport and have local access to pharmaceutical care.

Adequacy
I now want to move on to the existing pharmacy services available to the residents of Countesswells and whether these are adequate. To do this let us consider the current options to the residents of Countesswells. **Appendix 7 Existing provision (slide 8)**
The closest pharmacy is Dickies in Kingswells, this is 1.7 miles away and by the wonder of google maps a 38-minute walk one way. If we consider the realities, if you cannot

drive or do not have access to a car then you will have to walk for 38 minutes to access this pharmacy. This involves crossing the very busy A944 road (at a roundabout) and on your return a steep uphill walk from the roundabout up to the development. For a fit and healthy individual this may be feasible (if not attractive) but imagine this with an unwell child or pushing a pushchair, or if you yourself are feeling unwell or have a disability. How would you fancy a 1 hour 16 minute round trip on foot just to get essential medication, that's not considering the time to actually get served within the pharmacy! All the above also disregards the weather – add in some wind/rain/sleet and snow – we do live in North East Scotland after all!

The next closest pharmacies are the two in Cults, Cults Pharmacy and Rowlands Pharmacy which are both 2.4 miles away. To be honest I am not really looking at them as an option if you don't drive or have access to a car as they are a 49 min/50 minute walk and more importantly there is no pavement or safe walking route between Countesswells and Cults. Basically, without a car they are not an option for the residents of Countesswells.

If we accept that walking to any of the closest pharmacies is not an option, what can we do?

How about public transport?

Surely the residents of Countesswells could get a bus to one of the nearby pharmacies? Let me now share with you the bus options for those living there. **Appendix 8 Bus Timetable (slide 10).**

It seems unbelievable but the total public transport available to Countesswells is the number 11 First Bus service that runs roughly every 40 minutes and doesn't actually pass near any of the local pharmacies detailed. It means that the easiest way for residents to access a pharmacy via public transport is by going into the centre of Aberdeen on the number 11 bus and using one in the city centre and then having to get a bus back to Countesswells again.

Does this sound like adequate provision of pharmaceutical services for the people who live in Countesswells?

So we have covered walking to a pharmacy and using public transport.

I'm sure you are now all thinking well that is fine but realistically most people can drive and 1.7 miles to Kingswells is no major issue?

This is where we can again benefit from the census of 2022. Looking at the data there, **Appendix 9 – Car ownership (Slide 11)** found that 11.5% of residents of Countesswells did not own or have a car, and that 49% owned or had access to one car. Leaving 39% who had access to 2 or more cars. (I do realise that doesn't add up to 100%!)

If we compare this to other similar size settlements – for this I am looking at Newtonhill (1323 houses), Balmedie (955 houses) and Blackburn (1117 houses) then we can see that Newtonhill has 7% with no access to a car, 40% with access to one car and 53% having 2 or more cars.

Balmedie has 6.5% with no access to a car, 40% with access to one car and 53.5% having access to 2 or more cars. Finally, Blackburn has 6.5% with access to no car, 32% with access to one car and 61.5% having access to two or more cars.

Now although I like numbers and stats I know they can be a bit boring, so I won't dive too deep into this however want to show you one more table **Appendix 10 – Method of**

travel (slide 12) . This shows the method of transport that the residents of Countesswells use to get to work. From this we can see that 58% drive a car or van.
Now the reason for this data overload!
I have already shown that walking to the nearest pharmacy is not really viable and that public transport is also not the answer. Therefore, the residents in Countesswells rely on a car to access a pharmacy.
However, 11.5% of people living in Countesswells do not have access to a car. This is nearly twice as much as similar settlements as we can see from above.
We then have 49% that have access to one car, but can they actually use this car when they need to get to a pharmacy?
Given that well over half (58%) of those people who have access to a car need to use it to get to work, quite possibly not. How many people are stuck at home with no means of transport for themselves or dependents while their partner is out at work? What do they do if they have to access a pharmacy??
Again using the comparison between similar sized settlements,
Newtonhill has 53% of the households who have access to two or more cars
Balmedie has 53.5% of the households who have access to two or more cars
Blackburn has 61% of the households who have access to two or more cars
Yet Countesswells only has 39% of the households who have access to two or more cars!
So Countesswells has nearly twice as many households with no access to a car as similar sized settlements and considerably less households with access to 2 or more cars than these same other settlements.
As already proved, in order to access one of the local pharmacies, the residents of Countesswells need private transport. However, as demonstrated by the data, a large number of the residents in Countesswells simply don't have this, so in reality cannot access adequate pharmaceutical care.
So why is this?
Countesswells has a mix of social housing, affordable housing and private housing. At a conservative estimate there is at least 25% social housing. As referenced in the support letters from Douglas Lumsden MSP and Councillor Martin Greig, **Appendix 11 + 12 (slide 13 +14)** a large number of the residents of the social housing came from the now demolished Logie and Haudagain area – one of the most deprived areas in Aberdeen. This means that Countesswells has a really varied population, from areas of real deprivation to those that are more affluent. This mix would reflect the data regarding car ownership and perhaps the reason why it is different from other similar settlements like Newtonhill, Balmedie and Blackburn.
You may wonder why I use Newtonhill, Balmedie and Blackburn as comparisons and the reason is twofold. Firstly, they are settlements of similar size in the local area and in the cases of Newtonhill and Balmedie I have personal knowledge as I own the pharmacies in these towns. Secondly (and perhaps more importantly) they have all been granted new pharmacy contracts in the last 20 years.
So I have now covered walking, public transport and private transport as means for the residents of Countesswells to access a pharmacy and I would hope that the evidence I have provided will allow you to conclude that current provision is simply not adequate.

Please also bear in mind that Countesswells is a vibrant growing community – I am sure that you saw on your site visit the amount of building that is currently being undertaken and indeed the number of sold signs on houses not yet completed. As every week goes by, more people move into the development, and the population increases and yet the essential services these people need are simply not there.

Pharmacy First

I now want to talk a little about one of the most important services offered by community pharmacy, Pharmacy First and Pharmacy First Plus. Many years ago, when I first qualified as a pharmacist, a community pharmacy's role was simply to dispense prescriptions, however in the last 10 years especially this has changed dramatically! The introduction of the Minor Ailments Service which then became Pharmacy First has been a game changer. Community pharmacy is now recognised as the first point of contact for minor illness. This saves valuable time for GP practices and allows patients to access treatment in their local communities. The success of Pharmacy First is reflected in the most recent release from Public Health Scotland which stated that 35% of the Scottish population accessed Pharmacy First in the year to 30th September 2025. **Appendix 13 PF report Slide 15.** More than 1 in 3! Of those that accessed the service 80% received one or more prescription items. The data also shows a dramatic rise in the number of people accessing Pharmacy First year on year. Finally, it shows that the highest rate of usage of Pharmacy First was within the 0-9 years age category. Pharmacy First Plus is an extension of pharmacy first which allows for pharmacists who have a further prescribing qualification to prescribe prescription only items for patients. Common examples of this are Antibiotics for tonsillitis, chest infections and sore throats where indicated as well as treatment for ear infections, skin infections and urine infections. In my other branches we offer Pharmacy First Plus on a full time basis. My intention would be to do the same at Countesswells and indeed of the 8 pharmacists I currently employ, 7 are independent prescribers and the 8th is due to start the course imminently.

If we now consider Countesswells, we have many families with young children and a school who's roll number is increasing week by week. Currently if their child is unwell with a minor ailment what option do they have? Well hopefully they have a car as realistically the only option is getting in your car and driving to Kingswells or Cults, that is unless they fancy a 1 hour 16 minute walk to Kingswells with a sick child! Now imagine they have a community pharmacy in Countesswells only a few doors down from the school with a prescribing pharmacist, I know from experience that often the busiest time for offering Pharmacy First and Pharmacy First Plus is immediately before and after school hours. the difference this could make for the residents of Countesswells would be huge. This is not convenience, this is necessity to a growing population who currently have no health provision.

The last point I want to make around pharmacy first is that it is a face-to-face service – the patient should present in the pharmacy for a consultation unless there are exceptional circumstances as per the Community Pharmacy Scotland website **Appendix 14 Slide 16.** I'm sure the Interested parties will state they provide a delivery service to Countesswells so a new pharmacy is not required. Let us be clear here, a pharmacy delivery service is not providing pharmaceutical care. Perhaps if a patient is

housebound and cannot access the pharmacy it is acceptable in these exceptional circumstances, however it means that the patient cannot benefit from the expertise and care a pharmacy can provide. There is no patient contact for monitoring or follow up, pharmacy staff cannot identify vulnerable patients or those that they think need help or support. A pharmacy delivery service although useful in some circumstances is no replacement for proper face to face pharmaceutical care. Also bear in mind that a delivery service is not part of the core NHS pharmacy contract and is in fact a private service offered by individual pharmacies. With the increased costs of running a business, predominantly due to minimum wage rises and energy/fuel costs, a free delivery service is something that could be easily withdrawn at any time as a cost saving measure.
I want to now put up a slide with an outline floor plan that was produced for me by RDC who are well renowned pharmacy shop fitters. You will have seen the unit we have in your site visit this morning, it is in the perfect position next door to the CTAC centre and just a few doors along from the school. It is a good-sized unit with plenty of room to create a modern pharmacy to serve the people of Countesswells. **Slide 17 Appendix 20.**
Having talked about the development as a whole, how it has grown and continues to grow, how existing pharmaceutical services are simply not adequate, and how much a new pharmacy in Countesswells could benefit the residents there, I now want to move on to the Consultation Analysis Report (CAR). If you all have your copies of the CAR to hand for reference, then I will discuss this further.

CAR
This was run in conjunction with NHS Grampian and gave the residents of Countesswells a much needed opportunity to voice their concerns over the current pharmacy provision and indeed the benefits they feel a pharmacy would bring.
During our consultation we received 595 completed results – representing near 25% response which is excellent from my previous experience of PPC hearings.
I am sure you have all read the CAR and can see the overwhelming support the community has for a new pharmacy so I will try not to delve into the results too much.
Q1. What are your views of proposed catchment/boundary area?
94% either very good or good.
I think we can all agree that the catchment/boundary area is quite straightforward and I would be surprised if anyone thought differently.
Key themes include:

(a) Strong need for local access

Countesswells residents cannot easily access Kingswells or Cults Pharmacies due to no public transport, many people not driving, long, unsafe or unrealistic walking distances – all things I have previously mentioned.

(b) Growing Population

Countesswells is a growing community with no local healthcare provision
Countesswells plans stated that it should be a walkable community. This is in line with SG national framework guidance on 20-minute neighbourhoods and also the Aberdeen local development plan as previously mentioned.

(c) Convenience and quality of life

Although valid, we know that convenience is not a reason to grant a pharmacy contract.

Minority concerns

Were around 'problems' that a pharmacy may bring, and methadone services. These concerns are repeated throughout the CAR by a very small minority however I feel it best to address them now. I think this comes from a misunderstanding of how the pharmacy contract works.

In my proposal I mentioned substance misuse as a service I would offer. This forms part of the core national pharmacy contract and although you could potentially choose not to offer this service, I feel it is important to do so for the residents of Countesswells.

I think a small minority who responded thought this would attract 'problems' to the area through the clients who may access this service, I think they envisaged bus loads of drug users coming into Countesswells to access our substance misuse service!

I suspect that they are not aware that these services are offered in Kingswells Pharmacy, both Cults Pharmacies and indeed 99% or even 100% of pharmacies across Grampian! I think it is important that these services are offered in Countesswells as there will certainly be residents who would benefit from them. I would also like to clarify that I have no plans to bus load in patients from all over the city!

Q2. Do you think there are gaps or deficiencies in the pharmacy services currently being provided in the proposed area?

Really important question

76% said yes there were gaps or deficiencies.

You can see from the report that

'respondents overwhelmingly believe that there are major gaps and deficiencies in pharmacy provision in the proposed area'. Also that 'existing services in Kingswells, Cults and Westhill cannot be reached easily or safely by many residents'.

Key themes

(a) No local pharmacy

Residents repeatedly emphasise that Countesswells is the only major community in the area with no local pharmaceutical provision.

(b) Poor or non-existent public transport links

As previously discussed,

'no public transport to Kingswells or Cults' and 'without a car you can't get to a pharmacy

This creates significant access inequalities, especially during the winter and for vulnerable groups.

(c) Distance and difficulty travelling without a car

All already discussed

(d) Barriers for vulnerable groups

Elderly
Disabled
Those with chronic conditions
Those who do not drive
Families with young children

‘I missed medication because I couldn’t physically get to a pharmacy’

(e) Growth of Countesswells

All discussed previously

(f) Weather related problems

Recurring and powerful theme, last winter Countesswells was cut off – buses not running, roads inaccessible.

‘ in severe weather we were completely cut off – I couldn’t get my child’s medication’

‘it is dangerous to stop taking medication suddenly’

This demonstrates risk to health and safety of residents due to current gaps in pharmaceutical care.

(g) Convenience and pressure on existing pharmacies

Convenience not a reason to grant contract

Q3. Do you think there will be any negative impact on the proposed area in having an additional community pharmacy?

92% say no

Overall sentiment is strongly positive with most residents viewing the proposal as essential for a rapidly growing community with limited local amenities.

Q4 Do you think there will be any positive impact on the proposed area in having an additional community pharmacy?

95% say yes!

Extremely strong support for the proposals. Residents consistently state that a pharmacy would have a major positive impact by improving access to essential healthcare.

Key themes:

(a) Strong consensus: A pharmacy will have clear, substantive positive impact

‘reduce health inequalities’

‘life changing for parents and elderly residents’

These themes appear in almost every comment

(b) Positive impact on community development

‘essential amenity for a developing community’

(c) Improved access, equity and public health outcomes

Enhanced independence for people with mobility or transport issues

Reduced reliance on GP (PF / PF+)

Strengthening public health and reducing inequalities.

(d) Benefits for vulnerable groups

- Previously discussed, elderly, disabled, chronic conditions, families with young children

(e) Easier and safer access during adverse weather

- Previously discussed, due to Countesswells geography it is particularly badly affected during adverse weather – residents unable to access medication due to no buses/road closures etc. Seen as a safety measure for those in the development.

(f) Employment and economic benefits

- Valid but not relevant for this application

Q5. What are your views on the pharmacy services being proposed?

96% very good or good.

Summary

Feedback highly supportive of services proposed – comprehensive, essential, strongly aligned to the needs of Countesswells growing population.

Q6. Do you think there is anything missing from the list of services proposed?

73% no and 23% don't know only 4% said yes

'comprehensive'

(a) Request for additional services

Vaccination – yes
Minor ailments/treatment services – yes PF/PF+
Expanded Pharmacy First services – yes PF/PF+
Long term condition support – yes

(b) Community/convenience services

Not relevant for application but could be considered looking forward.
Desire for the pharmacy to double as a local community hub – would hope that would be the case and keen to work with school, community council and local business to help facilitate this.

(c) **Desire for wider primary care provision** – not relevant to application but hopefully a pharmacy would be a good first step!

Q7. What are your thoughts on the impact a new pharmacy in the proposed area might have on existing local NHS health services such as GP, Optometry, Dentists etc?

88% positive
Respondents overwhelmingly believe that a new pharmacy would have a positive impact on local NHS services.
Key themes

(a) Strong majority view: it will reduce pressure on GP practices

- Reduce demand for GP appointments
- Free up GP time for complex cases
- Allow minor ailments to be treated locally (PF / PF+)

I contacted both local GP practices in Kingswells and Cults who were strongly in support of a pharmacy in Countesswells– **Appendix 15 + 16 (Slide 18 + 19)**

Letter from Dr Houston a partner at Kingswells Medical Practice– I was invited to meet with Dr Houston and the practice manager at Kingswells and they felt very strongly that a pharmacy is Countesswells was required. From Dr Houston's letter he mentions feelings of isolation and health inequalities felt by those residing in Countesswells. It also states the benefits a pharmacy in Countesswells would give to those living there and how it aligns with NHS Grampian's strategic priorities.

(b) Positive integration with existing local services

- Works well with CTAC, Community treatment and care centre located in adjoining unit. Offers clinics for diabetes and hypertension, undertakes blood tests and perhaps most importantly of all does childhood immunisations. When I spoke with staff at the CTAC centre they felt that a pharmacy in Countesswells was much needed and would give them important help and support with the services they provide.
- A pharmacy would integrate well with the dentist that has opened in Countesswells.

(c) Strong demand due to lack of GP provision

- No GP in Countesswells (long time away?)
- Residents must travel for healthcare

(d) Improved access for residents – especially vulnerable groups

- Covered already

(e) Reduced pressure on nearby pharmacies

- Ease queues and waiting times at Kingswells and Cults
- Spread the patient load across services
- Improve service quality

Minority Themes

(f) Concerns for neighbouring pharmacies

- Kingswells/Cults may lose some customers however pharmacies existed and were viable long before Countesswells work started.

Q8. What do you think about the proposed opening hours?

94% liked them

Most respondents found the proposed hours to be reasonable, appropriate and broadly in line with other pharmacies.

Significant minority suggested later opening on a weekday, longer Saturday hours or limited Sunday availability.

Hours are as per NHS Grampian model hours but could be extended if/when pharmacy open if demand is there.

Currently Kingswells Pharmacy closes at 5.30pm although surgery open until 6pm so a pharmacy in Countesswells could be of benefit to those who work slightly later.

Q9. Any further comments
20% had comments – unheard of!
Appendix 17 CAR Comments (Slide 20)

This question produced highly emotional, strongly worded, and deeply personal feedback, showing significant levels of unmet need.

1. Strong and repeated calls for a pharmacy – "We desperately need this" (dominant theme)

This is the most frequent and emotionally charged theme.

Residents repeatedly said:

- They feel let down by years of delays in local infrastructure.
- The pharmacy is seen as critical, not optional.
- It is viewed as the missing piece of the Countesswells masterplan.
- Residents feel disadvantaged and underserved compared to other communities.

Common wording included:

- *"We really need this."*
- *"Long overdue."*
- *"Countesswells has nothing — this is essential."*
- *"The current situation is unacceptable."*

2. Health inequality concerns and difficulty accessing existing pharmacies

Many comments emphasised:

- No bus routes to Kingswells or Cults
- Long, unsafe, or impossible walks
- Severe challenges for elderly, disabled, or low-income residents
- Winter weather makes access impossible, leaving people without medications

A particularly compelling theme is being cut off during snow, leaving residents without life-critical medicines. Quotes include:

- *“It is a human right to access healthcare — this is not possible in Countesswells.”*
- *“During the snow we were trapped — no buses for nearly a week.”*
- *“I had to stop medication because I couldn’t get to a pharmacy.”*

3. Frustration with previous pharmacy application being blocked

A substantial number of comments reference:

- Anger that Kingswells and Cults pharmacies previously objected
- Belief that these objections were commercially motivated
- A sense of historic injustice

Examples:

- *“They stopped it last time — don’t let them again.”*
- *“We shouldn’t have to drive sick just to protect profits.”*

This theme shows deep community frustration.

Q10 Do you live within the proposed boundary area?
99% yes
1% no – moving into development or had a dependent who lived in Countesswells with health needs.

Summary and Conclusions

Appendix 18 (slide 21)
The consultation results demonstrate clear, consistent and overwhelming support from the local Countesswells population for the establishment of a new community pharmacy within the proposed boundary. Across all questions—quantitative and qualitative—respondents repeatedly emphasised that a pharmacy is both necessary and highly desirable for the area, citing significant gaps in current provision and substantial barriers to accessing existing pharmacies.

1. Strong evidence of perceived need for the pharmacy
Residents consistently reported that Countesswells currently has no accessible local pharmacy and that existing services in Kingswells, Cults, Westhill and the city centre are not feasibly reachable, particularly for:

- Non-drivers
- Elderly residents
- Disabled people
- Families with young children

- Those on low incomes
- Residents with chronic illness or high medication needs

Key access barriers include:

- No direct public transport to any nearby pharmacy
- Unsafe or unrealistic walking routes
- Long travel distances, often 40–80 minutes round-trip on foot or by multiple buses
- Severe winter conditions that leave the community temporarily cut off

Many residents described situations where they were unable to obtain essential medication, highlighting a material risk to health.
The evidence clearly shows a significant unmet need for pharmaceutical services within Countesswells.

2. Strong Evidence of Desire for the pharmacy
Residents expressed a very high level of support for the proposal:

- The vast majority of comments described the pharmacy as *"essential," "desperately needed," "long overdue,"* or *"critical."*
- Many stated it would significantly improve their quality of life and independence.
- Residents believe the pharmacy will help create a complete, sustainable community in line with the development's original vision.
- There is strong recognition that the pharmacy will reduce pressure on over-stretched GP services and improve access to prompt clinical advice through Pharmacy First

Local Population's Voice
Appendix 19 (slide 22)
Responses came predominantly from people living within the proposed catchment, many of whom live only minutes from the site. Their comments reflect direct, lived experience of the challenges arising from the lack of local pharmaceutical provision.
The regulations require that PPC decisions place strong emphasis on the views of the local population. In this consultation, those views were:

- Highly engaged,
- Consistent across all themes, and
- Overwhelmingly supportive of the new pharmacy.

There was no evidence of any meaningful local opposition to the proposal, aside from the small number of concerns specific to methadone/substance-misuse services.
You will also see attached to the end of the CAR 10 letters of support for the pharmacy. These letters are from a range of people and organisations and if you read them, you will see that they all overwhelmingly support a new pharmacy in Countesswells.

3 MSPs who cover Countesswells
Cults, Milltimber and Bieldside Community Council that covers Countesswells
3 Councillors who cover Countesswells
Both medical practices that cover Countesswells – Cults + Kingswells
Countesswells Community Group who directly represent the residents living within Countesswells.
These are people who directly represent the Countesswells area and know the issues faced by those living there.

Conclusion

You will be glad to know that is me just about finished speaking!
In conclusion, my task today was to prove that the existing pharmacy provision to the residents of Countesswells is not adequate and that a new pharmacy is both Necessary and Desirable – hopefully I have done that!
Existing provision

- inaccessible unless you have private transport. Walking or public transport is not a realistic option.
- Countesswells has more people who have no access to a car than similar settlements and less people who have access to 2 or more cars
- The development does not align with Scottish Government policy – 20 minute neighbourhoods, Aberdeen local development plan or ACHSCP policy currently.

Countesswells as a development – plan for 3000 houses, Phase One 1100 houses nearing completion. Ogilvie homes now own development land and plan to push on with Phase two and three. Population getting closer to 2500 and growing week by week
They currently have a School, Sainsburys, barber, dentist and CTAC centre but no proper health provision. Residents must travel to Cults or Kingswells and need private transport to do so.
As already discussed, community pharmacy is the first point of contact for those suffering from minor ailments or requiring health advice – a pharmacy in Countesswells could make a huge difference not just to the residents but also other health providers in the area as referenced in the support from the local GP practices.
The CAR report which acts as the voice for the people of Countesswells – **Slide 23** massive response, residents of Countesswells desperate for health provision in the form of a community pharmacy. This is not just convenience this is necessity – the current services are inadequate as detailed by many comments throughout the CAR.
There are health inequalities and patient safety issues in Countesswells as people cannot readily access a pharmacy.
Quotes taken directly from the CAR:

- "I cannot drive. This would transform my ability to get medication for myself and my child."

- *"It will be life-changing for parents and elderly residents."*

- *"A pharmacy here would reduce health inequalities."*

- *“It is a human right to access healthcare — this is not possible in Countesswells.”*

- *“During the snow we were trapped — no buses for nearly a week.”*

- *“I had to stop medication because I couldn’t get to a pharmacy.”*

In conclusion, I urge the committee to give the residents of Countesswells what they desperately need and grant this pharmacy application.
Thank you.

Questions

- The Chair invited questions to the Applicant from the Committee and Interested Parties.

- **In Answer to Questions from John Ross, Lay Member of the PPC**

- John Ross asks in the case of where access to Countesswells is cut off, due to weather, how are staff going to get there?

  Applicant confirmed that while all staff reaching Countesswells in the worst case scenario may be ambitious, the applicant himself lives 1.5 miles away from the proposed premises. “I am a farmers son, I have a 4x4 vehicle. What we’ve got to look at is how we get a pharmacist onsite and if that means me in my 4x4 then so be it. All of my existing pharmacies in the adverse weather were open and staffed. There was one or two occasions where we maybe opened later or closed early but otherwise I don’t envisage this being a problem. I believe having a pharmacy within the community is very different to relying on a delivery service having to get into the development”.

  Note from Clerk – Being referred to here is that the North East of Scotland experienced its worst winter in 12 years during early part of 2026.

- **In Answer to Questions from Alison Mackenzie, Lay Member of the PPC**

- Alison Mackenzie asks, in terms of staffing, is it straightforward to recruit pharmacists these days?

  Applicant answer – “I currently have 4 pharmacies, within this I have two relief pharmacists who cover around that. So I basically have two spare pharmacists. My intention would be to have the independent prescriber pharmacist who works

on relief for me to be full time at Countesswells and then I'd still have relief cover in place".

- **In Answer to Questions from Derek Scott, Lay Member of the PPC**

- Derek Scott asks, if the applicants argument since a previous application in 2022 that there has been a material change, is that in relation to the population growth?

  Applicants answer – "I think the population growth is the is the major factor, but I think there's the development as a whole has moved on the original one, like I said in March 2022 there was uncertainty, the council's development wanted to, who owned the whole area, had gone into administration, we didn't know if any more houses were going to get built, we're currently sitting at 1000 they're building at regional eight. Ogilvy homes currently have planning permission in for about 100 new houses. So, so the developers moving on, we also have the school, we have same space, we have the CTAC Centre, we have the barber. As far as I'm aware, the empty units are still remaining next to CTAC Centre is under offer as well, so it's turning into the real community rather than what previous maybe in 2022 was a building site, and I think, as far, I guess it depends if you, if you want to go down a viability route, is it viable with the cup population? 100% I think the pharmacy funding has changed dramatically, used to be so reliant on dispensing prescriptions, you had to spend x number of prescriptions to make a pharmacy viable. Now, with the additional services we can offer, that changes the dynamic a little bit. So you were getting paid for seeing patients, having consultations, offering pharmacy first. So I would be absolutely confident, I mean, I have - I own, in fact, Edzel Pharmacy. I think there's only about 600 houses in Edzel, so I have experience of kind of these small developments, and the pharmacy has been viable and successful,

  Derek Scott follows up with additional question – "I've seen various statements from different parties about the population or the number of items dispensed, and whether or not that's viable or not. I don't know if there's any actual evidence or guidance about that, because everyone seems to have a different view, and that's why I find it very confusing when some people seem to be very explicit. This is why this is not viable, so what is your reply to that?

  Applicants answer – "I think, dare I say that the number of items dispensed is, is a thing of the past, really. I mean, it's core, but you don't rely on that for your income, you have other income streams, it's you need the core business coming in, but you get payment for offering the pharmacy first plus service, you get payments for seeing patients, write prescriptions, you get payments for health promotion. We get if pharmacy was just about prescription items and getting prescriptions to patients, then Amazon would have taken over. Pharmacy now is about providing pharmaceutical care, and fortunately the funding has reflected that, so we're getting paid for fine rather than getting paid for items, we're getting

paid to provide funds to look at. I would say, I mean, I could probably list. I've looked at previous applications. I've actually sat in the PPC in Tayside, so off the top of my head, one application had a population of something like 1400, another, which was similarly new development 3000 at the time it was granted, had a population of less than 1000 I think. So there's, I don't think there's a number you can pin it on. I think it's very much depends on circumstances and depending on what you want to offer."

Derek Scott follows up with final question – "And finally, is your argument that this is a distinct neighbourhood and the other pharmacies (interested parties) service other neighbourhoods?

Applicants answer – "Yeah, I mean, you can't deny currently that Kingswells and Cults are servicing Countesswells because they have no other option, but you have to define the neighbourhood, and I think what I defined there was quite an obvious one. I'll come down front of the line, but I know Rowland's questioned it in their reply. I was like, well, I would not. Why would I include Kingswells as part of my neighbourhood? Because that was a distinct settlement on its own with its own services. So I've kind of tried to cover the area of where the Countesswells development is, and I think the neighbourhood thing could be a bit funny because that doesn't mean people from out with my neighbourhood can't use my services, but you're kind of identifying the area where you're predominantly".

- **In Answer to Questions from Matthew Hamilton, Professional Member of the PPC**

- Matthew Hamilton states "Derek has covered some of my questions! You made a very interesting economic point about prescription deliveries and the possibility that because of economic challenges, there could be a reduction in delivery service? Are you looking to reduce this service with that view in mind?"

  Applicant answers – "No, I'll be quite honest, as it stands, I will make no comments about the fact that my other pharmacies, I provide a delivery service, and I, I think a delivery service is fine. I think there is a need for delivery service in the majority of people. What I don't think is that a delivery service is providing pharmaceutical care, and I think that's where the where the difference lies, and I think we can't have a crystal ball to know how things will change in the future, and whether those services will become unfeasible, just because we've seen what's happened to fuel recently, minimum wage going up, so we can't predict, but certainly, as a company, my plan would be to continue the delivery service.

  Matthew Hamilton adds – "I thought it was a fair point to raise. I am struggling to differentiate between pharmacy access issue or a transport issue with is a different thing altogether. I cant help but notice we have not mentioned cycling as an option, would you say that is a reasonable option for people?

Applicants answer - I would say it's an option. I don't know if it's a realistic option. If you have a family, if you have sick children, you have medication to pick up, and also you've got to be the people that we noted that were had the biggest issue were those potentially able to cycle? So young families, disabled, chronic conditions, are they able, albeit a relatively short cycle, are they able to cycle together? I think that would be question, I think I would say it's a valid point, but I don't think it's not, it's not relevant, but I don't think it's a realistic option for the majority of people.

- **In Answer to Questions from Claire Thomson, Non-Professional Member of the PPC**

- Claire Thompson states “A couple of my questions have been raised and answered already. I think you have presented a really commendable case and it was really positive to see some of that support coming from the GP Practice. But no further questions.

- **In Answer to Questions from Brian Arris, Kingswells Pharmacy**

- Brian Arris – “Yeah, very good presentation, John. Start with this one, it maybe carries on from your one about different opinions on how pharmacies work, how many prescription items you maybe need to be a viable pharmacy. So this is a question, by the way - we bought a group of four pharmacies called Robert Whitelaw Limited, and oh four years ago now, and two of the pharmacies were really quiet. They maybe did about 1500 prescription items per month, and we did try and give it a go with trying to get the payments for pharmacy first plus services, and all the basic payments, but you need prescription volume in order to drive footfall within your business, and then, so we managed to, we realised they were more suited to owner-operated pharmacies, where the biggest overhead is the pharmacist, so we sold them on to sort of new guys starting on in pharmacy business, and they seem to be doing okay now, but for a group operator like myself and John, who completely, you know, they made losses, you know, you had, you had to move them on or close up, so this is a question, in my opinion. I've worked in Kingswells. Patients are happy, the happiest patients, probably in our group. They're familiar with the staff and the pharmacy pharmacists and the post office staff. They'll continue to come to the pharmacy, Countesswells patients included. We know the patients, it's like doctors, people don't want to change if they like them. There are no sheltered housing there in Countesswells. There's no nursing home. You need about 5000 prescription items nowadays to make a profit with all the overheads of electricity rates, you name it, staff. How are you going to even relatives and friends take their housebound patients to the pharmacy in Kingswells, they're still going to use Kingswells. John, how are you going to make this work?”
  Applicants reply – “So if we can rewind right back to what you said about the pharmacies you bought from Robert Whitelaws, the two you refer to are Waverley Place and Denburn/Rosemount?”.

Brian Arris – “Yeah”

Applicant continues – “So we are talking about central Aberdeen. 10, 15, 20 pharmacies within a walking distance of maybe 10 minutes? So I would disregard that part. Because that is not what we have here, this is a separate community, this is not Aberdeen City, where you have competition everywhere, and historically pharmacies that had low footfall, so we have a new development here whereby people within Countesswells, I mean, look at the CAR, look at the commons, there's a massive desire for this, and I appreciate the people and those in Kingswells are happy with the service, but you kind of differentiate eventually, but are these people that live in Kingswells or these people that live in Countesswells? There is an unmet need, as demonstrated within the CAR, and massively demonstrated for people. I think as soon as we open the doors, we are going to be a busy pharmacy. I mean, it depends how you clarified it busy. I would say 5000 items, is I would say, as a relatively busy pharmacy. I would have no expectations that we would be doing that to start with, and I think I would be lying if I said in the first two or three months we'll make any money, but it certainly won't matter, but that is the expectation. You cannot open a pharmacy and instantly be busy. But if we look elsewhere, we look at Blackburn, got pharmacy contracts, look at Tarves. These are all businesses that a new pharmacy contract has gone in, similar small developments, similar number of houses. But these are viable businesses. I mean, I know Tarves changed hands probably five six years ago for a large amount of money, because it was - it was a good business, it'd be built up. I mean, if your argument is a new pharmacy contract will never be granted, because when you first open up, you're not going to make money. Then, why is everybody sitting around this table? I mean, I think you've got to look at this as a development. Is it's currently close to 1000 houses. The houses are being built. It's going to be 3000 houses. There's absolutely no doubt a pharmacist required for it, and whether that is this application or whether you, it gets passed in the road for another year-18 months, we're just going to go around and write in circles, but I mean, I wouldn't have put the time and effort into this, but I own the unit to catch well, so I mean I'm confident that this is a pharmacy that can be a good business.

Brian Arris – “So you mentioned Blackburn and Tarves, these places are miles away from any other pharmacies. You've got 87% of people in Countesswells own a car with a pharmacy just down the road neighbouring on to in Kingswells onto neighbouring on to Countesswells? They go to Kingswells to visit the post office, the gyms in Kingswells, the pubs are there. Well, there's one pub, the nursery is there, the doctor surgeries there, the community centres there, so all the toddlers clubs, all the, you know, ones and two, two. I don't want to call it nowadays. My boys are old, yeah. All these things are there, so, and they're quite happy going to Kingswells for their pharmacy services. When you mentioned the CAR report, there, the first CAR report (presumably referring to 2022), there was only like 20 responses. I mean, these quotes here, they could have just been

written by one person that's just hell bent and wanting a pharmacy in Countesswells. You know, they could be scanning that barcode, you know, 100 times on the shop window, because they're all like they're pretty dramatic, you know. I just think it's just not big enough anyway."

Applicant replies – "Interrupting that there. The initial 2022 consultation, I think it was 187 responses and it was during Covid in a development that was 586 houses. I mean, I went out and I put a leaflet, I met with community groups, I went to the school, I did these things right into, I met the public. I mean, to be fair to previous applicant, they couldn't do that during Covid, so I think the previous response can't be, can't be considered, and I think if you're questioning the CAR report as a whole then we've got a serious issue if we're looking at CAR reports, and again, the responses we get from there can be trusted or not unfair.

Brian Arris – "I am not doubting the trust in it. But I'm just saying it, you know. If someone's going to buy the paper every day, they can just scan the barcode, put in another name. Anyway, move on from that. So the section 75 you mentioned with regards that the you know that in order for the development to be crystallised section 75 had to be satisfied with a health care facility, do you not agree that the health clinic that opened was that crystallised, that that was the thing that crystallised the section 75 agreement? It wasn't a pharmacy, it wasn't a GP practice, that's why that was put in that middle unit by the developers too, and NHS Grampians crystallised the county service development".

Applicant – "Do you think that a CTAC Centre which does hypertension monitoring, diabetes monitoring, and child immunisations is providing pharmaceutical, or any kind of care? It is providing a service but not any pharmaceutical care service."

Brian Arris – "I think there was a letter about the section 75 still has to be achieved, and we still have to get healthcare facility to get this section 75 ticked off as a legal thing. But it was, it has been ticked off with the health clinic in the middle unit. "

Ritchie Johnson, Chair of PPC – "I think in terms of the Section 75, and I listen to both sides of the argument carefully, I am not sure if either side can categorically say one way or another. I guess we'd need someone else to consider that, but I guess it is just a question as to what extent that health facility is satisfied through whichever means. I don't think we have a clear answer to this either way."

Applicant – The local development plan clearly states that there should be GP Practices and pharmacies. Specifically these things, not health centres or CTAC centres."
Brian Arris – "Yeah, so you mentioned the local development plan. I included that with one of my appendices, and the local development plan in Aberdeen is something that they're going to be building hundreds of 1000s, no, 20,30, 40,000

houses. I think there's five GP practices planned. There's it's a big wish list that is never, never going to be materialised. It was supposed to be a GP practice along the roads in Mastrick/Heatheryfold,,,"

Ritchie Johnson, Chair of PPC – "I guess I am conscious of sticking to questions for John at this stage."

Brian Arris – "So we have worked with the doctors in Kingswells for 30 years now and I know them all. The new GP Partner who has come in, Dr Houston, do you think this is his personal view of needing a new pharmacy in Countesswells, or a practice view as a whole?"

Applicant replies – "I contacted the medical practice at Cults and Kingswells and in fact, they contacted me to ask me in for a meeting. I had a meeting with Practice Manager and Dr Houston. So, firstly, the fact that I met with the practice manager and Dr. Houston would suggest that is a practice view, and I would expect that other partners within Kingswells would not be impressed if on their headed paper with their name against it that he wrote such a letter. He did note at the time, that he felt, and this might be in line with him being a partner, he felt that the Kingswells (GP Practice) model was slightly outdated, that they saw a lot of patients they shouldn't be seeing, and they were really keen, they couldn't, with the way things are in GP plan now, the workload is increasing, so if they have patients that can be seen at pharmacies, they've seen elsewhere. They want to be able to triage them, and that was why he was so supportive of pharmacy. He did say he certainly said Kingswells provided a good service, he had no issue with that, but he did say specifically for prescribing, and I don't know what situation it's now, Brian, but at the time I think he had a prescribing pharmacist, but not necessarily there all the time, so having another prescriber and somebody else he could refer to, and specifically for the people of Countesswells, we thought would be a massive benefit."

Brian Arris moves on to ask – "How much land has Ogilvy Homes bought at Countesswells? My understanding is that they have just bought a very small parcel of land to build about 100 houses."

Applicant replies – "I'll be honest, I don't know. My information was that they bought all development lands. I'm building that slide. Does it say in that slide? If we can go back to it, I don't know if it says exactly, but certainly that is just their initial offering. I mean, why would they be taking on the whole development and doing all the why would they want to do all the work to the development and upgrade the roads and whatever else, if they're only building 100 houses, I can't imagine that is the case. I'll be honest, I don't see what's said in the letter. So it just says Ogilvy Homes recently purchased land interests from Countesswells Development Limited, and they were the company that owned the whole thing. Now, all press releases, everything I've seen, like actually the BBC website had a story on it as well.

Ritchie Johnson, Chair of PPC – “I have a question for clarity, is there anything to say around extent and timing of future development?”

Applicant – “So when I went and spoke to gentlemen that worked for Barratts King's Gallop, so they, the area, the Kings Gallop area, which I don't know if you know what it is, but basically, if you are coming from the Kingswells side, it's the new development on the left outside, David Wilson's the very first one, and then King's Gallop, so that's nearing completion, I think he said it was about 170 houses, and literally the last few were being built, so the Barrett have land behind that to build basically the same again, and in his words, the houses are selling we will build these houses. He also, because David Wilson is owned by Barrett, he was able to tell me basically the same applies for them. They're building that bit area, but they have the lads do whatever. He made an interesting point that Barrett had benefited to have found Countesswells development really, really good. So he said, I don't know what Ogilvy's plans are, but I would guess that by that they maybe look to offload more land to other house builders to build more, but that's speculative. As I've said, currently Ogilvy have plans in for the 100 houses, as Brian detailed, but more than that I can't have a very quick look, there's an article on the BBC website about when, so what this was, this for July 2025 *a new owner has taken over a building firm behind an unfinished housing estate in Aberdeen, Kent, as well as Development Limited, which went into administration in November 2021 planned to construct around 3000 homes, as well as schools, retail, and large facilities. It then says that 900 have been built, etc. Sterling-based Ogilvy Homes has bought land and some of CBLs' assets for an undisclosed sum. The company said it was looking forward to pushing ahead with the development.*
From that, the suggestion is it's bought, although I'm at CDL House, but I don't have anything.”

Ritchie Johnson, Chair of PPC – “I’ll bring it back, so in terms of timing, we don’t quite know when that will come to fruition?”

Applicant – “Planning permission is in place so building will carry on from there.”

Brian Arris – “Yes, purchasing land, it doesn't mean you know it's going to be all built on straight away. You'll know that from supermarkets buying bits of land and just keep it to stop others, you know, opening another supermarket, but the Countesswells phase one is just about finished, from what I understand. This was a bit that was going to before it had to be finished, that the section 75 stuff going on. Once that's finished, that's where we're at. But phase two is where all the other land went up for sale. This is when the it had already been purchased by various different house builders. Phase one, and then the basically the whole thing powdered through Stuart Milne went into administration, and that's when all this phase two land went up for sale in various different lots. It wasn't just a one lot, and it was marketed by Shepherds, so you know, farmers, guys like me,

could go and buy a parcel of land, so no one knows how far that's gone. I know Ogilvy have bought a small, they bought a parcel, and they've got planning permission in versus evidence on for 100 homes, if they bought the whole thing, why haven't they put in planning for agreed 2000…."

Ritchie Johnson, Chair of PPC – "Sorry Brian, sticking to questions for John following his presentation, I don't want to misuse anyone's time."

Brian Arris – "There's no evidence about there is the only piece of evidence I can see, and I've done a bit of research on this, and spoken to Shepherd, says a parcel of land has been sold to Ogilvy Homes, and they've put a planning application in for 100 houses, then that's only part on top. Phase one, that I know about, you know, the rest of the land could be sold for whatever, that was what I was going to ask."

Brian Arris moves onto additional questions – "The applicant, John has referenced the opening of a new primary school as evidence of growing need. Can you explain how a new school generates pharmaceutical need that is not already met by existing providers?"

Applicants response – "I don't think on its own it does that, but I think as we talked about the pharmacy first, and my pharmacy first data there said that the highest percentage, kind of what the number was, of people that access pharmacy first are in the zero to nine years age group, so the example I gave in my presentation, if you have a child at school who's unwell, and before school or after school, what is your option to get in a car and drive to Kingswells or Cults, so what have you? If you have a pharmacy, which literally is two doors down, then you have that facility on your doorstep, and like I said, this is from my own experience. We can be standing in the pharmacy at 3pm twiddling our thumbs, thinking all the work's up to date, and then suddenly, at quarter four, schools out and a wave people come in, and it is that you pick your kids up. I mean, you have kids yourself, you pick your kids up from school. Oh, Jimmy's got x, y, and z. Oh, well, better take them to, well, generally not the doctor's name of the pharmacy, so I'm not saying because there's a school there must be a pharmacy, but I am saying it is something that would be a massive benefit to the families and the children that are at school to be able to access that. I know that this isn't a reason to grant a pharmacy contract, but I did attend the school, and I've spoken to the head teacher, and I think it comes into the kind of whole community spirit of things that actually I think a pharmacy and a school in close proximity, there's a lot of work that can be done together, whether it's around health promotion, just kind of awareness of what we can do and what services we provide."

Brian Arris – "Okay, three existing pharmacies already provide free prescription delivery Monday to Friday to Countesswells residents. A fair point in your presentation was made about bad / extreme weather, this service was operated by us, even through all the bad weather. I was out in my four by four, so I've got a

farm in the bad snow. I was actually out with the manager, clearing snow in the car parks, every village was cut off in Aberdeenshire, some even more so than possibly Countesswells. So, what circumstances would a resident be unable to access medicine through these services that a new pharmacy would address?"

Applicant – "I've got some I haven't shared, I've got some Facebook posts from Kingswells about your how your pharmacies, how your deliveries were delayed or couldn't get out because of the bad weather. So this must be when the weather bad weather hit, January 4, January 5, November 28 So, and I'll, I'll be on the same line as you, Brian. I offered delivery service for my pharmacies, and it was really difficult in that weather to get out and about. So, if you're relying on a delivery service, you're relying on a van, or whatever it is, to get up into the development, and this isn't just one - you have one prescription to deliver to one area, so I don't know how many deliveries to provide, so I maybe average 40 or 50 deliveries a day. So, if you've got a foot and a half of snow up a hill on ice, are you, is your van be able to get in and deliver to those people? We need to do is to get, like I said, whether it's me in a four by four, as soon as I get in and open that door in the pharmacy, we can provide service to everybody who can walk wherever they have that they can get to the pharmacy, whereby if they're relying on the delivery service, or provided you get your delivery service can potentially get into these places, are people one be able to get their car out, two can be able to want to get their car out, or three be confident to drive in these conditions to a pharmacy. Yeah, if they have a pharmacy within their development that they can walk to, they're going to be using that."

Brian Arris – "So I can guarantee that on the snow days we got our deliveries out, so I don't know about those Facebook comments."

Derek Scott, Lay Member – "Just to clarify, does the person have to be at home to receive their prescription? Can it be given somewhere else, or do they have to be there to sign for, because I'm assuming some medications, you're not just going to give to anyone, but others person have to be there to receive it."

Applicant – "Ideally, yes. But I would say, and again, everybody will be different, but preferably. And for some, yes, 100% If you have a control drug, yes. If you have a fridge item, yes. If a person says, 'Look, I'm not in as a small package, can you put it through my letter box? Then potentially you can do that, provided it's not any of these things, but you ideally won't be able to hand the prescription to a person."

Brian Arris – "John, you speculatively bought the unit for the proposed pharmacy in Countesswells. Other units in the development remain vacant. Are we satisfied that this application is driven by unmet healthcare need rather than a desire to secure an occupier for a commercially vacant unit?"

Applicant replies – “So, as you may know, Brian, I've had that unit for three years or more. If I was desperate to get somebody in, I would have before now got a hairdresser, a cafe, something. I'll be honest with you, before the previous application I was looking at Countesswells, mostly because I live two minutes away and I can see the development, so this has always been on my radar. And yes, I took the decision to buy the unit, and that was more of my confidence that this was a development that needed the pharmacy. Like I said, if it was commercially driven to get somebody in it, then long before now I would have done something about it.”

Brian Arris – “Ok, I’ve just got a few more questions, I’ll go through them quickly. How many complaints has NHS Grampian received regarding lack of access to pharmacy services from Countesswells residents?”

Applicant – “Fairly certain zero, and I would be also fairly certain that is there any anywhere in Grampian? Nobody will know off the top head. You don't get these complaints unless there's something seriously going wrong. Complaints are made generally to a pharmacy. It is very very rare that a complaint will come in via NHS Grampian.”

Brian Arris – “Ok, I’ll just rattle through these.. Can you guarantee that the housing and population growth will materialise as planned, considering this has not been this case in several other developments across the city?”

Applicant – “No, there is simple answer to that. There's no guarantee, but what I can say is with 1000 houses, maybe 100 being in planning. Well, phase one is 1100 and I think we've got at least another 100 off of that. If the development stopped now, and it was 1000 houses, 1100 houses. We have Balmedie, we have Tarves, we have Blackburn. I think Newtonhill is actually now 1300 but Brian, you will know, because it was your contract application in 2006 that got granted. I don't think Newtonhill was as many as that back in the day, so this number of houses supports pharmacies as fact, we've seen other developments are the same, so if there's no more development, it's maybe slightly disappointed from my point of view, but there is enough houses and people there to support pharmacies.

Brian Arris – “What is the estimated annual NHS cost, maybe not to Grampian, but to Scotland as a whole of establishing and maintaining this additional pharmaceutical contract?”

Applicant – “I have no idea, and I think isn't relevant to this. Personally, I don't think that's relevant. I mean, my argument is that there's no additional cost, because the way pharmacies are paid, there's a global sum of money, there's a pot of money, so if you have one pharmacy, they get all money, if you have 1000 pharmacies, it's shared out. I know there will be one or two additional costs in it, Brian. I'm not saying that, but realistically, that I don't think is something that

needs to be considered. And arguably, what is the greater cost? Not having a pharmacy in somewhere like Newtonhill to people. We're talking about health inequalities, we're talking about patient safety. If we don't have a pharmaceutical, and actually you start looking at the cost of that, I would say it may well..”

Brian Arris – “But 87% of folk have cars, so it will, the taxpayer will have to take on this cost. And it is going to be a six figure cost. The cost to the Government to cover the likes of pharmacy first plus, pharmacy first, acute medication service, there is always payments and someone has to pay, it might not directly affect Grampian but the Scottish taxpayer has to pay for it.

Ritchie Johnson, Chair of PPC – “We understand the question but maybe not one for today and here and now, if we stick to the questions.”

Brian Arris – “So what volume of dispensing is anticipated for the first three years at the proposed pharmacy?

Applicant – “If I look at similar pharmacies, I have Balmdie which is 900 houses, Netonhill which is 1300, Edzel which is less. They are doing between 5000-6000 items. But I am under no expectations that we’ll be doing that in first 6-12 months at Countesswells. If you want me to pull a number out a hat then maybe half these numbers by end of year one?”

Brian Arris – “So these places which you mention, they have huge hinterlands, like farms other villages that come in and support these pharmacies. Countesswells does not have this. That is my response anyway. We’ll go onto my next question.”

Brian Arris continues – “Right, last one guys, well second last. How will the pharmacy be staffed?”

Applicant – “I think I detailed this earlier to one of the lay members. I have two relief pharmacists, one of which is an independent prescriber who will work full time at Countesswells. Dispensers, dispensing assistants and another who may double up as a delivery driver. That is something that needs to be continually monitored two months down the line we may need to recruit further, I don’t know.”

Brian Arris – “So if it is a pharmacist that and one other and say one staff member is out doing deliveries. Someone comes in and asks for a pharmacy first consultation, the pharmacist is going to be tied up in consultation room – I don’t think I would want to be working alone in the pharmacy?”

Applicant – “I had not thought about that scenario until you brought it up there. My plan would be to follow the same model as my other 4 pharmacies with 2

relief pharmacists and so double cover a couple of times a week which helps for scheduled appointments."

Ritchie Johnson, Chair of PPC – "Any further questions? No? We've being going for an hour and a half so lets take a short comfort break and see you all in 5 minutes."

Adequacy of Existing Pharmaceutical Services and Necessity or Desirability – Interested Parties

The PPC Chair invited Mr Brian Arris (Kingswells Pharmacy) to make statement.

- **Kingswells Pharmacy (Interested Party in attendance).**

Mr Brian Arris.

- This is an objection to the proposed new pharmacy at Countesswells.

  While improving access to healthcare services is an important objective, there is insufficient evidence to demonstrate that a new pharmacy in Countess Wells is necessary at this time. The evidence available suggests that pharmaceutical provision is adequate, and that the proposal is driven more by convenience and wider aspirations for the community development than by any demonstrable unmet pharmaceutical need. Number one, insufficient population to demonstrate need. Count as wells currently comprises approximately 900 houses, significantly fewer than the 3000 originally envisaged 10 years ago when the development started. The question therefore arises whether the current population is large enough to justify and sustain a new pharmacy. So I'll refer to Appendix Two Census 2022 data. Many residents are young families and working age adults who commute into Aberdeen for work and education. These individuals are likely to access healthcare service services, including pharmacies closer to their workplaces, schools, shopping destinations, or along existing travel routes. It is therefore unclear whether a sufficient proportion of residents would regularly use a local pharmacy to justify its establishment. You can see from the census data there was only 58 people living in Countesswells of pensionable age and more than likely to get the prescriptions delivered automatically by my driver, or if fit enough, they would just come down in the car. Age distribution 80 plus 3 people, 70 to 79 years old, 13 people, 60 to 69 years old, 42 people, 50 to 59 years old, 89 people, 40 to 49, 196 people, 30 to 39 years old, 412 people, 20 to 29 years old, 222 people, 10 to 19 years old, 132 people and zero to 9 years old, 314.

  It appears that the application appears to rely heavily on future housing growth. Developers often purchase land banks around the country and wait to build when the economics stack up and an area is on the up. Hopefully, the economic picture in Aberdeen will improve in the future, but may take a change in political

policy for this to happen. In any case, pharmaceutical planning decisions should be based on current need rather than anticipated future developments.

Number two, lack of evidence of pressure on existing pharmacies. A recurring comment throughout the CAR is that pharmacy in Countessells would reduce pressure on neighbouring pharmacies. However, there appears to be little evidence to support this claim. The average pharmacy in Scotland dispenses around about 7000 prescription items. The suggestion that new pharmacy is required to leave pressure on neighbouring pharmacies appears speculative rather than evidence-based. As seen in the data the majority of prescriptions printed by Kingswell's medical practice are processed by KDP Limited. As the owner of KDP Limited, Dickie's Pharmacy in Kingswells, I can confidently say we are not currently experiencing any such pressures. In fact, prescription numbers have decreased since the previous 2022 application, despite some houses in Countesswells being occupied. There is Kingswells medical practice data, but I think the committee will already have this as part of their pack, our pharmacy manager is an independent prescriber, and we also employ two relief pharmacists who are also prescribers. Effectively, there is an independent prescriber on site full time now, despite there only being a requirement, the requirement to provide the pharmacy first plus post service 25 hours per week. Our two nearby branches in Summerhill and Northfield also provide a pharmacy first plus service, so on hand if a referral is required for any reason. This allows us to provide a broad range of clinical services and respond effectively to the needs of our patients.
Number three, existing pharmacies already serve the Countesswells residents. That application does not appear to fully recognise the level of support already provided by existing neighbouring pharmacies. These provide the same services that Countesswells Pharmacy is proposing. Kingswells, Cults, Peterculter Pharmacy, Rowlands Pharmacy in Cults all provide a free delivery service Monday to Friday to Countesswells. This involves collecting prescriptions from the GP practices and delivering the medication directly to the patient's door. This ensures that residents may, who may have difficulty travelling, can continue to access essential pharmaceutical care.

Rowlands and Cults pharmacies are located approximately eight minutes from the proposed site by car, while Kingswells pharmacy is approximately five minutes drive away. As a result, Countesswells residents already benefit from convenient access to three established pharmacies supported by a comprehensive delivery service.
Therefore, many of the accessibility concerns mentioned in the support of the application are already addressed by existing services.
The absence of a GP Practice does not create a case for a pharmacy. While pharmacists may play an increasing valuable role in primary care, they do not replace GPS and are more effective as part of the integrated healthcare system. Without a GP practice in Countesswells, residents will still need to travel elsewhere for anything that falls outside a pharmacist's scope of practice. There

are no plans for a GP practice in Countesswells which was promised to satisfy a section 75 planning obligation, a health clinic in the shop parade was opened to tick this box it could therefore be argued that the more pressing healthcare needs is improved access to a GP. While a pharmacy may complement future healthcare infrastructure, it would not address the primary concerns raised by residents. The committee's role is to assess whether there is a gap in pharmaceutical provision, with three pharmacies already serving Countesswells within an eight minute drive, is a fourth pharmacy necessary.
Number 5, Previous pharmacy application was refused. A particularly significant consideration is that a substantially similar application has already been considered and refused in January 2022, K and L Manson applied to establish a pharmacy at Unit Two in the Neighbourhood Centre, Burnett Road, Countesswells. The proposal included extensive opening hours and a range of services broadly comparable to those now being put forward, including enhanced clinical services, such as pharmacy first plus. Following consideration of the application, the PPC concluded that existing pharmaceutical provision in neighbouring areas, including Kingswells and Cults, was sufficient to meet the needs of Countesswells residents, and that a new pharmacy was not necessary. Importantly, that decision was subsequently appealed twice, and finally was dismissed in 2024.
Since that determination, the range of services available from existing providers has expanded further. Kingswells Pharmacy, located approximately five minutes from Countesswells, now offers Pharmacy First Plus a range of private healthcare services, in addition to its four NHS pharmaceutical provision Cults pharmacy has also introduced a 24 hour prescription collection locker service, enabling patients to collect their medication at a time that suits them. As a result, local residents now have access to a broader range of clinical and pharmaceutical services than were available when the previous application was assessed, given that both original application and subsequent appeals were refused on the basis that existing provision was adequate and that local pharmaceutical services have since been enhanced. This raises the obvious question, what material change has occurred since a previous application was rejected?
The population has not increased to the level originally anticipated. Many promised facilities remain undelivered, and nearby pharmacies continue to provide the service to Countesswells residents.
Unless substantial new evidence can be produced, there appears to be little justification for reaching a different conclusion.
Number six, future development promises should be treated with caution. Much of the case for a new pharmacy on future growth projections within Countesswells. Sorry, much of the case for a new pharmacy relies on future growth projections within Countesswells. However, the developed development's history demonstrates why planning decisions should be based on current need rather than optimistic forecasts. Since construction began in 2015 or 2016 progress has been slower than anticipated. Major developers have collapsed. The proposed secondary school has been abandoned and many of the retail,

leisure, and community facilities originally promised have not materialised. You can see in my appendix 1 the Aberdeen City 2023 development plan, and how much has changed since then of relevance to this application. Countesswells new secondary school has been shelved. Five GP practice is unlikely to go ahead. There should be junctions of the A944 extra junctions two to three new primary schools, two new community pharmacies. It's all a lifetime away, given the current economic climate.
Developers are also being asked to contribute.
Then you look at neighbouring areas, numerous pharmacies, and a total of five completely new GP practices in the city, one of which has been mothballed at Greenferns already.

The Aberdeen Local Development Plan is a wish list, and a small percentage of it may come to fruition in my lifetime. While residents are understandingly frustrated by this, it also highlights the uncertainty of relying on future population growth to justify new healthcare infrastructure. To reiterate, land is acquired by developers and plans put in, basic infrastructure started, then building sites can remain dormant indefinitely. This can be seen in areas such as Blairs, Chapelton of Elsick, Blackdog, to name a fraction, around Aberdeen.

The committee should also consider the efficient use of NHS resources, given that NHS Grampian are in financial crisis, can the cost of a new pharmacy progressing only progressing with only a handful of prescriptions a month really be justified in an area that is already well provided for? This is not part of the legal test, however, as a member of the NHS team, I think this is something I should raise here to the committee is there is an indirect cost to the NHS with an increase in the number of pharmacies in future NHS negotiations.
Number seven, high levels of car ownership and existing transport links reduce accessibility concerns the accessibility argument should also be considered in context of local transport patterns. Again, I refer to Appendix 2 census data, approximately 87% of households own at least one car, another 30% Well, within that 87%, 30% of households have two cars. Only 11% of residents do not have access to a vehicle. In addition, Countesswells is served by the number four and number 11 buses. Given these transport options, it is not clear that residents face significant barriers in accessing existing pharmacies in Kingswells, Cults or elsewhere in the city centre.
Number 8, Commercial considerations should not be confused with healthcare needs. It is also relevant that the applicant already owns the unit proposed for the pharmacy. While there is nothing inappropriate about seeking to bring a vacant property into use, ownership of the premises raises questions about the primary driver behind the proposal. Specifically, it is unclear whether the application is intended to address an unmet health care need or to secure an occupier for an existing commercial unit. The continued vacancy of other units within the development may suggest that the local population has not yet reached a sufficient level to support additional businesses. This, in turn, may indicate that

the area is not currently attracting the level of commercial demand that would be expected if there were a strong unmet need for future for further services.

Number 9 – you;ll be glad to know is the last, Convenience or Necessity.
While convenience is undoubtedly sought after, pharmaceutical provision decisions should be based on demonstrated necessity. The evidence presented does not show that existing pharmacy services are inaccessible, inadequate or unable to meet the needs of residents.
Instead, the proposal appears to offer an additional convenience rather than addressing an essential gap in pharmaceutical provision.

Questions

- The Chair invited questions to the Interested Party from the Committee and the Applicant.

  Ritchie Johnson, Chair of PPC – “I am conscious that a few of these points have been part covered before in earlier discussion, so again, just asked for to bear that in mind. However, that said, I still want to make sure people have the opportunity to ask the questions in response to the presentation as set out. So again, we'll do in the same kind of orders from before. So we'll come to John in just a minute. Sorry, we'll come to the lay members first, and then I'll come to John thereafter.”

- **In Answer to Questions to and from Mr Brian Arris, Kingswells Pharmacy**

- **In Answer to Questions from John Ross, Lay Member of the PPC**

  John Ross asks – “Do you know the population of Kingswells?”

  Brian Arris – “At the moment it is probably 5,000, I don’t know for sure but it is over 5,000.”

- **In Answer to Questions from Alison Mackenzie, Lay Member of the PPC**

  Alison Mackenzie asks – “In terms of Kingswells, do you know how many customers originate from the Countesswells neighbourhood, as a percentage?”

  Brian Arris – “Yeah, I mean, we did a,, I got my pre-registration pharmacist who's looking for some sort of business thing to do as part of his course. I just asked him, at the end of the month, we've got a big pile of prescriptions, right, and to reiterate, Kingswells is your average 7000 - 8000 prescription item pharmacy, right. So ask them to go through the pile and take out the postcodes for Countesswells. This is like one complete month, and these were separated, and I think there was maybe about 800 prescription items that were dispensed by Countesswells, and you know these patients are quite happy coming to

Kingswells. There are existing patients, you know, some might migrate to a new pharmacy because it's around the corner, but some they're in Kingswells quite a lot anyway. For the post office, which is within the premises, GP practice down the road, community centre across the road."

Alison Mackenzie – "So just over 10% roughly?"

Brian Arris – "Yeah, so we don't have the data but he sent me a photo of the pile, this was the Kingswells pile and this was the Countesswells pile." *(Demonstrates pile sizes with hands).*

- **In Answer to Questions from Derek Scott, Lay Member of the PPC**

Derek Scott asks – "You mentioned your first point was about, is the population sufficient to meet need. Again, I've seen various representation about this one to feel, so your argument is probably not at the current stage. So, what is a viable population in your view?

Brian Arris – "Well, if you go back to the demographics as well, because you know people of working age, they don't access a pharmacy as much as maybe elderly. I am not sure if you have the demographic data or not. Sorry what is the question..?"

Derek Scott – "You said at the start you didn't think it was sufficient population currently in Countesswells to actually make there be an actual demand for a new pharmacy, so and again I've seen many people arguing about what the intended population was meant to be for Kingswells, but you've clearly got a view that this is not currently a sufficient population. So, what is a sufficient population?"

Brian Arris – "So, for a demographic population like Countesswells, I would say about 5000 people. So, given that there's no hinterland, there's no villages, for example, a pharmacy in Blackburn, was given, was allowed to open a contract about 10 years yeah. So they have that's a long way to another pharmacy. So in between that they have Hatton feeding into that, so you've got taking the population of Hatton, and then you've got all the farms round about, you've got small settlements down at Clintertay, for example, you've got the back of Dyce, so they might access Blackburn Council Swells has just got that, what John, that picture on the map of those streets on the map that would use that pharmacy, and I think you would need about 5000 people, because they've all got cars, they all come to Kingswells anyway to get their post office and the prescriptions at the moment, the doctors, there's not high pharmaceutical need as well, it'd be different, say in Torry, for example, which has gone at the deprived population, you know, it's a large number of diabetics, you know, smokers, you know, COPD, elderly population, you know, you can't just take a number for the population, you've got to take the demographics as well."

Derek Scott – “So I guess it is a guesstimation? There is no official guidance?”

Brian Arris – “Kingswells took a long, long time to grow just for the demographics. It took 20 years to get to level. During that time I was going about trying to make it work. This is 30 years ago. We got contracts for nursing homes and things before Boots got involved. It was a lot of footwork to take business from elsewhere to make the pharmacy viable. So, yeah, that's my honest opinion. I reckon you need 5000 to make a viable proposition for a group operating pharmacist.”

- **In Answer to Questions from John Ross, Lay Member of the PPC**

  John Ross – “Ok can I counter that? I come from Cruden Bay and there is a pharmacy there where we have a population of maybe 2,500. The nearest alternative pharmacy would be Peterhead which is only 6 miles away. It is a viable pharmacy and that is half of your number, so just throwing that in there you know?.”

  Brian Arris – “Yeah, does that also include Hatton?”

  John Ross – “Yeah, I’d include Hatton in that.”

  Brian Arris – “That is an established pharmacy and people in Cruden Bay will use that pharmacy. Peterhead is a fair..”

  John Ross – “And a lot of these people do work through in Aberdeen, yet we do have a pharmacy in Cruden Bay which works.”

  Brian Arris – “Kingswells is just over the road, yeah, that's a difference, yeah. And I think a certain proportion of the population as Countesswells grows will obviously use a new pharmacy as they move in, use a new pharmacy in Counts Wales, but a certain proportion will still get prescriptions elsewhere, and not just prescription access pharmacy services, Kingswells is a good pharmacy.

- **In Answer to Questions from Matthew Hamilton, Contractor Member of the PPC**

  Matthew Hamilton – “How many deliveries do you to from Kingswells to Countesswells?”

  Brian Arris – “I honestly don't know, but if people want a prescription delivered, we just deliver it. It's not difficult there, because it's just along the road. He's not like we also deliver a way out towards when a scheme in places like that, so it's not difficult for them to pop prescriptions in to two, but yet there's not a large amount of pensioners in Countesswells, so we are not doing big numbers of deliveries here.

Matthew Hamilton – “Okay, but the issue with delivery services, you we may not agree with me, that it doesn't provide a comprehensive and high-quality pharmaceutical care service. Will you agree with me? So, how does your business meet the needs of Countesswells residents that require pharmaceutical services and cant do so physically? So lets say the 11% without cars?”

Brian Arris – “The patients, all have to get to the GPS. They all, they don't get house visits in this day and age very often, so they still have to get the GPs, still have to get to the pharmacy, still have to go to the post office. They get up, but you know what's the old-fashioned way to get someone to give them a run over, you know. Yeah, they might, might just get a bus in the town, you know. I'd imagine they're probably quite fit to move into Countesswells in the first place within the last five years. They're probably fit pensioners, because why would you move to an area you know like that if you weren't a fit pensioner? So you probably get a bus in, someone might cycle. Yeah, I don't, I don't know, but yeah, I just know there's not a big, just by that. Going back to that picture, which you could put up in the slide of the prescriptions from Countesswells and Kingswells, it's there's not a big pharmaceutical need there, it's not sour grapes from us.”

Matthew Hamilton – “I just think the differentiate between prescription numbers and pharmaceutical care access, that there's much more growth and need for pharmaceutical care that set you up from the prescription business, and actually I'd like to come back to another point that you made here, because to say that there's no material change. However, you rightfully said that Torry is a deprived population. A number of them had to be moved to Countesswells recently. So a significantly deprived population has now actually been moved to social housing in Countesswells. I would argue that that changes the pharmaceutical need of that population as a result, and I don't think it's a point we can move away from. What would you say to that?”

Brian Arris – “I think we have two substance misuse patients from Countesswells. But others might just be getting bus into the town. But it is not like living in Gardenstown where you need to get a bus all the way to Fraserburgh. Countesswells shouldn’t be made out to be a deprived rural area, it is pretty well connected.”

Matthew Hamilton – “I suppose arguably, we don’t know with the statistics we have available to us what these pockets of depravation really are. The census data is slightly dated.”

Brian Arris – “So during Covid, we, the amount of housing hasn't changed that much since Covid, it's still the same idea, right? And me and the boys to get some steps up, we did a leaflet drop around the whole of Countesswells, and there was nobody there, you know, the there was nobody going about, I know it was Covid, but. You know, there's cars everywhere. You didn't see, we never

saw anybody. My youngest got chased by a dog, that was about it. And there's a pocket, there's a couple of blocks of flats at the back, and yeah, he got chased by dog in there, there wasn't doors bashed in, you know, when the police have to get in, and it's still not like that, it's, it's, you know, the drivers, he's not scared to do deliveries in Countesswells, but some of the places he goes through, you think, yeah, on a different point, yeah, the demographics, I once had to do the deliveries in Torry, and that's just completely different. Every person we delivered to in Tory that day, again, the same boy was in the back with an iPhone out throwing prescriptions to me in the front, and then right, that's the next one. Every prescription, every door I went to in Torry, they needed a delivery, they were, they were deprived, and this is why we do 50 prescription deliveries a day there, and these people, you know, Countesswells a completely different animal.

- **In Answer to Questions from Claire Thomson, Non-Professional Member of the PPC**

  Claire Thomson asks – "Just to add one specific question, then just a couple of comments. My question was just, you mentioned when we're speaking about the buses, I recall it was just the number 11 bus, I think John, that you spoke about. You mentioned the number 4 and 11. I don't know the bus services in Aberdeen, so I'm just wondering, does the number four…?"

  Brian Arris – "Is this question for me?"

  Claire Thomson – "Not sure, maybe you and John can clarify?"

  Brian Arris – "I don't know if the 4 runs or not, but you would not. Well, this is I when I did the presentation, I was pretty sure that the number 4 was running right. But why would you reduce? Why would you take off a bus service if no one, you keep it going. If people were using it, if people aren't using a service, then they get taken away, you know. The fourth being withdrawn. I did see today, I mean, the park and ride is not far away from Countesswells. You can wander down and get the bus there if need be, you know. And that's got numerous buses coming into it, that's not the 1.7 miles to the Kingswells Pharmacy, that's the, that's the bus set, you know. So there's a bus hub there.

  Claire Thomson – "That is one we spoke about earlier, it is 20 minute walk down steep hill which is not pedestrianised?"

  Brian Arris – "Okay, but again, the 11%, something works for them at the moment, if you know what I mean. Yeah, they're not just sitting there not taking the tablets for the last five years. There's some arrangement in place."

  Claire Thomson – "Ok so we can conclude that the number 4 does not run anymore?"

Applicant – “The number 4 stopped running 3 years ago.”

Ritchie Johnson, Chair of PPC – “Is there any engagement with bus companies as the area grows Brian?”

Brian Arris – “I have not engages with bus companies no.”

Applicant – “I can help a wee bit here, Countesswells Community group, or a group within councils that represent the people, they're not a community council, they want to be a community council, but I think you have to jump through lots of hoops, which I started to do. Sat and on quite a few of their meetings, Councillor Martin Greg, who saw the lack of support there, he is rightfully there, so as a recurring theme, the bus service, if you've got the joys of being on the Countesswells Facebook page when the number 4 bus got withdrawn, you can imagine how that went down, and the constant queries or questions about not only they've only got one bus service, but actually even the liability of that bus service haven't gone down that route. They would like more busses, but it is like everything else.”

Ritchie Johnson, Chair of PPC – “I had one last question before we come to the Applicant, John for his questions to Brian. You mentioned Brian, that your numbers at Kingswells had reduced since 2022, is there any reason for that?”

Brian Arris – “No not really, They have just levelled off. It is not like Countesswells have built all these houses and they are coming to us. It is not going up like that either. We do about 8,500 items which we’ve taken 30 years to build up from surrounding areas like Countesswells, Westhill and of course Kingswells.”

- **In Answer to Questions from John Fowlie, The Applicant**

  John Fowlie (Applicant) – “With regard to the prescription numbers dropping since 2022, would that no be relevant to the fact that two under performing Lloyds Pharmacies in Westhill have since been taken over? I knw surrounding areas such as Blackburn and Kingswells benefitted massively from Lloyds’ incompetence. Do you agree with that Brian?”

  Brian Arris – “I think we still do over 1000 items to Westhill. They like Kingswells and they know the staff.”

  John Fowlie – “But since Porters have taken over in Westhill, the service is much much better which may account for the decrease in numbers you referred to?”

  Brian Arris – “I don’t know for sure.”

John Fowlie – “I think your figures are quite steady, but there was this peak and a fall, but I think that would be directly to the Westhill situation, right? I've got a few things. Firstly, the census data you provided from 2022 I mean, I used that as well, so I'm not going to say it as four years ago it gave us an idea it's going to go by. Was there a reason you compared it to Aberdeen City and Inverurie?

Brian Arris – “Well, you could, the way the census works, it took me a while to understand to get around the website. You can put in another two areas. I was going to put in Aberdeen, I was just going to compare, I was going to put an Aberdeen City and Inverallochy, which was the last one, but I didn't want to pee off the committee, I changed it to Inverurie, that's the honest reason, just for somewhere.”

John Fowlie – “Would it not have been better to use a comparison like I did of similar sized settlements, because realistically in the centre of Aberdeen, you can have a very different demographic to somewhere outside, or on the suburbs. So, although you didn't directly reference them, the fact you have them on the sheet, and they are, which suggests that you're kind of really showing Countesswells in comparison with those two areas, which are very, very different areas.”

Brian Arris – “I could have left it blank. It was just to get that the numbers to show it's got an incredibly young population, and they offer, you know, an incredibly high population in work and high work to car ownership.”

John Fowlie – “So, when we talk about our young population, I can't say the figure in front of me, but basically under 16, there's a higher proportion of under sixteens than a lot of other places with that area, so from my pharmacy first slide, the vast, not the vast majority, the large proportion of people access pharmacy first were in the zero to nine age group, so I think across the whole thing you nearly kind of were using the reference to people needing to be elderly to need pharmaceutical care. Would you agree that that's not necessarily the case?”

Brian Arris – “Well, the pharmacy first around a long time, pharmacy first was originally implemented for deprived areas, say, for example, Northfield, where patients used to go to the doctors, they needed a bottle of Calpol for their kid or paracetamol, and they used to actually go to the doctor searches. Way to get the get a prescription, go and see the doctor, get a prescription for that Calpol, so it was to free up GP appointments in deprived areas, whereas wealthier areas like Kingswells, they used to buy Calpol, paracetamol and stuff, and they would have it in the cupboard, whereas poorer areas go and access the GPs. Yeah, so deprived areas, I'd imagine for younger children the pharmacy first service would be used more than a wealthier area.

John Fowlie – “So, who has to refer to this, think if I'm correct. As part of that slide, it said there's no difference across deprivation, but I'll just refer to that slide before I state that for sure. I think when you talk about deprived areas and

affluent areas, it's maybe just to just clarify the criteria was age related, so it's under 16, so it didn't matter if you're an affluent area or deprived area. It was under 16, it was over 60 or 65, and those that were receiving benefits, which are maybe the benefits part that you're going to do it now. So it wasn't aimed specifically at people in deprived areas, it was just aimed at these bits. I'm just going to have a quick look at this slide, because I can just about be sure I think I've gone slightly blind, so here we go. So, on that slide, I mean, you can say my word, I'll bring it back up if you need be. This is the pharmacy first Scotland the public health Scotland document that they put out, so the very last line on it, “use of the service was similar across deprivation quintiles in the most recent half year, from 217 per 1000 population in the least deprived quintile to 274 per 1000 in the most deprived group”, then, or sorry, at least the most, so, so, there's a slight difference, but there's not a massive difference in deprivation from those, so whether in Torry, whether in Countesswells, there's still a large number of people accessing that, so it's not necessarily people of deprivation, and I think, again, correct me if I'm wrong, the initial service, which was the minor ailment service, and it became pharmacy first and open for all, and it has become pharmacy first plus, really isn't about deprivation, it's about supporting GPs and allowing GPs to be able to deal with more complex cases and not deal with to day to day ailments and dare I say a person, whether deprived or not, is probably just as likely to get a UTI or an ear infection.”

Ritchie Johnson, Chair of PPC – “Continue with questions.”

John Fowlie – “I think the point I want to get across, one about deprivation, the other part I think is your kind of point about the age thing, and I think we need to be really careful here that being elderly is not directly attributable to illness, I mean, somebody in their 30s with a chronic condition would be a lot more medication than somebody in the 60s who's absolutely well. I would agree there's probably potentially elderly population have slightly more pharmaceutical need, but I think to kind of say these people, and because they're 18 to 65 they're going to be healthy and not need pharmaceutical need.”

Brian Arris – “Is this a different question?”

John Fowlie – “It is just more about the age thing. The point is, would you agree that being elderly is not a prerequisite to needing more prescriptions?”

Brian Arris – “I think, somebody, you know, cycles 50 miles a week, and you know is not going to need a pharmacy as much as somebody who's got smoke 65 a day all their life, and they're, you know, their lungs are kind of gone, and they need pharmacy help.”

John Fowlie – “Is that a deprivation or age thing then?”

Brian Arris – “You could take somebody like Matthew here, you know, he's really 50, but looks 35. His age can be, you can get some really fit, you know. It's not indicate our age. The new 50 is 70, you know, depends if. Whereas, if you're in a deprived area, you're more likely to maybe not age. That's my personal opinion, not ages. That was my point.”

John Fowlie – “If we move onto the Countesswells development, would you accept that there is at least 25% of social housing in there?”

Brian Arris – “I don’t know. Unless that has changes in last three years, from doing that leaflet drop it did not feel like that. It was a very middle-class environment.”

John Fowlie – “All the blocks of flats you see, they are all social housing. I don’t know how many there are..”

Brian Arris – “It does not mean they are deprived though, they might want a nice house in a nicer area.”

John Fowlie – “I accept that, but also the letters I had there, Douglas Lumsden and Martin Greg both specifically mentioned the fact there was movement of people from the Haudigan / Logie area into Countesswells which is widely accepted.”

Brian Arris – “Years ago we tried to move the post office from the Five Mile Garage into Kingwells, and it was a big project of letters to write to MPs, and the MPs, and MSPs, and the councillors, they just jumped on the back of all the hard work I was doing to move this, and they were claiming they want votes, they want to be, seem to be, you know, helping anyway, that's the councillor at the time, he was, he just became the poster boy, he had nothing to do with getting the post office into the area, so the MPs, and that they like about, they want some good vote winning news, so post offices used to be the thing, pharmacies, GP practices, any facility, they'll jump on it.”

John Fowlie – “That is not what I am saying, It is the letters of support stating the fact they were moved from Logie and Haudigan areas into Countesswells.”

Brian Arris – “Logie has been knocked down for years..”

John Fowlie – “I think it was 2021-22.”

Brian Arris – “Was empty long before that, probably about 10 years. The flats were emptified long before they were demolished”

John Fowlie – “Well, I think, though, I was sure you would say they're demolished, but anyway, regardless, the point was that that both these kind of

representatives MSP and the councillor stated that there was, there's a move, and I mean, I think there's been, there's been various other people have said that, and actually, until Matthew mentioned there, I didn't realise the Torry thing."

Ritchie Johnson, Chair of PPC – "Keep going with just the questions."

John Fowlie – "Brian, you made some points about viability. As things stand you think a pharmacy in Countesswells is not viable?"

Brian Arris – "I m not going to get into a viability argument but I just know from experience, I have been doing this for 30 years. You need a certain footfall to make it work."

John Fowlie – "Your presentation was based around viability."

Brian Arris – "No, it was based around desirability and necessity. It is not necessary in my opinion. Eveidence states it is not necessary or desireable. That is where I was coming from."

John Fowlie – "Would you agree there is still active house building at Countesswells?"

Brian Arris – "There is active housebuilding to finish phase 1 and get it over the line. It's been going on for long enough, it's like this 800 - 900 housing phase one, and then the phase two is all this stuff that's for sale, it could be for sale for industrial housing, whatever. It could just be a land bank. I know Ogilvy Homes has bought some of it, but I'm pretty sure it's quite a small, it's a couple of fields, couple of parks."

John Fowlie – "I thnk you made the point that the existing provision of service from Cults and Kingswells is already there. And the Countesswells would be offering the same. But I think the whole basis of this argument, and what's reflected in the CAR, is the fact that the people in Countesswells cannot access them. It's not, I'm offering any different, or we can't offer any different. It's the fact they cannot get them, and I think it was repeated throughout. You talked about convenience, that there wasn't unmet pharmaceutical need, and this came up again and again and again. But if you look at the CAR, which is like we said, it's people's voice, it's people in Countesswells that are making these points, and they're all saying there is need."

Brian Arris – "They are not going to be shopping in Sainsburys Local all the time, they still need to go and do their food shop, post office, pharmacy service, they are not just sitting in Countesswells all the time."

John Fowlie – “Is it not the same argument as such to suggest people in Kingswells can just go to Aberdeen?”

Brian Arris – “Kingswells has a Co-op but people don’t do their main shop in a Co-op.”

John Fowlie – “So they go to Aberdeen?”

Brian Arris – “Probably get it delivered. What I am saying is that people get their services from other areas. The CAR would suggest there is 500 people sitting isolated in Countesswells.

John Fowlie – “I'm not going to delve into it. Matthew, you already touched on it, and I think there's a major part of this, that pharmacy delivery service is not providing pharmaceutical care. I take it you'd agree with that, Brian?”

Brian Arris – “Whether this is right or not, we do consultations over the phone, and we do deliver pharmacy first items, yeah. I mean, I don't know if that's allowed or not. We do maybe do grey areas where we do consultations, you know, where, like, for I don't want to get myself in trouble unless we are flexible and we are pragmatic, and we make sure no one suffers, and going back to the delivering, dossette boxes that were required at 9o'clock at night to patients in that snow. I mean, we were, we were like beating everybody, we're going round lampposts and everything, because patients needed that medication.”

Ritchie Johnson, Chair of PPC – “Conscious of time,, but you’ll both have the chance to sum up at the end.”

John Fowlie – “You are saying that everyone in Countesswells would need to still need to go to GP. Would you accept that post-COVID this has reduced dramatically, and actually the majority of GPs now have phone triages online, and then the patient doesn't directly go into the surgery like they used to 5-10, years ago?

Brian Arris – “Yeah, Kingswells is pretty good, you can phone up and get an appointment.”

John Fowlie – “So a patient potentially could have an ailment, phone Kingswells medical practice, and provided that they can get dealt with the phone, and there's a pharmacy in Kingswells, their prescription sent to Countesswells, and they need not leave the development?”

Brian Arris – “Yeah but they can get dealt with over the phone with us too. If they cant get out.”

John Fowlie – “I think just very quickly, the pharmacy first slide, and I'll agree with you, Brian. In exceptional circumstances, we probably have done pharmacy first over the phone, but it's not a service that is designed for that, it should be exceptional circumstances.”

Matthew Hamilton – “You are legally allowed to use NHS Near Me as part of pharamacy first service, which means legally you are allowed to use remote service.”

John Fowlie – “I appreciate going on, but there's something I'm kind of quite strong on here. You kind of referred to the previous pharmacy application in 2022 and I think I've got roughly.. I was trying to scribble down.. I think you said it was a substantially similar application? So, do you believe the 2022 application was substantially similar to my application today?”

Brian Arris – “Well, you, with you know, respect, you’ve done a lot of work into this, John. Yeah, but you know, comes down with the light of day is pretty much similar neighbourhood.”

John Fowlie – “I mean, the neighborhood's not gonna change, but I think what has changed is more the biggest thing with the population and the houses there.”

Brian Arris – “I don't, I don't think I would argue that point. This phase one is just everyone knew about this in the first application that phase one was going to be completed, the school was going to be built, the primary school was going to be built, all that was that was taken into account into the first application. Is this phase two that no one knows how that's going to go? So we all go look at the home things, that's only changed.”

John Fowlie – “Have you read the report from the 2022 application and why it was turned down? It directly references that the Countesswells Development Ltd had gone into administration and the future of the development was uncertain.”

Ritchie Johnson, Chair of PPC – “Again, for the purpose of the conversation, what happened four years ago is off the table for us.”

Brian Arris – “Every application has to be treated separately, I just put it in there, yeah.”

John Fowlie – “You seem kind of surprised or disappointed that there's not 3000 houses built already in Countesswells, although that was original plan. Would you think that they could build 3000 houses? Could be built in well, when was it 2016 built for 10 years? Could we build 3000 houses?”

Brian Arris – “I just think, yeah, I mean, the more houses built there, probably the better for our business, but you know that, because a certain proportion of those will come to Kingwells.”

John Fowlie – “Would you accept that slow progress was probably linked to the developer falling into administration?”

Brian Arris – “No, I think the slow progress is along with all these other developments, Blackdog, Blairs, Chapelton of Elsick. There was a massive release of housing land. I don't know, 10-15 years ago in these local plans. The Bridge of Don was supposed to be millions of houses being built here, but it's not. I could go on. There's all these areas where housing back of the Rowan Institute, I think houses, you know, getting built there. It's, it's so much competition between house builders. And to answer your question, it's due to the downturn in the oil industry, they're not drilling for oil anymore, people are moving away.”

John Fowlie – “I would counter that point Brian, saying the last two years there has been a massive growth.”

Ritchie Johnson, Chair of PPC – “Having a bit of a debate here, so just stick with Q&A.”

John Fowlie – “So my argument would be that in the last two years, actually, house building has really picked up, and having spoken to the Barrett representative, King's Gallop, who've sold the first section and are way to do the next section, David Wilson similar, Ogilvy, they put the planning permission is in, but they don't put planning permission in for 3000 houses at once, they get the overriding planning permission, and then they do it in chunks, so they've put in 100 in the last two or three months. So, going forward, I would assume that would just be piecemeal.

Brian Arris - That's speculation. I do know, though, you mentioned the Bridge of Don development, that's up, so that's a council house development where the majority of the Torry RAC community were moved to.”

John Fowlie – “Chapelton is just up road from my Newtonhill Pharmacy so I can see how that has start stopped also.”

John Fowlie continues – “I find it very odd, your kind of suggestion that I just put a pharmacy application in to fill my unit. So, like I said, it's been empty for three and a half years, so why? And, in the meantime, why am I suddenly decided now to put a pharmacy in and not do anything before then?”

Brian Arris – “Well I think you purchased that unit before the last application in 2022 had even been decided?”

John Fowlie – “I think the only other point there I have is you can repeat thing about the necessity, you've got the CAR report, which is massively in favour, you've got the local MPs, the councillors, the GPs, meet with local population all saying and direct quotes there, so how would you say that that's that it's only convenient and not necessity, looking at the quotes that I was sharing earlier up there about people that can't access medication.”

Brian Arris – “I think we have covered this already. What is the specific question?”

John Fowlie – “That you suggest that it would just be convenient and not necessity. What I'm saying to you is, if you're looking at the evidence I've provided, do you still believe it is just convenience rather necessity with the evidence I've shown? I mean, you've said I would assume your presentation was done before I spoke, so you didn't have the information I've given you. So now post that.”

Brian Arris – “Tell me what your question is.”

John Fowlie – “Do you still believe that it would just be convenient to have a pharmacy in Countesswells, rather than it being necessary and desirable, given the information I've shared today?”

Brian Arris – “It is convenience, I don’t think that it is necessary and desirable.”

The PPC Chair invited Steven Brodie, Clerk to the PPC to make statement on behalf of Interested Parties not in attendance.

- **Cults Pharmacy (Interested Party not attendance).**

- **Read out by Steven Brodie, Clerk to the PPC.**

Dear Pharmacy Practices Committee members,

Our company provides pharmaceutical care services from the notifiable nearby Cults Pharmacy.

A very similar application to provide pharmaceutical services from premises in Countesswells was heard in 2022 – The NHS Grampian Pharmacy Practices Committee (PPC) determined then that existing pharmaceutical services in nearby areas provided adequate pharmaceutical care to the area defined in the application and that a new pharmacy was not necessary.
The decision of the PPC was appealed by the applicant under the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2014 to the independent National Appeal Panel (NAP) – the decision of the PPC was upheld and the appeal declined.

The existing pharmacies which serve the Countesswells locality continue to provide excellent service including access to Independent Prescribing Pharmacists and daily delivery services to Countesswells for housebound and vulnerable patients. None of existing pharmacies are strained in providing pharmaceutical care to Countesswells residents.

Whilst the provision of a pharmacy within the defined community may become necessary at some point in the future at this juncture there has been limited material change in population since the appeal decision of 2024.
Since there has been limited population change or other significant change of community circumstance under the current Regulations (2014) surrounding control of entry to pharmaceutical lists the PPC would struggle to justify a different decision to that made in 2022 and ratified by the National Appeal Panel in 2024.

Yours sincerely,
Ken Manson

- **In Reply to statement from Cults Pharmacy, Ken Manson**

Ritchie Johnson, Chair of PPC – “So, again, I'll open it up. I won't just necessarily go through in order, but I'll just open up for comments and questions, less so questions, I guess, in this case. And again, I'd ask that if points are repeated from before, do not belabour them, but just to respond briefly in that context. So, again, lets turn to John as the applicant.”

John Fowlie (Applicant) – “Yeah, I've got a few notes. I think just for clarity here, the application of 2022 was made by the Mansons, so the people that responded here, it was their application that got rejected, and also Steven kind of clarified there, and I just want to make it really obvious, the appeal decision of 2024 although it was two years later, it's still based on 2022. So they're not looking at things in 2024. This is based on 2022 still. So we're four and a bit years later. He does mention limited population change or other significant change. I wouldn't belabour it, because we've been there before, but in my opinion, there's been a really significant change there. What's my point of going into how it's changed there? I'm trying to see what else it's got here. The existing pharmacies providing excellent services and daily delivery services. We've kind of gone through that, the fact that it's fine, but not if you're, if you cannot drive. It mentions access to independent prescribing pharmacists. Now, unfortunately, the Mansonss aren't here, but they certainly do not have an independent pharmacist available full time. Aware of that for a fact. I don't know, they must meet at least the 25 hours. Unfortunately, they're not there to answer this question. I think the other interesting thing that I picked up was there's the line, whilst the provision of a pharmacy within the defined community may become necessary at some point in the future, at this juncture there's been limited material change, so to me, from somebody that's put an application in four years ago to kind of come back and

say, well, probably we'll need a pharmacy sometime, but we don't want it just now. And my personal opinion is basically saying, well, turn this one down and I'll put another application in another year or two, and maybe we'll want it then. I think we've got a population of people desperate for a pharmacy and delay it any more would be unacceptable.
And last point, Cults Pharmacy, Rowlands Pharmacy, if they felt very strongly. Where are they? That's my other point. If it was me or with my business around the corner, I would be at this table being able to answer these questions. That's all I have to say."

Ritchie Johnson, Chair of PPC – "Thanks John, and again just to open it up more widely, any other comments from anyone? This is less relevant to others as the interested party is not here to answer questions."

Derek Scott, Lay Member of PPC – "There is no evidence or data included in this statement. There is various claims and statements made, but nothing to support it. So I don't know how much strength to give to this."

- **APC Chair, Lynne Davidson (Interested Party not attendance)**

- **Read out by Steven Brodie, Clerk to the PPC.**

Dear Steven,

As the consultation period occurred between APC meeting dates, member comments were submitted individually by email rather than through a committee discussion. The following summary represents the views expressed in those written responses.

The applicant is a current member of the Area Pharmaceutical Committee; however, in line with governance requirements, they were excluded from the consultation process. All APC members were reminded to declare any conflicts of interest, and those with a conflict were asked not to participate in providing feedback.

APC members reviewed the application and supporting documentation, and feedback reflected a mixed overall position.
Some members felt there was clear community support and that future housing expansion may justify additional pharmaceutical provision. However, several members raised significant concerns about whether a new pharmacy is warranted at this stage.

Key issues highlighted include:

- The population size of the neighbourhood is not stated, making it difficult to assess whether the current community is large enough to sustain a pharmacy or how it compares with similar areas that do or do not have provision.

- Although distance to existing pharmacies is noted, a 1.8 km drive is relatively short, and members felt that most residents are likely to have access to private transport.

- The wider development has not progressed as originally planned; key infrastructure such as the GP surgery, medical centre, schools, and retail hub has not yet materialised.

- Without a medical centre, a new pharmacy may face unrealistic expectations to meet broader healthcare needs that would normally be supported by primary care services.

- The current population appears to be predominantly middle-class, with no clear evidence of a high-need or vulnerable cohort who would struggle to access existing services.

- Existing pharmacies in surrounding areas appear to be coping adequately with current demand, and no evidence has been presented to demonstrate unmet pharmaceutical need.

  In summary, while a number of members expressed support, there remained some concern that the immediate need for a new pharmacy is not clearly demonstrated, and further evidence - particularly regarding population size, projected growth, and unmet need - would be required to justify full support at this time.

  Kind regards,

  Lynne Davidson

- **In Reply to statement from APC Chair, Lynne Davidson.**

  Ritchie Johnson, Chair of PPC – “Thanks Steven. Same again then, over to you John firstly.”

  John Fowlie (Applicant) – “A few comments to make that. And, as noted, I sit on the APC, but had no, no input in this. A few things: one, I feel it's unfortunate it fell between meeting dates, so literally an email went out to members saying, What are your thoughts on this, and I must confess, I'm quite disappointed in responses, because to me I think people have responded without doing the kind of due diligence. Some of it might be similar simple typos or mistakes, but they've admitted throughout that they don't have the data, so they don't know. So, really,

in a way, the best response would be, say, I don't know, but actually rather than do that, they've picked up what they see as significant concerns without knowing the data, so yeah, I think that's poor. But anyway, that's a different story.

Distance to existing pharmacy is noted, 1.8 kilometres, so it's 1.8 miles, that might be a typo, I don't know, but again, incorrect. Wider development has not progressed as originally planned. Key infrastructure, such as the GP surgery, medical centre, schools, and retail hub, has not yet materialised. So, there is no GP surgery. I assume a GP surgery and a medical centre is the same thing, but I may be wrong. There is a school, and we have retail, so again, it's nearly a bit of a lack of research.
This is a really interesting one. “Without a medical centre, a new pharmacy may face unrealistic expectations to meet broader healthcare needs that would normally be supported by primary care services”. To me, that this is more reason to have a pharmacy, that they don't have a GP, they don't have anything. If they can have some kind of health provision where they can see a healthcare professional, then that is that is what they need. I mean, it might be that needs referral, and they do need GP at times, but as we all know, working community pharmacy, 99 times, we can treat them there. So the fact that isn't a GP to me is actually a greater need to have a community pharmacy, and I think unrealistic expectation seems a really strange kind of way to put it.
“The current population *appears* to be predominantly middle class, with no clear evidence of a high need or vulnerable cohort”. We've talked about the 25% social housing. I think there's no argument there. There is deprivation, there is those, I mean, how you define predominantly middle class, liberal is a middle class element, but there's also deprived element. So I think that's a kind of sweeping statement. It's really, but like every middle class, they don't need any pharmaceutical support.
And again, the last one there, “existing pharmacies and surrounding areas *appear* to be coping adequately with current demand, and no evidence has been presented to demonstrate unmet pharmaceutical need”. So in, my head, if that CAR is an unmet pharmaceutical need, what is? Yeah, I think my overriding thing is, why have you put those concerns or those things in when you don't have the data there, I mean, a lot of the data was in the CAR, but without Lynne here or somebody here to kind of say that I'm quite disappointed, the kind of how that's come out, all I have to say in that matter.

Brian Arris – “Just to say, the Area Pharmaceutical Committee is an advisory committee to the health board, consists of approximately 20 people or so, members, you know, they're all educated, they would have done their own research on the internet if need be, census is there, but yeah, I've nothing else to comment on.”

Derek Scott, Lay Member of PPC – “I would just say there is a lack of some statements made, but there is no evidence for me to judge the accuracy.
You said they are all educated people, are they all pharmacists?”

Response from various – “Yeah, yeah, just about.”

Derek Scott continues – “They should understand data and evidence, also the way some things are expressed. I think a little bit of concern, and they make whether it's middle class, although I'm not sure we're allowed to judge that as a committee. I don't know how I would judge that as committee, but that's another point.”

Alison Mackenzie, Lay Member of PPC – “I would reiterate that point and have questions if they had been here.”

Ritchie Johnson, Chair of PPC – “I think that's something we can feedback separately, just as a process through here. More than helpful, I suspect, had somebody been here just to, so we can understand against the points they're making, and how valid or not that might be in terms of the members coming to a decision in terms of the application.”

John Fowlie – “Yes, just one final point. I think that maybe the biggest issue with that is it didn't go to a meeting. It was an email, and I think that, and I think probably, regardless of outcome here, I think going forward, that's something APC would need to look at these things, ideally, and it's difficult with the required time scales.”

Brian Arris – “You’ve have your chance to speak John (jokingly). The Committee are allowed their opinion. If you say they are allowed their opinion then it is not for us to judge how they operate.”

Alison Mackenzie adds – “It is not, but it would be good to have opportunity to ask questions, but that has not been possible.”

Brian Arris – “Normally an APC letter is quite concise, They have decided that x, y and z, but yes there is usually a representative here.”

Ritchie Johnson, Chair of PPC – “And again, I think for us this is maybe more for us to take a discussion afterwards. So, while we absolutely respect the responses in here. Equally, we've got to balance that across everything else we've heard, also. So that'll be part of the member's consideration, particularly.”

- **Rowlands Pharmacy Cults, Lucy Corner (Interested Party not attendance)**

- **Read out by Steven Brodie, Clerk to the PPC.**

  Dear Steven,

  We would like to make the following observations on this application.

We believe the neighbourhood depicted in the application is too small and has been designed this way to deliberately remove any pharmacies from it.

We do not believe there is a requirement for an additional pharmacy in this location. There are already 4 pharmacies within 2 miles of the proposed site one of which is our Rowlands Pharmacy Cults. We are not aware of any complaints which have been raised locally with the Health Board in relation to pharmaceutical services in the area.

We also note the applicants' comments relating to the services that the new pharmacy is proposing. Most, if not all of these are available locally and, if patients are not aware that this is the case, then we would suggest that the Health Board and Scottish Government have a role here (alongside contractors) in promoting what patients and customers can expect from their pharmacy. Rowlands Pharmacy would be willing to pick up any additional services if commissioned by the local Health Board.

With reference to the CAR we note there are no indications of inadequacy and that mainly comments are focused on convenience for local residents and poor public transport links to the area. From reviewing the housing and demographic profile of Countesswells, this area is not an area of deprivation or ill health and car ownership is high. Residents will also have to leave the area to access most local services required day to day and to commute to work.

Given the number of pharmacies surrounding the proposed location and the lack of evidence included in the application we find it difficult to conceive that a new pharmacy is necessary or desirable in Countesswells.

We note that the hearing is to be held next week on Monday 29th June and suggest this does not give interested parties sufficient time to review any additional information shared following the deadline for the submission of representations at 5pm on Wednesday 24th June.

Kind regards

Lucy Corner
Professional Support Manager

- **In Reply to statement from Rowlands Pharmacy, Lucy Corner.**

  Ritchie Johnson, Chair of PPC – "Thanks Steven. And again, John, any comments?"

  John Fowlie (Applicant) - "Surprisingly enough. So very first point, the neighbourhood. I find this bizarre. We believe the neighbourhood depicted in the

application to be too small and has been designed this way to deliberately remove any pharmacies from it. So I don't really understand what she means by that. I mean she seemed to suggest that my neighbourhood should include Kingswells and Cults, which to me would seem bizarre. I mean, there's a defined neighbourhood there, which is the Countesswells development, that's where I'm doing that. So to extend it, I mean, it didn't, it didn't exclude Brian from being here, because I didn't put Cults or Kingswells.
Seemed a strange point, but we'll move on from that.

So, apparently, according to Lucy, there's four pharmacies within two miles of the proposed site. So, I don't know where Lucy gets her information from, but that's incorrect. So, Kingswells is 1.7 miles away, Cults and Rowlands are both 2.54 miles away, and Lewis Road, the fourth one, I assume, is 2.9 miles away, so incorrect, basically. And, as previously discussed, none of which are accessible without private transport. They talk about services, we've been there, done that. I'm not saying I'm offering different services, I'm saying that people of Countesswells can't access the services, so it's not we're offering something different that Rowlands can do or can't do, it's just the fact that the people, the population of Countesswells, or a number of, cannot access the current services. Anything else we've got written down? Yeah, she talks about the CAR, saying there's no indications of inadequacy, which I find unbelievable, to be honest. And that mainly comments are focused on convenience. There's certainly mention of convenience, and I think if you remember when I went through it, I discarded them because convenience isn't a reason for a pharmacy contract, but the necessity, 100% is proven in the CAR, so I don't know, maybe it was a different CAR she was reading. The deprivation, we've covered, we've got the social housing, the car ownership, we've covered these are all things already there. Just as a side note, Rowlands Pharmacy, they do not have a prescribing pharmacist, so they cannot offer pharmacy first plus from those premises.
And my final one, same as the Manson's. If they felt really strongly, would they not be here to represent, especially that large company, like Rowlands.

Brian Arris – "Yeah, I'm not sure of the current procedures for these hearings, but if people aren't here, you're supposed to just ask questions, aren't they, rather than comment on that application. Is that of the rules changed? That's all I'm, yeah, that's all I would say. Normally, you, you question the applicant. "Do you have a prescribing pharmacist, Mr. Rowland?" Well, actually, we do have a prescribing pharmacist, rather than statements being made by myself and other interested parties, which goes for the APC one as well, and Manson's. That's all I've got to say.

John Fowlie – "Surely if their statements are being read out then there has to be a right to reply?"

Brian Arris – "I think there is a right to question."

John Fowlie – “The alternative is that their statements don’t get read I’d have thought?”

Steven Brodie, Clerk to the PPC – “I would suggest that their only opportunity to reply to question or queries to their statements is by being here.”

John Fowlie – “How much notice was given for the hearing?”

Steven Brodie – The hearing date was included in the initial interested party notification letter (Dated - 25th May 2026).”

Brian Arris – “My point is just around procedure, I’d not like to say if they had an independent prescriber or not.”

Ritchie Johnson, Chair of PPC – “I guess for us to purpose of this is to give the lay members as much rounded information as possible, and I guess if reading out a statement with any kind of comment I'll apply to, if we mean what's the point in sending in the first place, arguably. So I do take a point in terms of it's that they're not here to answer for themselves, but equally, I think it'd be disadvantageous for those round the table to understand that the key points have been made in any response to them. We're not going to be debating the same as we did before, because they're not here, but I think to not at least acknowledge what they're saying and allow some comment on it, I think, would be disadvantageous for the final consideration that we might get a sense of it, but we'll take a point in terms of procedure.”

Summing Up

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

The Chair invited summing up from Mr Brian Arris, Kingswells Pharmacy

- Brian Arris representing Kingswells Pharmacy summed up by making the following statement:

  “This is my conclusion. The evidence suggests that Countesswells residents already have access to healthcare services through the local community clinic, nearby pharmacies, prescription delivery services, private transport and public transport lines. There is no compelling evidence that neighbouring pharmacies are under pressure, nor that Countesswells residents face significant barriers in accessing pharmaceutical services, three established pharmacy contractors already serve the community providing a comprehensive range of NHS services, including free prescription delivery for everyone that asks for this. Furthermore, an almost identical application for pharmacy and Countesswells was refused in

2022 and that decision was upheld on appeal. The circumstances that led to that refusal do not appear to have materially changed. Indeed, the case for a new pharmacy is arguably weaker today, as neighbouring pharmacies have since expanded their service offerings. In the absence of clear evidence of unmet need or inadequate provision there is no apparent basis for reaching a different conclusion from that reached through the PPC in 2022 and appeal in 2024. While residents may understandably wish to see more services and investment within the community, the statutory test is whether there is a demonstrable gap in pharmaceutical provision that cannot be met by existing arrangements. On the evidence available, the proposal would primarily provide additional convenience and contribute to wider aspirations for community development rather than address an essential or currently unmet pharmaceutical need. For these reasons, the application should be refused."

The Chair then invited summing up from the applicant Mr John Fowlie, JMF Healthcare Ltd

- John Fowlie, the applicant summed up by making the following closing statement along with powerpoint slideshow:

  "My summing up, we've covered it all. Is current provision of pharmaceutical services in Countesswells adequate? No, we're not going to go through it all again, I've covered that it's inaccessible unless you have private transport, walking, public transport, not realistic. Countesswells has more people with no access to a car than similar settlements, nearly twice as many, and less people who have access to two or more cars, albeit 11% compared to similar ones that were six, 7% Currently, Countesswells does not align with Scottish government policy regarding 20 minute neighbourhoods. It doesn't align with the Aberdeen Local Development Plan, albeit belittled by Brian. It's still a plan that we abide by, or the Aberdeen City Health and Social Care Partnership policy. Development itself is planned for 3000 houses. We've got nearly one. Well, phase one will be 1100 I think. To be fair, we're probably somewhere in the 1000 just now. Ogilvy Homes now own the development. From all I can see, they brought the land from CDL. I think we've got no clarity either way, but the reports say they bought the land, so I assume they have the whole land. They're keen to push on with phase two and three after the letter. Populations getting closer to 2500, and every week grows as more people move into the development. It has a Sainsbury's, it has a barber, it has a dentist, it has CTAC, a school, it has no proper health provision, just clarity. Again, CTAX is not health provision. The benefits of pharmacy can bring their first point of contact for Countsesswells residents with health concerns or minor ailments. Pharmacy first, pharmacy first plus, again discussed, reduced pressure on local medical practices. Both Cults and Kingswells strongly support this. They can see how it would help them reduce health inequalities in the car, and talks about health inequalities. People, this isn't me saying that, this is people quoting the car, saying there's health

inequalities. It'll provide essential health services to a population who currently have nothing.
Why the top there? The regulations require that the PPC decisions place strong emphasis on the views of a local population, i.e. the CAR. Same quotes we had before,
I can't drive. This would transform my ability to get medication for myself and my child.
It will be life-changing for parents and elderly residents.
A pharmacy here would reduce health inequalities as a human right to access healthcare. This is not possible in Countesswells.
During the snow, we were trapped. No buses for nearly a week. I had to stop medication because I couldn't get to pharmacy.

That's not convenience, this is necessity.

The summing up is now concluded.

The Chair thanks everyone for their inputs today and asks the applicant and interested parties in attendance if they had received a full and fair hearing. They all agreed verbally that they had.

The Chair goes on to explain that the hearing report will be made available to the board within 10 working days and with letters issued to the applicant and interested parties within a further 5 working days with the decision and the PPC's reasoning.

All parties will have a right to appeal to the National Appeals Panel and the outcome letters will explain that process further. There are particular grounds of appeal which apply to both the applicant and the interested parties.

The Chair asks that the applicant, interested party and observers now leave so that the committee can begin their deliberations.

The applicant, interested parties in attendance and observers have left the proceedings.

The Committee deliberations on the Application, Presentations and all Supporting Documentation Commenced.

Decision

The Committee undertook a full, balanced and wide ranging discussion regarding the Application, taking account of the presentations from the applicant, the interested parties who attended and the written submissions received, all of the supporting documentation available to it and relevant to the Application, which included: Application Form and supporting documentation provided by the Applicant, the Consultation

Analysis Report, the Oral and Written submissions made by the Interested Parties both in attendance or not.

In addition, the following information was considered: general information in relation to the Application, details of individuals invited to comment and the representations received, responses in relation to the public consultation by the Health Board and a guide map of the area showing the premises, local pharmacies and GP Practices. The Committee noted during their discussions, that no submissions or responses had been received from some of the interested parties who were contacted as part of the 30 day consultation period after the application had been received by Primary Care Contracts (this included the Community Councils and Health and Social Care Partnerships).

The Committee also took into consideration its obligations in terms of the Equality Act 2010, including the requirement to eliminate unlawful discrimination, harassment, victimisation and other conduct prohibited by the said Act, as well as to advance equality of opportunity between people who share protected characteristics and those who do not and to foster good relations between people who share protected characteristics and those who do not.

In accordance with the statutory procedures, the Chair asked the non-voting members to leave the meeting to allow deliberations and voting to take place.

Adequacy of Existing Provision of Pharmaceutical Services and Necessity or Desirability

Addressing considerations of representations from absent interested parties

- Before considering the substantive issues of the application, the Committee discussed the limitations associated with written representations submitted by interested parties who were not present at the hearing. Members noted that while these submissions were relevant and formed part of the evidence before the Committee, the absence of the parties concerned meant that points raised in their statements could not be clarified or tested through questioning. The Committee noted that comments made during the hearing by the applicant and interested party in attendance regarding the inability to seek further explanation or supporting evidence in respect of certain assertions contained within those representations. Members agreed that appropriate weight should therefore be attached to such submissions having regard to the fact that no opportunity existed to question the authors directly, whilst also recognising that those parties had elected not to attend despite being given the opportunity to do so. It was agreed that some comments made during the applicant's right to reply should be disregarded and that the information carried no significance towards the decision in which the Committee reached.

Neighbourhood

- The Committee in considering the evidence submitted during the period of consultation, presented by the applicant and interested parties in attendance at the hearing and recalling observations from the site visit, first had to decide the question of the neighbourhood in which the premises, to which the application related, were located. The Committee first discussed the neighbourhood.

  The Committee agreed that the neighbourhood was that as defined by the applicant in the application and hearing presentation. As seen in the CAR, as described in the application form and as stated by the applicant in their presentation.

  John Ross, Lay Member – "As per the applicants explanation as to how the boundaries have been defined, I agree, yes, the neighbourhood to which the the premises is located are defined."

  Alison Mackenzie, Lay Member – "I would agree with that, yes."

  Derek Scott – Lay Member – "I would agree also, no one appeared to disagree with it."

Consultation Analysis Report

- As part of the discussion, the Committee took into consideration the information contained within the Consultation Analysis Report (CAR) when making their decision. It was noted the high number of respondents, 595.

  Specifically, the Committee were given the opportunity to again go through the CAR and consider their views of each question it contained:

  Q1 - What are your views of the proposed catchment/boundary area as described by JMF Healthcare?

  The committee held an in depth discussion of the defined neighbourhood and it's population based on what they had heard during the hearing. It was noted that the census data from 2022 was outdated but accepted the estimations which has been provided as realistic. It was noted that a 25% reponse rate to the CAR was high. Lay members noted that the general public chose to respond and demonstrated their views.

  The neighbourhood defined within the application and shown within the CAR was accepted as realistic by the Committee.

Q2. Do you think there are gaps or deficiencies in the pharmacy services currently being provided in the proposed area?

The Committee noted that the respondent's views were quite high here, but consideration given to what interested parties have had to say.
101 people did say no, and the lay members accepted this view with some caveats of interpretation and perception given that many of the comments relate to concerns over Substance Misuse Service being advertised. However, it was noted that 5 times the number of respondents answered either positively or neutral.

It was also noted that CAR's are often positive and that many residents would like a pharmacy on their doorstep.

The Committee agreed that based on the questions in the CAR, the respondents are basing their answer solely on the defined neighbourhood as the question states "in the proposed area".

Q.3 Do you think there will be any negative impact on the proposed area in having an additional community pharmacy?

The Committee noted the overwhelming answer of "No" and that comments otherwise will again perhaps be in relation to Substance Misuse Service. Other points in the CAR notes increase of traffic, youth behaviour, limited parking during school drop off times etc.
Overall the committee agreed this was a positive response by a very strong proportion.

The Committee suggest that for future, the CAR should ask what people currently do to access services, i.e – "Which pharmacy do you use?"

Q4. Do you think there will be any positive impact on the proposed area in having an additional community pharmacy?

It was noted that the people completing the survey are clearly paying attention to the questions, as this is opposite to question 3 and the results reflect this. So again, the Committee agree with this strong response.

Q5. What are your views on the pharmacy services being proposed by JMF Healthcare?

The Committee noted the very high percentage of positivity. It was noted that a high majority of pharmacies do provide much the same services anyway, as pointed out by the applicant and interested parties. Advertisement of private services were noted as a positive to the community but the Committee recognise that this is "private" and not relevant to the Health Board services.

It was noted that there was a couple of negative comments about the CAR from interested party, but the CAR was not fundamentally disagree with the outcome of the CAR.

Q6. Do you think there is anything missing from the list of services proposed?

The Committee agreed that the NHS Core Services are as what they are and majority of pharmacies offer the same, as pointed out several times today.

Q7. What are your thoughts on the impact a new pharmacy in the proposed area might have on existing local NHS health services such as: GP practices, Opticians, Dentists, etc.?

Committee felt that this was a speculative question and unsure how to consider it. Noted that 136 people who answered “unsure” again showed attention to detail in their replies. There is no guarantee over future GP Practices etc.

Q8. What do you think about the proposed opening hours?

The Committee accepted that the proposed hours are in line with NHS Grampian’s model scheme of hours (minimum required opening times).
The Committee noted that the applicant did address this, that future demand may mean the pharmacy reviews their offer and extends their opening times if required, but likewise, this can also be removed following health board application. Some comments from the CAR with alternative opening hour suggestions were seen to be unrealistic.

Q9. Are there any further comments you would like to make regarding any elements of this consultation, or additional relevant information you wish to let us know about?

The Committee noted that 120 people did provide a comment to this question and that many responses were highly emotional and strongly worded personal feedback which demonstrated unmet need.

The Committee agreed that many of the comments they cannot consider but recognise consideration to be given to those demonstrating unmet need of pharmaceutical services.

Q10. Do you live within the proposed boundary area?

Committee acknowledges all but 4 respondents have confirmed that they live within the proposed neighbourhood.

CAR Summary

Overall the Committee agrees that the majority of the opinions gathered in the CAR are relevant to the people living in Countesswells The CAR has provided a consistent message across all questions, emphasising the need and desire for a pharmacy in Countesswells.

Adequacy of Existing Provision of Pharmaceutical Services

The Committee move on to consider the adequacy of existing services, which are available to the neighbourhood in question.

The committee discussed the adequacy of existing services in the specific neighbourhood, highlighting the lack of pharmacies within the agreed boundaries. Despite services being available outside the neighbourhood, accessibility issues, such as transportation barriers, were cited as inadequate. Data from monthly prescriptions indicated only a small percentage originated from the neighbourhood, suggesting limited reliance on local services. The committee also noted the absence of comprehensive data in reports from interested parties, which lacked supporting evidence. Additionally, the potential for pharmacies to face unrealistic expectations and the contradictory nature of supporting primary care services were discussed, emphasizing the need for accurate and detailed data to inform decisions.

The Committee concluded that specific to the Countesswells neighbourhood, the pharmaceutical services were inadequate.

The discussion to summarise highlighted that the case for current service inadequacy rests primarily on the evidence presented by the applicant, who relied on CAR-based data supplemented with contextual information about bus provision. Notably, existing service providers did not present substantive evidence to demonstrate that current services are adequate, offering only limited opinion without supporting detail. As a result, the balance of evidence considered during the session leans toward a finding of service inadequacy.

Necessity and Desirability

The Committee undertook a collective assessment of whether a new pharmacy in Countesswells was necessary and/or desirable, drawing on the full range of evidence presented during the hearing.
Members agreed that the central issue was the adequacy of existing pharmaceutical access for the local population. The Committee agreed that the applicant provided detailed evidence indicating that current services do not meet the needs of residents, particularly those without access to a car or with limited mobility. This included contextual information on transport constraints, reductions

in bus provision, and the practical challenges faced by individuals attempting to reach pharmacies in neighbouring settlements.
In contrast, existing service providers (interested parties) did not present substantive evidence demonstrating that current provision was adequate or to several points which were raised in their submissions. Their contributions were largely opinion-based and lacked data capable of counterbalancing the applicant's analysis. The Committee noted that this imbalance in the evidence base was significant: while acknowledging that some submissions contained estimates and partial information, Committee Members agreed that the applicant's case was materially stronger and more persuasive.
On this basis, the Committee concluded that the proposal clearly met the test of desirability, with multiple independent sources-community feedback, GP-related evidence, and broader service-access considerations-indicating strong support for improved provision.
Moreover, the Committee determined that the evidence reached the threshold of necessity, given the proportion of residents who cannot reliably access existing pharmacies, the lack of viable public transport alternatives, and the absence of any compelling evidence to the contrary.

Decision

- For the reasons set out above, the Committee considered that the provision of pharmaceutical services for the neighbourhood was **inadequate** and that following from this and took into account the Legal Test when making their decision, the granting of the application was both **necessary** in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the proposed premises were located, Countesswells. There was a unanimous agreement that the application demonstrated both **necessity and desirability**.

- The Chair confirmed the decision had been reached on the Application. The reason for the decision was based on the following:

- **Access to Services in Neighbourhood:**

  The Committee found that there were no community pharmacy premises located within the agreed Countesswells neighbourhood boundary and accepted the evidence presented by the applicant regarding the practical difficulties residents face in accessing pharmaceutical services outside the area. Particular weight was given to evidence relating to transport limitations, reduced public transport provision, and the challenges experienced by residents without access to private vehicles or with mobility constraints. The Committee also noted the strong and consistent message from the Consultation Analysis Report, which demonstrated significant local support for a pharmacy within the neighbourhood and highlighted concerns regarding existing access arrangements.

- **Necessity vs Convenience:**

  The Committee distinguished between improved convenience and demonstrated necessity. While recognising that a new pharmacy would undoubtedly provide greater convenience for residents, Members concluded that the evidence went beyond mere convenience. The applicant provided persuasive evidence that a proportion of residents were unable to reliably access existing pharmaceutical services due to geography, transport barriers, and the absence of a pharmacy within the neighbourhood. The Committee was not presented with sufficient evidence by interested parties to demonstrate that existing services adequately met the needs of the local population. Consequently, the Committee concluded that the application met the statutory test of necessity, as well as desirability.

- **Conclusion on Adequacy:**

  Having considered all written and oral evidence, including the Consultation Analysis Report, the applicant's submissions, representations from interested parties, and observations from the site visit, the Committee concluded that the existing provision of pharmaceutical services available to the Countesswells neighbourhood was inadequate. The Committee considered that the applicant had provided the most detailed and substantiated evidence regarding current service provision and accessibility, whereas contrary submissions were largely opinion-based and unsupported by equivalent evidence. The Committee therefore determined that the granting of the application was necessary to secure adequate pharmaceutical services within the neighbourhood and that the proposal was both necessary and desirable.

- **Consultation Analysis Report**
  The Committee attached significant weight to the Consultation Analysis Report (CAR) in reaching its decision. Members noted the exceptionally high level of engagement, with 595 responses received and a response rate considered substantial for this type of consultation. The Committee accepted that the responses were largely from residents living within the defined neighbourhood and considered the feedback to provide a consistent and credible reflection of local views. Across the consultation, respondents demonstrated strong support for the establishment of a pharmacy within Countesswells, identified perceived gaps in current access to pharmaceutical services, and overwhelmingly considered that an additional pharmacy would have a positive impact on the area. While recognising that some responses contained emotional or strongly worded comments and that certain issues raised fell beyond the scope of the Committee's consideration, Members concluded that the consultation provided compelling evidence of both community demand and unmet need. Taken as a whole, the CAR was considered to be a significant and persuasive source of evidence supporting the Committee's findings on inadequacy, necessity and desirability.

- Accordingly, the Committee as unanimously agreed that the provision of pharmaceutical services at the premises was **necessary** in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises were located by persons whose names are included in the pharmaceutical list.

  Closing Summary from John Ross, PPC Lay Member –
  "I think it's a necessity, and I think that is based on the evidence that's been presented to us by the applicant, and the Interested Parties that were involved did not produce any evidence to change my decision on that."

  Closing Summary from Alison Mackenzie, PPC Lay Member –
  "I say it's a necessity, based again on the evidence that was presented today, and the information received by the Committee and in agreement with what we have discussed in coming to this decision."

  Closing Summary from Derek Scott, PPC Lay Member –
  "I also view this as being a necessity, and that is based upon that there have been changes since the last application, but also based upon the evidence was presented to me by the applicant, I found that they provided evidence of an increase in population diversity of inhabitants, improvement of access to pharmaceutical care, and also be similar in relation to other communities in the region, and I found that the other interested parties did not present any real evidence that would negate application provided by the outcome. I am in agreement.

  All three Lay Members confirm that they are in agreement with the discussions which have led to their unanimous decision to grant the application.

- In these circumstances, the Chair accepted that it was the Committee's unanimous decision that the application **should be** granted.

The Hearing concluded and the Chair thanked the Committee members.

Signed:  Date: 15th July 2026

Ritchie Johnson
Chair, Pharmacy Practices Committee