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14 February 2025

REF: SHA/26318

APPEAL AGAINST NHS BATH AND NORTH SOMERSET, SWINDON AND WILTSHIRE ICB DECISION TO REFUSE AN APPLICATION BY HETHERBY LTD FOR INCLUSION IN THE PHARMACEUTICAL LIST OFFERING UNFORESEEN BENEFITS UNDER REGULATION 18 AT A BEST ESTIMATE ADDRESS OF ARCHERS WAY/SHEARS DRIVE/EVERGREEN COURT, AMESBURY, SALISBURY SP4 7FR AND NEIGHBOURING POSTCODES

1 Outcome

1.1 The Pharmacy Appeals Committee ("Committee"), appointed by NHS Resolution, confirms the decision of the Commissioner, therefore the application is refused.

A copy of this decision is being sent to:

Hetherby Ltd
Boots UK Ltd
Community Pharmacy Swindon and Wiltshire
Wiltshire Health and Wellbeing Board
PCSE on behalf of Bath, North Somerset, Swindon and Wiltshire ICB

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1 A summary of the application, decision, appeal and representations and observations are attached at Annex A.

2 **Site Visit**

2.1 The Pharmacy Appeals Committee ("Committee"), appointed by NHS Resolution, consisting of Mrs S Hewitt, Mr M Smith and Mrs C Limm, had before it the papers considered by the Commissioner, together with a plan of the area showing existing pharmacies and doctors' surgeries and the location of the proposed pharmacy.

2.2 It also had before it the responses to NHS Resolution's own statutory consultations.

2.3 The Committee held a virtual hearing to determine the application. This took place on 23 January 2025. The Committee all declared they had no conflicts of interest in relation to this case.

Site visit to Amesbury: 13, 14 and 20 January 2025

2.4 The Committee members undertook the site visit individually during January.

2.5 All 3 members parked in the Centre Car Park [30p for 1 hour £1 for 2 hours] the first member shortly after mid-day on Tuesday 14 and the second on the morning of Monday 20 January the third on Monday 13 January about midday. The car park is large [78+4 disabled] and there were many free spaces on these visits.

2.6 There were bus stops on either side of the road next to the car park and buses at both stops on the second member's visit.

2.7 From the Car Park the Barcroft Medical Centre [MC] the St Mellor House Surgery and the Boots in Salisbury Street were all visible.

2.8 Committee members walked up a short inclined path to Barcroft Medical Centre. This is a large purpose built facility that has its own car park with designated bays for doctors, staff and patients. This car park was almost full during the visits and many signs specified it was for MC users only.

2.9 Facing the MC Car Park and adjacent to the Medical Centre, the Stonehenge Walk Boots Pharmacy was located in an older building separated from the MC by a narrow pathway which could have led to the main road but was fenced off.

2.10 This Boots Pharmacy was quite small, largely devoted to prescriptions, with a consultation room and prescription counter. On the first visit three staff members were visible and there were three customers waiting. There was a steady stream of customers, typically leaving the adjacent surgery and going into Boots. On the second visit there was one visible staff member and two patients in the pharmacy.

2.11 There was a sign on the door advising patients to allow 7 working days to enable prescriptions to be ready for collection. On the third visit, there was one person seated and waiting and four in a queue at the pharmacy counter at about 12.30pm.

2.12 The door has a ramped access and an assisted push button opening mechanism. Although the pharmacy faces the Barcroft Car Park notices request Boots shoppers not to use this. The other side of the Boots building faces the main road [The Centre] and has Boots signage but no access either to Boots or the Medical Centre.

2.13 Committee members then returned to Centre Car Park and took a short footpath from the south corner to access the Boots in Salisbury Street. The total distance between the pharmacies seemed to be about 200m. Salisbury Street is one way east to west and is busy. The Boots store is of a conventional layout and has a wider range of stock. It was busy on the first visit but there was only one customer being served on the second visit and no one waiting. The entrance has two low steps, painted bright yellow, there is a push button on the right to open the door and a bell push on the left to summon assistance for disabled customers.

2.14 Inside there were 6 seats for customers to use whilst waiting.

2.15 There is a taxi rank outside with a sign “no waiting’ for other vehicles. There is some on road parking further along. Other shops nearby are Dominos, Peacocks, Co-Op, Nationwide, Morrison’s Daily and two estate agents. Adjacent to Boots is what appears to be a small ALDI shop; going through this led to a courtyard garden and access to a very large ALDI supermarket which had its own car park on the other side.

2.16 Returning to Salisbury Street Committee members walked a short distance east, noting another large car park [Old Bus Station] [50p 1 hour - but long stay possible] and crossed The Centre to St Mellor House Surgery which is on a prominent corner site with Earls Court Road. There is on site parking for staff and patient parking on a side road. The main entrance is supplemented by a signposted disabled access on the left of the building.

2.17 Access from the Surgery to either of the Boots pharmacies is easy but the Salisbury Street branch is closer and on the same level. The Amesbury Health Centre [NHS] is across the road and provides chiropody, physiotherapy and allied medical services.

2.18 Returning to the car Committee members drove along Earls Court Road/Boscombe Road. Off Boscombe Road there are three small enclaves of housing, unconnected with each other in one of which is a very small Co-op. Boscombe Road is a steady uphill gradient for some half a mile. There were 3 sets of bus stops (one on either side) at intervals up the hill and an X4 bus was seen on the first visit.

2.19 At a roundabout Committee members turned into Underwood Road which at a mini-roundabout became Archers Way with a car park and shops visible on the left. The distance measured was 1.2 miles. There is a large car park, which was not full on either visit, and four shop units, [three take-aways and a hairdresser] on one side. A medium

sized Co-Op faces the car park and a Pub is on the other side. At the further end of the car park 'The Bowman Centre' hall is available for community use, including children and adult education classes. It is the HQ of Amesbury Town Council. A postman when asked said this area was called Bence Court.

2.20 The Co-Op is a reasonably well stocked convenience store which sold OTC medicines. At the time of visiting [1.15 and 10.30] it was not busy. On the second visit only one customer was inside the store and there was one visible member of staff. The Co-op could be described as a 'basket' rather than a 'trolley' food shop. The take-away units were closed and all opened at 4.30pm for the evening trade. No shop units are currently vacant. Two Committee members drove around the development, following Archers Way for some distance noting Shears Way and Evergreen Court. There is a café at Evergreen Court beneath a block of sheltered housing. On asking staff serving behind the counter of the café, we learnt that 70% of the retirement homes are council owned, mostly for independent living but some have carers coming in. At the furthest point of the development road building was commencing on what may be a planned extension to Archers Gate housing. No bus stops were apparent near Evergreen Court: on asking a passer by, we learnt that the "Hoppa bus" ran every 30 minutes and connected to Amesbury town centre and the nearest stop was at the Underwood Road roundabout.

2.21 Building on the Kings Gate and Archers Gate development is now complete for the moment. The road layout is very convoluted, presumably to avoid through traffic, but well-maintained pedestrian/cycle pathways exist to access amenities which include, as well as shops mentioned, two primary schools, large playing fields and areas of natural green. It appeared that the development had spanned several years with the newer part having a more spacious layout and more off-street parking. In the older part, nearer the shops there were a lot of cars parked in the road causing some congestion.

2.22 Returning to Boscombe Road one Committee member turned right towards Boscombe Down RAF facility noting the large amount of somewhat ageing MOD housing until they had to turn back at the RAF entrance barrier.

2.23 On the second visit the Committee member left the development and headed towards Durrington to visit the Allied pharmacy. Unfortunately the Salisbury Road towards Durrington was closed by road works and the visit could not be completed. The Committee member's sat nav indicated that the time required to travel by car from the Archers Way shops to Durrington was 7 minutes.

2.24 Travelling in both directions along Boscombe Road the gradient uphill from Amesbury town centre was apparent. Apart from the small enclaves of housing noted, Boscombe Road appeared as crossing open countryside and the Archers/Kings Gate developments as a separate 'village' on the outskirts of Amesbury.

3 A summary of the above observations was provided to those in attendance. They were invited to comment upon them or indicate if any of the observations appeared to be inaccurate. Mr.Koria said that the Hoppa bus runs every 30 minutes but is not consistent.

4 **Oral Hearing Submissions**

The Appellant: Mr Nikhil Koria on behalf of Hetherby Ltd.

4.1 Amesbury has to date been served by two pharmacies – the Boots on Salisbury Street and the Boots on Stonehenge Walk, both located in the town centre. Previously these two pharmacies have been sufficient to serve the local population. However Amesbury has almost doubled in size since the 2001 census, and yet there has been no increase

in pharmaceutical provision (when looking at list sizes of GP Practices in Amesbury). This rapid population growth is mostly because of the King's & Archers Gate development, which has created 1600 new homes. This development is 95% complete, and on the basis of an occupancy rate of 2.5 residents per household, there are an additional 4000 residents on this estate.

4.2 To the east of the development is Boscombe Down military base which employs approximately 2000 workers. The development has a number of amenities: Co Op supermarket, pub, grill, Chinese take away, fish and chip shop, hairdresser, a community building, rugby club, care home, sports pavilion, skate park. There were also a café, nursery, and two primary schools.

4.3 Health provision is absent. Residents have a 1.2-mile one-way journey to access a pharmacy in the town-centre. Those residents who live to the south of the proposed site will have a longer 1.5-mile one-way journey to access a pharmacy. This does not provide reasonable access or choice in provision.

4.4 By foot this is a difficult journey, particularly as residents have to travel up/down Boscombe Road which has a gradient of 6.7%, far steeper than the acceptable level for the 5% mandated for a disabled access ramp.

4.5 By car, parking is difficult in the town-centre with many residents having to pay for parking in the central car park. By contrast, parking is plentiful and free at the proposed site. Residents who wrote in complained about congestion & traffic in the town centre. By bus, the journey depends on buses arriving only every half an hour. Journeys by car and bus represent barriers to access, taking into account bus fares, petrol and parking costs.

4.6 Access to pharmacies is important especially with the introduction of Pharmacy First which is tasking pharmacies with providing treatments for a number of minor ailments and giving professional advice so that people can lead healthier lives.

4.7 However, with the closest pharmacy is 1.2 miles away, local residents are currently unlikely to access Pharmacy First services. This could result in pressures on GPs and/or hospitals. For Pharmacy First to be successful, pharmacies need to be accessible within communities.

4.8 Regardless of distance residents are struggling to access Pharmacy First on capacity grounds alone. A number of emails from the public were received highlighting difficulties in accessing provision, especially Pharmacy First e.g. "There are also those of us who would like to consult a pharmacist rather than wait for a GP appointment but are put off from doing so by the queues, and when anyone does have a consultation, that means that customers waiting for prescriptions or others waiting for advice have to queue for even longer"

4.9 Boots Pharmacies are failing to deliver on Pharmacy First, due to the capacity pressures faced in dispensing medication. The two Boots stores average 50 Pharmacy First consultations a month between them, or 1.6 a day. For the 16,000 population of Amesbury, this is poor access to this service.

4.10 A number of representations were received from the local population on excessive wait times and difficulty accessing services at the Boots stores.

4.11 The ICB in their decision acknowledged the issues faced by the Boots stores but had refused this application on these grounds because performance management measures could solve these issues.

4.12 The issue is that the only pharmaceutical provider in Amesbury is currently Boots Pharmacy, and this does not provide reasonable choice by way of provider. The Health & Wellbeing Board who are supportive of this application made this point. There is no financial incentive for Boots to improve and they can continue to provide a poor service and residents will only have access to a Boots pharmacy. This indicates 'no choice' much less than the threshold of reasonable choice.

4.13 It is accepted that Distance Selling Pharmacies can deliver medication, but this does not represent sufficient access for a number of residents. Including those who are unable to navigate the internet. Elderly residents often have changing medication and require a regular local pharmacist to help with medication changes, and with adherence to prescribed medication. The long-term viability of DSPs is in doubt given they have similar overheads to a community pharmacy and yet must provide free delivery nationwide. Pharmacy 2U faced a £5million operating loss in 2023, and £3.4m loss in 2024. DSPs may not be a long-term solution to bricks-and-mortar pharmacies and as they are not NHS commissioned, they can be withdrawn at any time. Thus, these cannot be relied upon when determining reasonable choice and access to provision.

4.14 A pharmacy situated within the Archers & King's Gate development will provide better physical access for all residents in the South of Amesbury; ease pressures on the struggling Boots Pharmacies; and introduce an alternative pharmaceutical provider to provide choice to the population. It will release capacity for more advanced services, such as Pharmacy First within Amesbury and provide better access to dispensing facilities.

4.15 In answer to Committee questions, Mr Koria accepted that the emails quoted were all critical ones, although people also wrote in with support for Boots.

Cllr Devendran: Represents Amesbury West.

4.16 She highlighted the challenges faced by the influx of new families which has created an imbalance with pharmaceutical services. She quoted media coverage during 2024 about prolonged wait times. The ICB asked her for feedback but she has not received a reply from them. The current two pharmacies do not meet needs. In answer to questions, Cllr Devendran stated she had via the council media page, asked for persons to contact her around the end of October 2023, and the Facebook postings were made in September 2024. She gave examples of her personally facing difficulties in obtaining medication in Amesbury for her family members and had to go to Salisbury and Fordingbridge instead.

4.17 Mr Koria stated that he had not identified any premises but the regulations allows him 6 months to do so if he was successful.

Ms Carolyn Beale, Community Pharmacy, Swindon and Wiltshire:

4.18 Being in charge of implementing Pharmacy First, she stated that it was intended to be a walk in service, to take pressure away from GPs. Formal GP referral is not needed to be seen by the pharmacist. If the patient requests it the pharmacist will phone them to arrange to be seen, with consultation in a private room. The NHS target is 25 sessions per month, and Boots have been meeting that target.

4.19 Mr David Bowater, Wiltshire HWB, stated that Pharmacy First was launched in January 2024, and that there is need to increase public awareness for better take up of this service.

Boots:

4.20 The Wiltshire PNA has considered housing growth, the increase in population and the impact on pharmaceutical provision.

4.21 The Kings and Archers Gate developments have been on going for many years. The council local plan, published in 2023 discusses how the last 25 years has seen the delivery of major planned residential growth. This particular development is over 15 years in the making and clearly shows that the developments in this area are not “unforeseen”.

4.22 There are two G.P surgeries in Amesbury, St Mellor House at Edwards Road, Amesbury, SP4 7LT (0.8 miles from the application site), and Barcroft Medical Centre.

4.23 The next nearest surgery is the Durrington Surgery who are currently accepting new patients. The Durrington Surgery is part of the Avon Valley Practice who also have a surgery in Upavon. Both of these surgeries are dispensing practices. On a site visit there is a 24 hour prescription collection locker at the Durrington Surgery site. Therefore, patients have access to collecting their prescriptions at a time to suit them by using a security code to access it.

4.24 Boots have two pharmacies in Amesbury, one on Salisbury Street, and one on Stonehenge Walk next to the Barcroft Medical Centre. Between them they offer access to pharmaceutical provision 9.00 -18.30 weekdays and 9.00-17.00 Saturdays. The Applicant is only offering opening on a Saturday until 13.00, whereas Boots are open until 17.00. This suggests that access will not be improved by way of opening hours.

4.25 There is further pharmaceutical provision in Durrington provided by Allied Pharmacy. Patients in Amesbury could access this pharmacy as an alternative provider. The SW Committee makes reference to patients using a bus service or a distance selling pharmacy if they are unable to drive but fail to mention that both Boots pharmacies and the Allied Pharmacy offer a (free subject to criteria) daily delivery service to all patients of Amesbury and the surrounding areas if required. The majority (if not all) of patients Boots deliver to meet the criteria for free delivery. Over the last 3 months, Boots at Salisbury Street made an average of 59 deliveries per month. 7 of those deliveries were to patients in the Kings/Archers developments. Stonehenge Walk pharmacy made an average of 82 deliveries per month and 14 of which are patients in the Kings/Archers developments. Boots are therefore providing services to patients in the housing development around the proposed location to those that may experience difficulty accessing pharmaceutical provision due to ill health or limited mobility.

4.26 Care Home Services are not offered from either of these pharmacies.

4.27 Both Boots pharmacies are DDA compliant. Salisbury Street has an induction loop, press for help button, automatic door and Boots provide a ramp if required. Stonehenge Walk also has an induction loop, wheelchair access and is step free. Both pharmacies have consultation rooms.

4.28 Approximately 70% of residents who live in the Kings and Archers housing developments access Boots pharmacies in Amesbury. Both the Boots Pharmacies utilise the Dispensing Support Pharmacy off site and approximately 50% of items are dispensed there. Having access to the DSP, means that Boots have capacity to provide all pharmaceutical services to more patients should the demand increase.

4.29 The Health & Wellbeing Board said that they would welcome the expansion of services, Boots would be happy to discuss this with the ICB should any additional services be required in Amesbury.

4.30 Access:

4.31 Amesbury has a generally healthy population, 83% of residents consider themselves in very good or good health. Only 1% described themselves as having very poor health. This is not surprising when levels of deprivation are also low.

4.32 The housing development where the proposed pharmacy would be located has the amenities that would attract a younger population and families. On their site visit they witnessed many cars parked on drives and allocated parking bays which means for those who are at home during the day, they have access to a car. Car ownership in Wiltshire is high: 46.9% of households own 2 or more cars/van, 38.7% of households own 1 car/van, 85.6% households have access to at least 1 car vs 79.6% nationally.

4.33 Car Parking

4.34 There is 30 minutes free on road parking along Salisbury Street. Further parking can be found around the town for example at Amesbury Central Car Park, next to Boots Stonehenge Walk, has 82 spaces, 4 are blue badge, 2 coach bays and 2 electric points and is 30 pence for 1 hour & £1 for 2 hours Church Street Car Park, 15 Church Street, SP4 7ES, which has 42 spaces and is 50 pence for an hour. Amesbury Old Bus Station Car Park, 48 Salisbury Street, SP4 7AW. 41 spaces 50 pence for 30 mins, £1 for 2 hours.

4.35 Car parking in Amesbury is cheap in comparison to many other towns. The applicant has not provided any evidence of patients being deterred by the car parking costs or that car parking charges represent a barrier to accessing pharmaceutical provision. There is limited parking at the application site and at the time of our site visit, at school pick up time, we were unable to find a space. This car park is shared with all of the other amenities on the precinct such as the Co-op. It is also the car park used for the pub/restaurant.

4.36 Bus:

4.37 The Appellant has provided data on the X4 bus service that runs every 30 minutes. Wiltshire Council runs the Hoppa bus that can also be booked by residents who meet a certain criteria – for example those with mobility issues or those who are elderly or have disabilities. This service also picks up from the housing estate around the application site. It is free for residents with a bus pass.

4.38 Walking/Cycle

4.39 The Applicant states that 42% of respondents to the Wiltshire PNA public survey walk or cycle to access provision. The population of Wiltshire at the time was approximately 504,000. However, there were only 465 respondents to the PNA public survey which equates to 0.09% of the population of Wiltshire. As it is such a small sample size, and as we are unsure where the 465 respondents live within the HWB, we would question how much weight should be given to this data.

4.40 Complaints

4.41 The Applicant has submitted reviews of our pharmacies, and it is important to address these. Following the Novichok poisoning in this locality in 2018, the Boots pharmacy at Stonehenge Walk was closed for over 3 months for de-contamination. This caused a period of disruption both for staff and patients.

4.42 It has taken a long time to reassure patients and to stabilise staff. Boots have been working closely with the ICB to mitigate the problems Boots were encountering. Boots have introduced a new Area Manager, Store Manager and now employ a regular pharmacist at both stores. All issues raised with the ICB have been dealt with and to its knowledge, Boots does not have any outstanding complaints. The supply issue in Dec 2023 was a nationwide problem.

4.43 The majority of the Google reviews submitted are over six months old. Since the changes Boots have put into place, there have only been a couple of negative comments on Google.

4.44 Boots do not believe that patients have difficulty accessing the current pharmaceutical provision in Amesbury. Boots do not believe that the Applicant is offering to provide any additional access or services that are not already in place.

4.45 Boots believe that the Applicant is not offering anything by means of innovation.

4.46 There is already reasonable choice in the locality by way of opening hours and services offered.

4.47 Amesbury has low levels of deprivation; residents are generally in good or very good health and high car ownership is higher than the national average.

4.48 Boots have put measures in place to mitigate complaints and these measures seem to be working, with very few recent comments/complaints.

4.49 The housing development in which the proposed pharmacy would sit has known about and in progress for 15 years, therefore Boots fail to see what elements of the application were unforeseen when the PNA was produced.

4.50 The regulatory tests are not satisfied and Boots therefore respectfully ask that the decision of NHS England is upheld and the application is refused.

4.51 In answer to questions, Boots said that the locums have now been replaced with full time pharmacists at both branches and one additional staff member at each branch is either a dispenser or technician. The winter of 2023/24 was when most pharmacies faced pressures and difficulties with supplies. But the dispensing figures at both branches are above the national average.

4.52 In answer to a question Boots confirmed that the number of patients recorded as accessing Pharmacy First was only those for whom a payment claim had been made. Many others had received informal advice from their pharmacists.

Mr. Bowater, Senior Corporate Manager, Wiltshire HWB

4.53 He stated that the PNA concluded that with two pharmacies, the provision was "adequate". It does not address the issue of "reasonable choice". The PNA is being currently updated and will be published in October 2025. To date, no gaps have been identified. However a pharmacy in a different part of town and a different "brand" would provide reasonable choice.

5 Consideration

5.1 The Committee had regard to the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (“the Regulations”).

Regulation 31

5.2 The Committee first considered Regulation 31 of the Regulations which states:

(1) A routine or excepted application, other than a consolidation application, must be refused where paragraph (2) applies.

(2) This paragraph applies where -

(a) a person on the pharmaceutical list (which may or may not be the applicant) is providing or has undertaken to provide pharmaceutical services ("the existing services") from -

(i) the premises to which the application relates, or

(ii) adjacent premises; and

(b) NHS England is satisfied that it is reasonable to treat the services that the applicant proposes to provide as part of the same service as the existing services (and so the premises to which the application relates and the existing listed chemist premises should be treated as the same site).

5.3 The Committee noted that, in response to why the application should not be refused pursuant to Regulation 31 the Applicant had stated "N/a". The Commissioner had concluded that "*there are no other contractors currently providing pharmaceutical services within the best estimate provided … was satisfied it is not required to refuse the application by virtue of Regulation 31*." The Committee noted that this had not been disputed by any party either on appeal or in subsequent representations. On the basis of the information before it, the Committee was not required to refuse the application under the provisions of Regulation 31.

5.4 The Committee noted that, if the application were granted, the successful applicant would - in due course - have to notify the Commissioner of the precise location of its premises (in accordance with paragraph 31 of Schedule 2). Such a notification would be invalid (and the applicant would not be able to commence provision of services) if the location then provided would (had it been known now) have led to the application being refused under Regulation 31.

Regulation 18

5.5 The Committee noted that this was an application for "unforeseen benefits" and fell to be considered under the provisions of Regulation 18 which states:

"(1) If—

(a) NHS England receives a routine application and is required to determine whether it is satisfied that granting the application, or granting it in respect of some only of the services specified in it, would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in the area of the relevant HWB; and

(b) the improvements or better access that would be secured were or was not included in the relevant pharmaceutical needs assessment in accordance with paragraph 4 of Schedule 1,

in determining whether it is satisfied as mentioned in section 129(2A) of the 2006 Act (regulations as to pharmaceutical services), NHS England must have regard to the matters set out in paragraph (2).

(2) Those matters are—

(a) whether it is satisfied that granting the application would cause significant detriment to—

(i) proper planning in respect of the provision of pharmaceutical services in the area of the relevant HWB, or

(ii) the arrangements NHS England has in place for the provision of pharmaceutical services in that area;

(b) whether, notwithstanding that the improvements or better access were not included in the relevant pharmaceutical needs assessment, it is satisfied that, having regard in particular to the desirability of—

(i) there being a reasonable choice with regard to obtaining pharmaceutical services in the area of the relevant HWB (taking into account also NHS England's duties under sections 13I and 13P of the 2006 Act (duty as to patient choice and duty as respects variation in provision of health services)),

(ii) people who share a protected characteristic having access to services that meet specific needs for pharmaceutical services that, in the area of the relevant HWB, are difficult for them to access (taking into account also NHS England's duties under section 13G of the 2006 Act (duty as to reducing inequalities)), or

(iii) there being innovative approaches taken with regard to the delivery of pharmaceutical services (taking into account also NHS England's duties under section 13K of the 2006 Act (duty to promote innovation)),

granting the application would confer significant benefits on persons in the area of the relevant HWB which were not foreseen when the relevant pharmaceutical needs assessment was published;

(c) whether it is satisfied that it would be desirable to consider, at the same time as the applicant's application, applications from other persons offering to secure the improvements or better access that the applicant is offering to secure;

(d) whether it is satisfied that another application offering to secure the improvements or better access has been submitted to it, and it would be desirable to consider, at the same time as the applicant's application, that other application;

(e) whether it is satisfied that an appeal relating to another application offering to secure the improvements or better access is pending, and it would be desirable to await the outcome of that appeal before considering the applicant's application;

(f) whether the application needs to be deferred or refused by virtue of any provision of Part 5 to 7.

(g) whether it is satisfied that the application presupposes that a gap in pharmaceutical services provision has been or is to be created—

(i) by the removal of chemist premises from a pharmaceutical list as a consequence of the grant of a consolidation application, and

(ii) since the last revision of the relevant HWB's pharmaceutical needs assessment other than by way of a supplementary statement.

(3) NHS England need only consider whether it is satisfied in accordance with paragraphs (2)(c) to (e) if it has reached at least a preliminary view (although this may change) that it is satisfied in accordance with paragraph (2)(b)."

5.6 The Committee considered that Regulation 18(1)(a) was satisfied in that it was required to determine whether it was satisfied that granting the application, or granting it in respect of some only of the services specified in it, would secure improvements, or better access, to pharmaceutical services, or pharmaceutical services of a specified type, in the area of the relevant HWB.

5.7 The Committee went on to consider whether Regulation 18(1)(b) was satisfied, i.e. whether the improvements or better access that would be secured if the application was granted were or was included in the Pharmaceutical Needs Assessment ("the PNA") in accordance with paragraph 4 of Schedule 1 of the Regulations.

5.8 Paragraph 4 of Schedule 1 requires the PNA to include: "a *statement of the pharmaceutical services that the HWB had identified (if it has) as services that are not provided in the area of the HWB but which the HWB is satisfied (a)* ***would*** *if they were provided….secure improvements or better access, to pharmaceutical services… (b)* ***would*** *if in specified future circumstances they were provided…secure future improvements or better access to pharmaceutical services…"* (emphasis added).

5.9 The Committee considered the PNA prepared by Wiltshire Health and Wellbeing Board, conscious that the document provides an analysis of the situation as it was assessed at the date of publication. The Committee bears in mind that, under Regulation 6(2), the body responsible for the PNA must make a revised assessment as soon as reasonably practicable (after identifying changes that have occurred that are relevant to the granting of applications) unless to do so appears to be a disproportionate response to those changes. Where it appears disproportionate, the responsible body may, but is not obliged to, issue a Supplementary Statement under Regulation 6(3). Such a statement then forms part of the PNA. The Committee noted that the PNA dated August 2022 covers the period 2022 – 2025. A supplementary statement had been issued in May 2024 detailing the closure of Boots in Warminster in October 2023 but no comments were made in it about consequential gaps in provision.

5.10 The Committee noted that whilst the PNA talks in general terms of pharmaceutical services for the whole of Wiltshire, detailed information regarding the health and population of Amesbury was included in Annex 1A.

5.11 The Committee noted the Executive Summary of the PNA concluded that:

"Taking into account local demography and the provision of pharmaceutical services in Wiltshire, it is evidence that there is adequate provision of such facilities. Services are accessible in a range of locations and in a variety of set ups.

5.12 Within the "Overview of Wiltshire" the PNA stated:

"It is also important to note that Wiltshire's Core Strategy sets out Wiltshire Council's spatial vision, key objectives and overall principles for development in the county. Housing figures for new development are incorporated within the core strategy for each community area in Wiltshire. These figures are based upon sites with permission, or that have been allocated to date and therefore these figures may be subject to change as time progresses."

5.13 And went on to state:

"The anticipated increase in each community area over the next three-year period until 2025/26 would not have a significant impact on provision of, or access to pharmaceutical services. Wiltshire HWB will ensure that as part of the on going planning through the core strategy the provision of pharmaceutical services will be monitored. This PNA will be updated or supplementary statements will be issued when necessary."

5.14 The high military presence of the barracks in Amesbury, as mentioned by the Applicant, had been taken into consideration in the PNA however it had been concluded that "*it is not anticipated that there will be a significant change in the number of military personnel to be based in Wiltshire in the next 3 – 5 years even though there may be a change in the different regiments based in Wiltshire due to the current "future soldier" transformational plan."*

5.15 The Committee was of the view that the developments as mentioned by the Applicant close to where the proposed pharmacy is to be sited had been considered by Wiltshire HWB when the PNA was drafted and that the HWB was of the view that if a need arose for additional pharmaceutical services then a supplementary statement would be issued. The Committee noted the absence of a supplementary statement in relation to the developments and was therefore of the view that the HWB had considered that current provision of pharmaceutical services, which had not changed since the PNA was drafted, was satisfactory.

5.16 The Committee noted that the Applicant seeks to provide unforeseen benefits to the residents of Kings and Archers Gate developments as well as those residing in the south of Amesbury. The Committee noted that the improvements or better access that the Applicant was claiming would be secured by its application were not included in the relevant pharmaceutical needs assessment in accordance with paragraph 4 of Schedule 1.

5.17 In order to be satisfied in accordance with Regulation 18(1), regard is to be had to those matters set out at 18(2). The Committee's consideration of the issues is set out below.

Regulation 18(2)(a)(i)

5.18 The Committee had regard to

"(a) whether it is satisfied that granting the application would cause significant detriment to—

(i) *proper planning in respect of the provision of pharmaceutical services in the area of the relevant HWB"*

5.19 The Committee noted that the Commissioner had stated that "*the ICB has no particular plans regarding pharmaceutical services in the area so there can be no detriment to such plans*". The Commissioner had gone on to conclude that *"… granting the application would not cause significant detriment to the proper planning or arrangements in place for the provision of services"*. The Committee noted that no party had sought to dispute this, either on appeal or in subsequent representations.

5.20 On the basis of the information available, the Committee was not satisfied that, if the application were to be granted and the pharmacy to open, the ability of the Commissioner thereafter to plan for the provision of services would be affected in a significant way.

5.21 The Committee was therefore not satisfied that significant detriment to the proper planning of pharmaceutical services would result from a grant of the application.

Regulation 18(2)(a)(ii)

5.22 The Committee had regard to

"(a) whether it is satisfied that granting the application would cause significant detriment to— …

(ii) the arrangements NHS England has in place for the provision of pharmaceutical services in that area"

5.23 The Committee noted that the Commissioner had stated in its decision that *"… granting the application would not cause significant detriment to the proper planning or arrangements in place for the provision of services."* The Committee noted that no party had sought to dispute this either on appeal or in subsequent representations.

5.24 The Committee was therefore not satisfied that significant detriment to the arrangements currently in place for the provision of pharmaceutical services would result from a grant of the application.

5.25 In the absence of any significant detriment as described in Regulation 18(2)(a), the Committee was not obliged to refuse the application and went on to consider Regulation 18(2)(b).

Regulation 18(2)(b)

5.26 The Committee had regard to

"(b) whether, notwithstanding that the improvements or better access were not included in the relevant pharmaceutical needs assessment, it is satisfied that, having regard in particular to the desirability of—

(i) there being a reasonable choice with regard to obtaining pharmaceutical services in the area of the relevant HWB (taking into account also NHS England's duties under sections 13I and 13P of the 2006 Act (duty as to patient choice and duty as respects variation in provision of health services)),

(ii) people who share a protected characteristic having access to services that meet specific needs for pharmaceutical services that, in the area of the relevant HWB, are difficult for them to access (taking into account also NHS England's duties under section 13G of the 2006 Act (duty as to reducing inequalities)), or

(iii) there being innovative approaches taken with regard to the delivery of pharmaceutical services (taking into account also NHS England's duties under section 13K of the 2006 Act (duty to promote innovation)),

granting the application would confer significant benefits on persons in the area of the relevant HWB which were not foreseen when the relevant pharmaceutical needs assessment was published"

Regulation 18(2)(b)(i) to (iii)

5.27 The Committee first considered the matter of reasonable choice of pharmaceutical services which are accessible for the residents of Amesbury. The two branches of Boots are in Amesbury town, about 1.2 miles away from the proposed site. Whilst the walk from the town centre back to the development has a significant incline, it could be made by those fit and able to do so. The pavements, with dropped kerbs, are wide and well lit. Bus options include the X4 service which runs every 30 minutes. This is supplemented by the "Hoppa" bus run by Community Transport, South Wiltshire and follows a circular route to and from Tesco in Amesbury. It picks up from the Kings/Archers Way estate and connects to the town centre. Although the Applicant commented on its reliability the Committee was told that it is scheduled to run every 30 minutes and those with mobility issues can pre-book timed pick ups. Buses are free for those eligible, including the elderly and those with mobility issues.

5.28 Based on the submissions and site observations, car ownership appears high in the area, and those going into the Boots pharmacies from the proposed site, would be able to park relatively cheaply, with disabled spaces available. The Allied Pharmacy in Durrington, Salisbury, is accessible by bus and car, and is some 2.7 miles each way from the proposed site. This would provide an alternative brand to Boots.

5.29 The proposed location in Kings/Archers Gate is a satellite development to the south of Amesbury. It is not a destination location in its own right for the wider community and contains limited amenities and employment opportunities. It has no GP practices, opticians, or dentists. For these and for entertainment outlets, larger shopping trips, post office, banks, and DIY provisions, local residents have to travel to Amesbury or further to Salisbury. Therefore the two town centre Boots pharmacy branches provide reasonable choice, combined with slightly further afield, the Allied Pharmacy in Durrington.

5.30 In terms of opening hours, the Applicant has offered 40 core hours and 6.5 supplementary hours. In comparison, the existing pharmacies provide better coverage with 9am – 6.30pm weekdays and 9am – 5pm on Saturday.

5.31 Distance selling pharmacies with free deliveries provide further choice and patients' comments indicated that some are using this option.

5.32 The Committee considered that a distance selling pharmacy provides a type of access which cannot be discounted. The Applicant submitted that some people, particularly those with lesser IT proficiency, those with frequently changing medication or whose medication requires supervision, are likely to view a distance selling pharmacy as less accessible than a traditional, "bricks and mortar" pharmacy. Such patients cannot

simply walk in and have a prescription dispensed or obtain advice immediately. The Committee accepts this may be the case, but also recognised that distance selling pharmacies are accessible to those patients who are able to order their medicines by post, phone or electronic communication without having to physically make the journey to a "walk in" pharmacy. While pharmaceutical services provided by distance selling pharmacies will benefit some persons, the Committee accepted it may not suit others who may prefer actual face to face contact, including obtaining certain services under the Pharmacy First scheme which distance selling pharmacies cannot provide.

5.33 The Committee went on to consider the numerous responses from patients about the existing pharmacies, by email, Google reviews and responses to local councillors. These indicate that some patients have experienced significant difficulties in accessing services and in particular highlight waiting times for the preparation and collection of prescriptions and medicine shortages. There were few comments about physical access to pharmacies. However, service and capacity issues cannot be the only reasons that a new pharmacy is granted. It is the Commissioner's role to act on reports of waiting times and shortages as is argued in this case. The Committee considered that performance issues should not be a reason to completely discount the existence of a pharmacy when considering whether there is reasonable choice. The Committee accepts that waiting times and general performance issues that continue to be on going problems, and complaints and negative Google reviews, will affect an individual's decision whether to make the journey to a particular pharmacy, in this case Boots. However, the Committee was mindful that medication and staff shortages have been affecting pharmaceutical providers nationally and these were particularly severe nationwide in 2023/24 when most of the responses were sent in. Boots stated that they are now cooperating with the Commissioner to work on performance issues and have appointed a new area manager and a full time pharmacist and a technician/dispenser in each of the two Amesbury stores.

5.34 Community Pharmacy, Swindon and Wiltshire is responsible for implementing Pharmacy First and their representative told the Committee that the NHS national target is 25 consultations per month and that Boots have been meeting that target in Amesbury. The Committee also note that Wiltshire HWB is currently updating their PNA with the new edition to be published in October 2025 and that this provides an opportunity to consider provision in the area. To date, no gaps in provision have been identified.

5.35 Therefore the Committee was not satisfied that, having regard to there being a reasonable choice with regard to obtaining services, granting the application would confer significant benefits by way of physical access on persons.

5.36 The Committee was of the view that there is already reasonable choice with regard to obtaining pharmaceutical services in the area of the relevant HWB, such that it was not satisfied that, having regard to the desirability of there being a reasonable choice with regard to obtaining services, granting the application would confer significant benefits on persons.

5.37 In considering Regulation 18(2)(b)(ii) the Committee reminded itself that it was required to address itself to people who share a protected characteristic under the Equality Act 2010 (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation) having access to services that meet specific needs for pharmaceutical services that, in the relevant area, are difficult for them to access. The Applicant had made a general comment that "the elderly, disabled and infirm will find the proposed site significantly more accessible" but this assertion is not supported with evidence relating specifically to people who share a protected characteristic having difficulty accessing the services they need. The

Committee was therefore not satisfied that, having regard to the desirability of people who share a protected characteristic having access to services that meet specific needs for pharmaceutical services that are difficult for them to access, granting the application would confer significant benefits on persons.

5.38 In considering Regulation 18(2)(b)(iii) the Committee had regard to the desirability of innovative approaches to the delivery of pharmaceutical services. In doing so, the Committee would consider whether there was something more over and above the usual delivery of pharmaceutical services that might be expected from all pharmacies, some 'added value' on offer at the location. No submissions have been made about innovation.

5.39 The Committee was not satisfied that, having regard to the desirability of there being innovative approaches taken with regard to the deliverability of pharmaceutical services, granting the application would confer significant benefits on persons.

Regulation 18(2)(b) generally

5.40 The Applicant is proposing 40 core hours and 6.5 supplementary hours. When compared to the hours currently provided by existing pharmacies, the Committee was of the view that there was no information provided to support a finding that pharmaceutical services are not currently provided at such times as needed and therefore it was not satisfied that, having regard to the desirability of there being a reasonable choice with regard to obtaining services, granting the application would confer significant benefits (in relation to opening hours) on persons.

5.41 The Committee has considered whether there are any other factors that would confer significant benefits on including patients who share protected characteristics. The Committee had regard to the need to eliminate discrimination and advance equality of opportunity and foster good relations between these patients and those who do not share their protected characteristics.

5.42 The Committee was of the view that in accordance with Regulation 18(2)(b) the granting of this application would not confer significant benefits on persons in the area of the HWB which were not foreseen when the PNA was published.

Other considerations

5.43 Having determined that Regulation 18(2)(b) had not been satisfied, the Committee did not need to have regard to Regulation 18(2)(c) to (e).

5.44 No deferral or refusal under Regulation 18(2)(f) was required in this case.

5.45 The Committee had regard to Regulation 18(2)(g) and found that it is does not apply in this case.

5.46 The Committee considered whether there were any further factors to be taken into account and concluded that there were not.

5.47 The Committee was not satisfied that the information provided demonstrates that there is difficulty in accessing current pharmaceutical services such that a pharmacy at the proposed site would provide better access to pharmaceutical services.

5.48 Pursuant to paragraph 9(1)(a) of Schedule 3 to the Regulations, the Committee may:

5.53.1 confirm the Commissioner's decision;

5.53.2 quash the Commissioner's decision and redetermine the application;

5.53.3 quash the Commissioner's decision and, if it considers that there should be a further notification to the parties to make representations, remit the matter to the Commissioner.

5.54 In those circumstances, the Committee confirms the decision of the Commissioner.

6 DECISION

6.53 The Pharmacy Appeals Committee ("Committee"), appointed by NHS Resolution, confirms the decision of the Commissioner..

6.54 The Committee has considered whether the granting of the application would cause significant detriment to proper planning in respect of the provision of pharmaceutical services in the area covered by the HWB, or the arrangements in place for the provision of pharmaceutical services in that area and is not satisfied that it would;

6.55 The Committee determined that the application should be refused on the following basis:

6.55.1 In considering whether the granting of the application would confer significant benefits, the Committee determined that –

6.55.1.1 there is already a reasonable choice with regard to obtaining pharmaceutical services;

6.55.1.2 there is no evidence of people sharing a protected characteristic having difficulty in accessing pharmaceutical services; and

6.55.1.3 there is no evidence that innovative approaches would be taken with regard to the delivery of pharmaceutical services;

6.55.2 Having taken these matters into account, the Committee is not satisfied that granting the application would confer significant benefits as outlined above that would secure improvements or better access to pharmaceutical services.

Committee Chair

Annex A

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REF: SHA/26318

APPEAL AGAINST NHS BATH AND NORTH SOMERSET, SWINDON AND WILTSHIRE ICB DECISION TO REFUSE AN APPLICATION BY HETHERBY LTD FOR INCLUSION IN THE PHARMACEUTICAL LIST OFFERING UNFORESEEN BENEFITS UNDER REGULATION 18 AT A BEST ESTIMATE ADDRESS OF ARCHERS WAY/SHEARS DRIVE/EVERGREEN COURT, AMESBURY, SALISBURY SP4 7FR AND NEIGHBOURING POSTCODES

1 The Application

By application dated 9 April 2024, Hetherby Ltd ("the Applicant") applied to Wiltshire ICB ("the Commissioner") for inclusion in the pharmaceutical list offering unforeseen benefits under Regulation 18 at Archers Way/Shears Drive/Evergreen Court, Amesbury, Salisbury, SP4 7FR (and neighbouring postcodes). For clarity, best estimate units included directly either side of the red line on map (see Appendix A). In support of the application it was stated:

1.1 In response to why the application should not be refused pursuant to Regulation 31, the Applicant stated "N/A".

1.2 "This application is in respect of opening a new pharmacy to provide better pharmaceutical access and choice for residents of South Amesbury, and the surrounding areas. Especially those residing within the new King's gate and Archer's gate developments.

1.3 The best estimate of the proposed site we wish to open a new pharmacy is located near Archers Way, and the new development.

1.4 The proposed location is situated amongst a communal parade of shops within the new developments that resident's access as part of their daily lives. Shops include a Co-Operative, a Chinese takeaway, and a Fish & Chips shop. The parade has ample parking and wide walkways to access local services.

1.5 The King's & Archer's gates developments are a huge project spanning a number of years and has culminated in the construction of 1600 homes. The project not only delivered new homes but also delivered: retail facilities; a pub/restaurant; a community building; two primary schools; playing fields; a care home; a sports pavilion; and a Skate Park. In essence, an entire self-sustaining community has been built, however healthcare provision is still not present.

1.6 Construction is almost complete, and the homes nearly fully occupied. Assuming an occupancy rate of 2.5 people per household, we can see that there are 4000 new residents living in South Amesbury. The current healthcare network has struggled to keep up with increased demand, and the ICB will be aware of the struggles that residents currently face in accessing medication and sufficient pharmaceutical provision. Simply put, Amesbury has outgrown its current pharmaceutical network, and there is a need for another pharmacy. There is no longer reasonable choice to pharmaceutical provision within Amesbury.

1.7 This lack of choice is felt especially by patients residing within Amesbury's new housing developments. Residents currently have 1.2-mile one-way journey to access current pharmaceutical provision in Amesbury town centre. This is not representative of sufficient access or choice to pharmaceutical provision, especially for the elderly, disabled, and the infirm.

1.8 Granting this application would secure better access to pharmaceutical provision for a large new population. The elderly, disabled, and infirm are likely to find the proposed pharmacy significantly more accessible than their alternative choices.

1.9 An increase in local pharmacy capacity and improved choice to meet the needs of the local population.

1.10 Better access to pharmaceutical services given the inability of current pharmaceutical provision to meet demand."

2 The Decision

The Commissioner considered and decided to refuse the application. The decision letter dated 22 August 2024 states:

2.1 "Bath and North Somerset, Swindon and Wiltshire ICB has considered the above application and I am writing to confirm that it has been refused. Please see the attached report for the full reasoning."

Any reference to 'Committee' in this section is not to be confused with the Pharmacy Appeals Committee of NHS Resolution

Extract from the South West Pharmaceutical Services Regulations Committee (PSRC) meeting of 1 August 2024

2.2 "The SW Committee noted:

2.2.1 The application is for Unforeseen Benefit with a best estimate address in the Archers Way/ Shears Drive/Evergreen Court, Amesbury, Salisbury SP4 7FR and neighbouring postcodes

2.2.2 There are two Boots pharmacies in Amesbury.

2.2.3 The location is within 1.6Km of a controlled locality, with three dispensing practices having a small number of dispensing patients within 1.6km of the postcode provided.

Preliminary Issues

Summary of the application:

2.3 The applicant is proposing to open Monday to Saturday for 40 Core Hours and 6.5 Supplementary Hours. The hours proposed are indicated below from section 3.1 and 3.2 of the application form:

Proposed core opening hours

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
09:00 – 13:00	09:00 – 13:00	09:00 – 13:00	09:00 – 13:00	09:00 – 13:00	Closed	Closed	40

14:00 – 18:00	14:00 – 18:00	14:00 – 18:00	14:00 – 18:00	14:00 – 18:00			

Total proposed opening hours

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
09:00 – 13:00 14:00 – 18:30	09:00 – 13:00 14:00 – 18:30	09:00 – 13:00 14:00 – 18:30	09:00 – 13:00 14:00 – 18:30	09:00 – 13:00 14:00 – 18:30	09:00 – 13:00	Closed	46.5

2.4 The applicant proposes to provide Essential services, advanced services and enhanced services but NOT appliances at section 4 of the application form.

2.5 The applicant states a floor plan for the proposed pharmacy will follow as this is pending from the shop fitters.

2.6 The applicant provides supporting information with the application form, describing the unforeseen benefit they are offering to secure, concluding:

"*provision. Simply put, Amesbury has outgrown its current pharmaceutical network and there is a need for another pharmacy. There is no longer reasonable choice to pharmaceutical provision within Amesbury.*

This lack of choice is felt especially by patients residing within Amesbury's new housing developments. Residents currently have 1.2 miles one way journey to access current pharmaceutical provision in Amesbury town centre. This is not representative of sufficient access or choice to pharmaceutical provision, especially for the elderly, disabled, and the infirm.

Granting this application would secure better access to pharmaceutical provision for a large new population. The elderly, disabled, and infirm are likely to find the proposed pharmacy significantly more accessible than their alternative choices."

Public Involvement / Representations

2.7 The SW Committee noted full details of the applicant's proposals were notified to various parties in accordance with the Regulations. Representations were received from:

2.8 Boots UK Limited submit that the application should be refused as it will not confer significant benefits on persons in the area of the relevant Health and Wellbeing Board which were not foreseen when the relevant PNA was published. Stating they are not aware that patients have any difficulty accessing their pharmacies in Amesbury or evidence to suggest there is a lack of reasonable choice or innovative approaches included in the application.

2.9 As far as we are aware, no supplementary statement highlighting the need for an additional provider in this locality has been produced.

2.10 In conclusion we submit that the application should be refused as it will not confer significant benefits on persons in the area of the relevant Health and Wellbeing Board which were not foreseen when the relevant Pharmaceutical Needs Assessment was published.

2.11 Community Pharmacy Swindon & Wiltshire noted the current PNA states 'adequate provision' and that there are two pharmacies in Amesbury and another in the next village. They have reflected that any new pharmacy would also face difficulty accessing medication, as medication shortages are a national issue. They have also included a note that there is currently intense pressure on recruitment and the funding model for Community Pharmacy being predicated on reducing the "clustering" of pharmacies, concluding:

2.11.1 *The current PNA recognised the anticipated increase in housing in each community area and concluded that it 'would not have a significant impact on provision of, or access to pharmaceutical services'. It did not anticipate that further provision would be required*.

2.12 The proposed benefits and improvements to service must be considered with regard to: reasonable choice; people with protected characteristics; and innovative approaches.

2.13 The applicant mentions that the development is nearly complete and no evidence has been provided that shows that the population have or will have problems accessing the existing network or local pharmacies. Stating that there is a need for a pharmacy in the development is not sufficient to meet the requirements of the regulations.

2.14 We are of the view that this application does not meet the required criteria for 'unforeseen benefits' detailed in the regulations.

2.15 A response was received from Wiltshire Health and Wellbeing Board noting they welcome the application as it provides improved choice, though they acknowledge no gaps have been identified in the PNA:

2.16 The Wiltshire Health and Wellbeing Board welcomes the application by Hetherby Ltd, noting that a new provider offers additional pharmaceutical service provisions, providing an improved choice of community pharmacy to our residents in Amesbury. This will complement the existing community pharmacies. Although no gaps have been identified in our current Pharmaceutical Need Assessment in the Amesbury area, the Wiltshire Health and Wellbeing Board welcomes and supports this application, although would also particularly welcome any possible expansion of an advanced and enhanced services offer, or services commissioned through Wiltshire Council Public Health in the future, which would widen the benefit to the community of Amesbury.

2.17 A further response was received from Councillor Devendran, Unitary Councillor – Amesbury West and Lead Councillor – Health and Wellbeing, Stonehenge Board Area.

2.18 The reason this news is particularly significant is because many of our residents, especially the elderly, are still facing challenges when it comes to accessing their medication. They often must endure long waits in queues and even travel outside of Amesbury to obtain their necessary medications or emergency drugs.

2.19 The Amesbury Town Council fully supports this application and is eager to see a Pharmacy established as soon as possible. We believe that the current Pharmaceutical Needs Assessment, which was published in 2022, does not accurately reflect the current situation on the ground. Our population has grown significantly since then, and the demand for accessible pharmacy services has increased accordingly.

2.20 The Leader of the Council Cllr Clewer has been very supportive and is keen to help me in this initiative of getting a new Pharmacy in Amesbury.

2.21 When comments are circulated to the applicant and interested parties the covering letter states:

2.22 Please note that any new information that you submit at this stage will have little or no weight placed upon it unless it can be demonstrated that you are presenting it in response to representations submitted by another party that you believe are not true or are incorrect.

2.23 The SW Committee satisfied that it was not necessary to hold an oral hearing to determine the application.

2.24 Regulation 31 [quoted in full]

2.25 There are no other contractors currently providing pharmaceutical services within the best estimate provided. The nearest pharmacy is 1.1 miles away (Boots Pharmacy Salisbury Street). The SW Committee was satisfied it is not required to refuse the application by virtue of Regulation 31.

Controlled Locality Issues

2.26 The location for the proposed pharmacy is not in a controlled locality but is within 1.6 Km of a controlled locality.

Unforeseen Benefits

2.27 Reg 18(1)(b) – Improvements or better access not included in the Pharmaceutical Needs Assessment.

2.28 Regulation 18 concerns 'Unforeseen Benefits' applications, which are applications where the improvements or better access that would be secured were or was not included in the relevant PNA. The current Wiltshire PNA can be found here: https://www.wiltshire.gov.uk/media/9936/Wiltshire-Pharmaceutical-Needs-Assessment-2022-2025/pdf/Wiltshire_Pharmaceutical_Needs_Assessment_2022-25_Aug_2022_UPDATE_FINAL.pdf?m=1665069661113. Annex 1A summarises the pharmaceutical services provision in the Corsham area (Pages 52-53).

2.29 The overall conclusion at the time the PNA was written can be found on page 6 with further detail on pages 48-49; no gaps were highlighted for Wiltshire:

2.29.1 Conclusion

2.29.2 Taking into account local demography and the provision of pharmaceutical services in Wiltshire, it is evident that there is adequate provision of such facilities. Services are accessible in a range of locations and in a variety of set ups.

2.29.3 Each locality .area has at least one community pharmacy within it, and the opening hours of these pharmacies generally reflect the population density. Although there is no requirement in the regulations around future service needs, here are some potential population changes anticipated during the lifetime of the PNA in regard to the relocation of military personnel and family, changes in primary care- provision (actual and potential) and anticipated population changes due to housing expansion in Wiltshire and South Swindon.

2.30 There has been 1 Supplementary Statement to the PNA issued – this was issued in May 2024 and relates to the closure of Boots in Warminster on 27/10/2023.

2.31 The applicant states within the supporting information that their application addresses the regulations to provide better pharmaceutical access and choice for residents of South Amesbury and the surrounding areas. They comment on the volume of new housing/facilities, distance from this area to the town centre provision and inability of current pharmaceutical provision to meet demand - stating the current population has outgrown its current pharmaceutical network concluding:

2.32 Granting this application would secure better access to pharmaceutical provision for a large new population. The elderly, disabled and infirm are likely to find the proposed pharmacy significantly more accessible than their alternative choices.

2.33 The SW Committee was satisfied that as the improvements or better access which the applicant is proposing to secure were not identified in the PNA, an 'unforeseen benefits' application is the correct type of application.

Reg 18(2)(a) – Would granting the application cause significant detriment to the proper planning or arrangements in place for provision of pharmaceutical services in this area

2.34 The ICB has no particular plans regarding pharmaceutical services in the area, so there can no detriment to such plans.

2.35 The SW Committee noted no evidence has been provided by interested parties, detailing the affect granting this application would have on existing providers. The representations received for this application hint at a possible detriment, however, no evidence has been provided to support this case.

2.36 The SW Committee was satisfied that granting the application would not cause significant detriment to the proper planning or arrangements in place for provision of pharmaceutical services.

Regulation 18(2)(g) – Whether the application presupposes that a gap in pharmaceutical services provision has been or is to be created as a result of a consolidation application

2.37 As no consolidation applications have been made relating to this part of Wiltshire the SW Committee was satisfied it was not required to refuse the application under regulation 18(2)(g).

Reg 18(2)(b)(i) – Significant benefit: Reasonable choice with regard to obtaining pharmaceutical services

2.38 The SW Committee noted a map showing the location of existing pharmacies in the area.

2.39 The SW Committee noted a list of pharmacies within the area of the best estimate, showing their opening hours and distances and noted a route map to the nearest pharmacy on foot, by car, public transport and the best estimate map.

2.40 The X4 bus route appears to run from this area every 30 minutes and the journey to the Boots at Salisbury Street is estimated to take 10 minutes, with a 2 minute walk to get to the pharmacy. (see map at Appendix B).

2.41 The Boots pharmacies within Amesbury dispense approximately 20,000 items per month combined, with the Stonehenge store dispensing more than the Salisbury Street until March of this year. Dispensing volumes from April 2023 to March 2024 are shown in the following table. (FHV94 = Stonehenge Walk, FAF69 Salisbury Street)

Integrated Care Board Code	(All)	Integrated Care Board Code	(All)
Integrated Care Board Name	(All)	Integrated Care Board Name	(All)
Contractor code	FHV94	Contractor code	FAF69
Row Labels	Sum of total dispensed items	Row Labels	Sum of total dispensed items
202304	10,124	202304	9,890
202305	11,076	202305	9,940
202306	10,352	202306	9,855
202307	10,082	202307	9,740
202308	9,838	202308	8,941
202309	9,401	202309	9,450
202310	9,107	202310	9,098
202311	10,230	202311	9,480
202312	9,106	202312	9,262
202401	9,917	202401	9,006
202402	8,824	202402	8,370
202403	9,208	202403	10,137
Grand total	117,265	**Grand total**	113,169

2.42 In relation to advanced services the following data has been collated from April 2023 to March 2024:

Service	FHV94	FAF69	Total
NMS	292	118	410
CPCS	92	190	282
Hypertension	15	0	15

2.43 The SW Committee noted the HWBs statement of support for the application, though it was noted there was no explanation for that support.

2.44 The SW Committee noted the high volume of feedback received form the local community, stating dissatisfaction with the current pharmacy providers in the area, including comments about queues. The SW Committee was aware that pharmacies everywhere are busy and there will be times when queues might happen: people who feel they have had a bad experience will likely raise their concerns but those who are content say nothing. It was noted this will be raised with the relevant providers by the Pharmacy Commissioning Team.

2.45 The SW Committee was of the view that patient dissatisfaction regarding medication shortages are a national issue and not something the opening of a new pharmacy would likely resolve. The SW Committee acknowledged the comments regarding queues

2.46 The SW Committee noted the SW Pharmacy Team have already been working with Boots to resolve negative feedback received from their customers. The SW Committee was of the view that where there may be evidence of poor performance, then that needed to be addressed directly with the provider and opening new pharmacies was not a default mechanism for dealing with poor performance. Feedback from the Pharmacy Team regarding staffing improvements at Boots in recent months was noted.

2.47 The SW Committee reflected that patients could access the Allied pharmacy that is 2.9 miles from the proposed site location as alternative provider to Boots. The Committee noted that if patients are unable to drive, they are able to use a bus to access this provision and there is always the option of a distance selling pharmacy. Patients are also able to access a large number of distance selling providers, who offer free home delivery.

2.48 The SW Committee noted the discussion around the volume of housebuilding. However, the Committee also noted that the PNA did not identify any gaps in Amesbury, nor was there any evidence of any significant change in Amesbury or that the volume of building in any way exceeded that which the PNA had taken account of.

2.49 The SW Committee concluded that there was already a reasonable choice in the context of a relatively rural area.

2.50 The SW Committee was of the view that because of the accessibility and proximity of the existing pharmacies by car, by bus or distance selling, that granting the application would not confer a significant benefit by way of access to, or choice of, pharmaceutical services.

Reg 18(2)(b)(ii) – Significant Benefit: Patients with a protected characteristic

2.51 In the supporting information the applicant references elderly, disabled people and the infirm being likely to find the proposed pharmacy significantly more accessible than their alternative choices.

2.52 The SW Committee noted little evidence has been provided of patients with protected characteristics having difficulty accessing services that meet specific needs for pharmaceutical services. The application hints at this benefit however no evidence has been provided to support this case.

2.53 The SW Committee concluded that granting the application would not confer significant benefits on people sharing a protected characteristic.

Reg 18(2)(b)(iii) – Significant Benefit: Innovative approaches to delivery of pharmaceutical services

2.54 No information has been provided by any party on this matter for the SW Committee to consider.

2.55 The SW Committee concluded that granting the application would not lead to significant benefits by virtue of innovation.

Overall Recommendation

2.56 The SW Committee determined that the application SHOULD NOT be GRANTED because:

2.56.1 Granting the application would not confer a significant benefit by way of access to, or choice of, pharmaceutical services.

2.56.2 Granting the application would not confer significant benefits on people sharing a protected characteristic.

2.56.3 Granting the application would not lead to significant benefits by virtue of innovation

Impact on dispensing patients

2.57 As the proposed pharmacy is within 1.6Km of a controlled locality the impact on any dispensing patients must be considered if the application is granted on appeal.

2.58 The SW Committee noted details of how many dispensing patients live within a 1.6km of the best estimate are displayed in the following table.

Practice	Dispensing	Non-Disp	Disp	Disp within 1.6km
Castle Street Practice	Yes	11,205	1108	14
Avon Valley Practice	Yes	4718	3801	12
The Old Orchard Surgery	Yes	3038	9244	7
			Total	33

2.59 Chapter 32 of the Manual states:

2.59.1 Periods of gradualisation should generally be no shorter than one month and, other than in exceptional circumstances, should last no longer than three months. Exceptional circumstances may include:

2.59.1.1 the loss by a dispensing practice of all its dispensing patients,

2.59.1.2 where the reduction in the number of dispensing patients would lead to staff changes or redundancies, or

2.59.1.3 where there is only one pharmacy within a 1.6km of the practice premises and that is the pharmacy that is opening and its ability to absorb former dispensing patients effectively needs to be staged over time.

2.60 No party has made any representations on the matter of gradualisation.

2.61 The SW Committee concluded that IF the application had been granted a 1 month period of gradualisation for the removal of patients from practice dispensing lists would have been appropriate.

Appeal Rights

2.62 The SW Committee agree the applicant will have appeal rights as the application is declined.

2.63 The Committee determined that had the application been granted the following practices would have had appeal rights against any gradualisation decision: Castle Street Practice, Avon Valley Practice, The Old Orchard Surgery."

3 The Appeal

In a letter dated 20 September 2024 addressed to NHS Resolution, Healthcare Plus Consulting Ltd on behalf of the Applicant appealed against the Commissioner's decision. The grounds of appeal are:

3.1 "Thank you for your letter dated 22nd August 2024 to my client. Hetherby Ltd have instructed us (Healthcare Plus Consulting Ltd) to act on their behalf for this appeal, please find an authorisation letter attached.

3.2 We would like to appeal the decision made in relation to the above unforeseen benefits application.

Appeal Body

3.3 We submit these appeal comments in addition to our original application [see Section 1 above] and further comments that were previously submitted to NHS England. We reattach these previous comments [see 3.29 below] for re-consideration by NHS Resolution.

3.4 We submit that in their decision NHS England has misdirected itself on a number of issues and deal with these in detail below:

3.5 Amesbury is a growing town in Wiltshire which also serves several surrounding villages. It has traditionally been served by the two Boots situated in the town-centre. Amesbury town centre is located in the North Westerly corner of Amesbury.

3.6 Per 2021 Census data, Amesbury houses 12,676 residents. This represents a 50% increase in population since the 2001 census, and a 22% increase in population since the 2011 census.

3.7 It is apparent that population growth in Amesbury has been rapid in years of late.

3.8 This is largely due to the King's and Archer's gate developments situated in the South of Amesbury which include the construction of 1600 homes alongside community amenities. These amenities include a Co-operative; a retail parade; a pub/ restaurant; a community building; two primary schools; playing fields; a care home; a sports pavilion; and a Skate Park.

3.9 All facilities have been built, with construction almost complete on the housing. The project spans over one-and-a-half decades and is responsible for the rapid population growth within Amesbury.

3.10 We note that there has been further construction since the 2021 Census, so to achieve a more up to date population figure we look at the patient list sizes of local GP Practices. Amesbury is served by two Doctor's surgeries namely: Barcroft Surgery and St Melor's House Surgery. The combined list size of these surgeries as of September 2023 was 17,309 patients. Whilst some of these patients will come from surrounding villages; it would not be unreasonable to suggest that the current population of Amesbury is approximately 16,000 residents. Thus, the population of Amesbury has almost doubled since 2001.

3.11 We also note that Amesbury is the closest town to Stonehenge, a UNESCO world heritage site which sees approximately 1.3 million visitors per year. It is one of the UKs most popular tourist attractions. Visitors of Stonehenge needing access to a pharmacy would likely utilise Amesbury, with those visitors that stay overnight also likely to stay in Amesbury. Even if 1% of visitors to Stonehenge required access to pharmaceutical provision this equates to 36 patients a day, or 1116 additional patients a month.

3.12 We submit that the current pharmaceutical network is unable to cope with the modern-day demands required of it. This evidence has previously been presented in google reviews, and in submissions from local residents in support of this application which show that the two Boots in the town-centre are not coping with this increased demand. Whilst NHS England acknowledge these issues in their report, they seemingly are trying to 'plaster over' them through discussions with Boots opposed to solving the underlying issue: Amesbury has outgrown its current pharmaceutical network. We also

note that Boots currently has a monopoly on provision within Amesbury and patients do not have choice of pharmaceutical provider and are forced to use a Boots for their pharmaceutical needs.

3.13 We submit that there has also been a significant population shift toward the South of Amesbury with all the construction. From the satellite image overleaf we have circled the Kings/ Archers Gate development in red. (see Appendix C)

3.14 From the above image the vast scale of the development in the context of Amesbury is palpable, with the development now being approximately a third of the size of Amesbury as a whole.

3.15 We can also see how Boscombe Road separates South Amesbury from the town-centre in the top left corner of the image. With residents near the proposed site experiencing 2.4- mile round journeys to access pharmaceutical provision. We do not consider this as representative of sufficient access or reasonable choice to pharmaceutical provision.

3.16 NHS England considered that the X4 bus constitutes sufficient access to pharmaceutical provision. We disagree with this statement and note that the X4 bus runs every 30 minutes and thus is infrequent. We do not consider a half an hour wait in cold/inclement weather for a return bus journey home as representative of reasonable access/ choice to pharmaceutical provision. The actual journey is also 15 minutes long. Assuming a patient lives opposite the bus stop, and accounting for travel times and waiting times, a round journey to this pharmacy could take 60 minutes (this will likely be longer for those who do not live outside the bus stop). This clearly is not representative of reasonable choice or access to pharmaceutical provision.

3.17 We also note that bus charges can present a cost barrier to accessing services. With the advent of Pharmacy First, patients are being encouraged to access pharmacies for minor ailments and general wellbeing advice. This is to identify and treat issues early without patients needing to consult the struggling primary care network. We submit that bus charges are a detriment to such services, and people may be deterred from accessing pharmaceutical provision due to these charges.

3.18 Indeed, a pharmacy at the Proposed Site would encourage residents of South Amesbury, especially those accessing the facilities on Archer's Gate, to access a pharmacy for these services as they go about their daily lives. Current pharmaceutical provision can only be found in the town-centre and thus people may not be minded to access this provision for what they perceive to be a minor condition due to the 2.4-mile round journey. Their condition in-turn may worsen and then require a GP appointment, adding pressure to the primary care network. However, we submit that a pharmacy at my client's proposed site will encourage residents to access advice and minor ailments services and in-turn treat issues early, cure the patient, and prevent them from placing further strain upon the primary care network.

3.19 We also note that those accessing pharmaceutical provision in Amesbury town-centre would likely utilise Central Car Park, which is a paid car park. Again, we submit that car parking charges may deter residents from accessing pharmaceutical provision frequently, and thus represents a barrier to access.

3.20 In their report, NHS England suggest that Allied Durrington represents reasonable choice to pharmaceutical provision. This pharmacy is a 5.4-mile round journey from the proposed site. For those that access pharmaceutical provision by foot this journey is clearly inaccessible. For those that access pharmaceutical provision by bus, this pharmacy can be reached via the X4 bus service. However, as previously mentioned,

this bus service is infrequent and only accessible every half an hour. The actual journey is also 21 minutes long. Assuming a patient lives opposite the bus stop, and accounting for travel times and waiting times, a round journey to this pharmacy could take 1 hour 12 minutes (this will likely be longer for those who do not live outside the bus stop). This clearly is not representative of reasonable choice or access to pharmaceutical provision.

3.21 NHS England also claim that Distance Selling Pharmacies (DSPs) represent reasonable choice to provision. We contest this submission and note DSPs cannot provide the NHS services suite that a bricks-and-mortar pharmacy can provide. DSPs do not provide reasonable choice to pharmaceutical provision for those in need of urgent medication, and the internet can also be a barrier to access in utilising DSPs.

3.22 We also submit that NHS England have failed to consider the topography of Amesbury, and the difficulty that patients will have in accessing pharmaceutical provision by foot from the proposed site. As previously highlighted, the hill on Boscombe Road presents a barrier to accessing pharmaceutical provision. The hill is continuous for a length of approximately 330 metres, with the gradient averaging 6.7% or 1 in 15.

3.23 For context, guidance states that a disabled access ramp should have a gradient of no more than 1 in 20 for a maximum ramp length of 10 metres. Given this hill is not only steeper but also significantly longer than such a ramp, it can be concluded that this presents a clear barrier to access for those who wish to walk to access pharmaceutical provision.

3.24 This is even more pertinent when we consider that 42% of respondents to the Wiltshire PNA survey highlighted that they usually walk or cycle to access a pharmacy (Wiltshire PNA, pg.34). Clearly the hill on Boscombe Road is a barrier to this.

Conclusion

3.25 We submit that NHS England have failed to properly evaluate Regulation 18 and the fundamental question within the Regulation: does the application provide 'improvements or better access to pharmaceutical services, or pharmaceutical services of a specified type in the HWB's area.'

3.26 We assert that this application does provide improvements or better access to pharmaceutical provision, through the geographical location proposed creating better access for the new population in South Amesbury, and to ease the pharmaceutical pressures that the two Boots in the town-centre currently face.

3.27 In conclusion, granting this application would secure better access and improvements to pharmaceutical services for residents of Amesbury, particularly South Amesbury. There is a need for a pharmacy to serve the elderly, disabled, and those with young children in this locality.

3.28 Regulation 18 has been met through all representations by my client and thus we invite NHS Resolution to grant my client's application."

In a letter dated 15 July 2024 to PCSE, Healthcare Plus Consulting Ltd stated:

3.29 "Thank you for your letter dated 2nd July 2024. We welcome comments from all local parties and respond to each party in turn below:

Wiltshire Health and Wellbeing Board (HWB)

3.30 We welcome the support from the Wiltshire HWB for this application. As authors of the Pharmaceutical Needs Assessment (PNA), the HWB are the best-informed authority as to whether pharmaceutical provision is required.

3.31 Hence, it is pleasing to hear that they to believe that granting this application would secure better access and improvements to pharmaceutical provision, as well as improved choice.

3.32 The HWB also include correspondence from Cllr Dr Monica Devendran, who highlights the struggles that the current pharmaceutical network faces, largely due to the significant population increase that Amesbury has seen over recent years. We submit that such population increase can directly be attributed to the large King's & Archer's gates developments that have been constructed within South Amesbury. The location of the proposed pharmacy will directly address the health needs of this significant new population and ease pressures on the overall pharmaceutical network within Amesbury.

3.33 Correspondence from Cllr Devendran highlights that the ICB are in receipt of a number of complaints from local residents regarding current pharmaceutical provision. We trust that these concerns will be taken into account in any determination.

Local Pharmaceutical Committee (LPC)

3.34 We would like the committee to note that the LPC represents the interest of current pharmaceutical contractors. The LPC are inherently obliged to contest unforeseen benefits applications, in order to fulfil their responsibilities to current contractors. Hence, comments by the LPC are biased and should be read in such context.

3.35 The LPC mention the PNA and lack of identified need within this document. We highlight that an Unforeseen Benefits application is in its very nature, unforeseen, offering improvements or better access to pharmaceutical services not captured within the PNA.

3.36 Thus, comments by the LPC surrounding the PNA are widely irrelevant. We also point the LPC to the comments made by the HWB, authors of the PNA, who are supportive of this application despite not explicitly identifying a need in the PNA.

3.37 We also note that the LPC highlight that they are unaware of any evidence that residents find it difficult to access alternative pharmacies. We strongly contest this notion and highlight the struggles that current pharmaceutical network faces in our response to Boots below.

3.38 We would also like to highlight to both the LPC and the Committee the topography and geographical distribution of current pharmaceutical provision within Amesbury. Amesbury town centre, and all current pharmaceutical provision is situated in the North West corner of Amesbury. This is connected to Central/ East/ South Amesbury by Boscombe Road. It is worth noting that the proposed pharmacy will be more centrally located within Amesbury, providing better access for much of the population. It will also mean that many of the population will not have to navigate the steep hill on Boscombe Road in order to access pharmaceutical provision. This hill is continuous for a length of approximately 330 metres, with the gradient averaging 6.7% or 1 in 15.

3.39 For context, guidance states that a disabled access ramp should have a gradient of no more than 1 in 20 for a maximum ramp length of 10 metres. Given this hill is not only steeper but also significantly longer than such a ramp, it can be concluded that this

presents a clear barrier to access for those who wish to walk to access pharmaceutical provision.

Boots

3.40 Comments from Boots, much like that from the LPC, centre around the PNA and lack of identification of a need. Again, we would point Boots towards the comments made by the HWB, authors of the PNA, who are supportive of this application despite not explicitly identifying a need.

3.41 It is surprising that Boots are unaware of any patients having difficulty when trying to utilise pharmaceutical provision at either of their sites within Amesbury. A quick look at google reviews for both sites paints a very different picture.

3.42 The Boots Pharmacy situated at 40 Salisbury Street, Amesbury, SP4 7HD has an overall google review rating of 1.7/5 stars – this is amongst the worst google ratings we have ever seen for a pharmacy.

3.43 An excerpt of comments below from google highlights the issues that residents face: [see Appendix C].

3.44 We note that residents face “hour-long queues”, “bit of a wait”, “always a large queue and never enough staff”. We submit that hour long queues to access medication is not representative of reasonable choice or sufficient access to pharmaceutical provision, especially when this is considered within the context of the other Boots within Amesbury:

3.45 The other Boots Pharmacy in Amesbury, situated at Stonehenge Walk, Amesbury, SP4 7DB – also has poor google review ratings at 2.7/5 stars.

3.46 An excerpt of comments below from google highlights the issues that residents face here: [see Appendix C].

3.47 Again, residents cite “long queues out of the door”, “always have to queue inevitably to discover your prescription is either not ready or they don’t have the stock”, “have to wait outside 30 minutes before getting in the shop”. We highlight that having to queue outside for 30 minutes in inclement weather is not representative of reasonable choice or access to pharmaceutical provision.

3.48 It is clear that both Boots pharmacies in Amesbury suffer from long queues and a lack of medication. It is quite frankly astonishing that Boots purport to be “not aware of any patients having difficulty accessing our pharmacies”. We submit that the capacity troubles of both of these pharmacies stem from the King’s & Archer’s gate developments which have caused excessive pressure on the existing pharmaceutical network.

3.49 It is apparent that the Boots pharmacies are struggling to dispense medication in reasonable timescales. When we consider that this is an essential pharmaceutical service, it places question upon whether important additional services such as Pharmacy First are being adequately provided.

3.50 It is clear that granting this application would relieve the dispensing pressures felt by the current pharmaceutical network in Amesbury, as well as enabling a better roll out of other services such as Pharmacy First.

3.51 We would also like to highlight to the Committee that Boots currently have a monopoly on pharmaceutical provision in Amesbury. Several commenters from the google snips above have directly highlighted this issue:

"This is what happens when British governments allow monopolies to exist"

"Amesbury needs another chemist so they have some competition"

"manager doesn't seem to care that there are problems with the service"

3.52 We submit that patients are left with no choice but to access pharmaceutical provision at a Boots pharmacy and hence do not have reasonable choice to pharmaceutical provision.

3.53 Granting this application would improve access to pharmaceutical provision by introducing choice of a different pharmaceutical provider.

Conclusion

3.54 In conclusion, granting this application would secure better access and improvements to pharmaceutical services for Amesbury, especially for the new population residing within the King's & Archer's gates developments.

3.55 The support by the HWB and Cllr Devendran, as well as the original application, highlight how granting this application will secure improvements and better access to pharmaceutical services.

3.56 There is a need for a pharmacy situated more centrally within Amesbury, especially when we consider the massive development in the area as well as the barrier that the hill on Boscombe Road presents to much of the population.

3.57 The elderly, disabled, and the wider population are likely to find the proposed pharmacy significantly more accessible than their current choices. It would also introduce reasonable choice of a different pharmaceutical provider.

3.58 Hence, regulation 18 has been met and this application should be granted."

4 Summary of Representations

This is a summary of representations received on the appeal.

4.1 THE COMMISSIONER

4.1.1 "Thank you for your letter, received 7th October 2024, addressed to Mr Speight at Primary Care Support England (PCSE) enclosing a copy of the appeal as detailed above. The South West Pharmaceutical Services Regulations Committee (SW Committee) wishes to make the following comments on the appeal.

4.1.2 The SW Committee noted the relevant PNA does not identify any gaps or needs for Amesbury. The appellant describes large long-term developments in the area, however, this would have been known to the HWB when writing and publishing the PNA. If the need for pharmaceutical services had changed in an unanticipated way, then the HWB could have published a new PNA so it could change the conclusion.

4.1.3 The appellant claims that Distance Selling Pharmacies (DSP) cannot be considered as part of choice and they do not provide the same services as a "bricks and mortar" Pharmacy. As Primary Care Appeals will be aware, DSPs MUST provide all the same essential services, though without face to face contact. The SW Committee also took into account DSPs can offer advanced services and this can be done on site and many of the advanced services can be done remotely. As Primary Care Appeals will be aware distance selling pharmacies must have arrangements in place so they can communicate confidentially with a person via telephone (or other live audio link) and a live video link.

4.1.4 Regarding DSPs, as NHS Resolution will be aware, the Competition & Markets Authority (CMA), in March 2024 regarding the merger of Pharmacy 2 U and Lloyds direct, concluded that "many customers view visiting brick-and-mortar pharmacies as substitutable to obtaining POMs from a DSP". The SW Committee would respectfully suggest that the reverse must also be true, meaning a DSP is a valid choice that a patient could exercise. The SW Committee accepts that a DSP may not suit everyone, but it is a choice that patients could make and so their existence cannot just be ignored in determining pharmacy applications, as the appellant appears to suggest. The CMA's conclusion mentioned can be found at Full text decision.

4.1.5 The SW Committee noted the comments regarding performance and the negative reviews posted regarding the existing pharmacies but concluded there was insufficient evidence of a lack of choice or accessibility. The SW Committee would respectfully suggest that the granting of a new pharmacy application is not an effective way of performance managing existing contractors. It was noted the Community Pharmacy Commissioning Team will request a response from the two existing community pharmacies, regarding the concerns raised.

4.1.6 The SW Committee looks forward to receiving the Primary Care Appeals' decision in due course."

4.2 BOOTS UK LTD

4.2.1 "Thank you for your letter dated 7th October 2024 informing us of the above appeal.

4.2.2 We include a copy of our initial response as we stand by the comments made with regards [sic] to the original application. We do not believe that there is a need for a further pharmacy in this locality and therefore respectfully ask NHS Resolution to dismiss this appeal and uphold the original decision made by NHS England to refuse the application.

4.2.3 As you will see from our previous correspondence, we have 2 pharmacies in Amesbury. One on Salisbury Street, SP4 7HD and the other at Stone Henge Walk, SP4 7DB, who between them offer access to pharmaceutical provision 9.00 – 18.30 weekdays and 9.00 – 17.00 Saturdays. We note that the applicant is only offering opening on a Saturday until 13.00, whereas we are open until 17.00. This does not suggest that access will be improved by way of opening hours.

4.2.4 The Kings and Archers development has been ongoing for many years and would therefore have been known about at the time of writing the PNA. The Health & Wellbeing board considered the impact of increased housing in each

community area and concluded (on page 23) that the anticipated increase would not have a significant impact on provision of, or access to pharmaceutical services.

4.2.5 This is not a sudden increase in population. As the phases of the development have progressed, the population has increased with these phases, over many years.

4.2.6 We believe that residents in the housing development would still need to access the town for their main provisions. The GP's, Dentist and main shops are all close to our pharmacies.

4.2.7 We acknowledged the negative feedback received from the local community and have been working with the ICB to resolve their concerns. We have additional resource and a different store manager. We are not aware of any additional complaints since these changes have been made.

4.2.8 We do not believe that the appellant has provided any evidence of patients with protected characteristics in this locality having difficulty accessing provision. However, any patient who may have difficulties in travelling to a pharmacy will not necessarily find the proposed location any more accessible. For example, if a patient who has mobility issues and lives closer to the existing pharmacies, we fail to see how they will find a pharmacy at the proposed location more accessible. They may feel that an additional journey to the proposed location is one they cannot make.

4.2.9 There has also not been any evidence submitted to substantiate the claim that the hill on Boscombe Road is a barrier to access. Clearly, the 42% of patients who responded to the PNA survey who said that they walk or cycle to access a pharmacy, do not find the road a barrier.

4.2.10 We offer a delivery service for any patients who may wish to utilise it. We acknowledge that distance selling pharmacies cannot offer all of the services a traditional "bricks and mortar" pharmacy can, but it does provide additional choice, particularly to those who prefer to have their medication delivered.

4.2.11 In conclusion, we submit the application will not confer significant benefits on persons in the area that were not foreseen when the PNA was published and for these reasons we respectfully urge NHS Resolution to dismiss this appeal.

4.2.12 Please be aware that Boots UK Ltd may wish to attend any Oral Hearing that may be required in connection with this appeal."

In a letter to PCSE dated 13 June 2024, Boots UK Ltd stated:

4.2.13 "Thank you for informing us of the above application. Boots UK Limited wish to make the following comments:

4.2.14 We have 2 pharmacies offering access to pharmaceutical provision in Amesbury and the surrounding areas. Our closest to the application site being on Salisbury Street, Amesbury and the next on Stonehenge Walk, Amesbury. We are not aware of any patients having difficulty accessing our pharmacies, and the applicant has provided no evidence to suggest that patients who share a protected characteristic do not have access to services to meet any specific needs.

4.2.15 Furthermore, there is no evidence to suggest patients do not currently have access to a reasonable choice of pharmaceutical services or that the application is based on innovative approaches to the delivery of pharmaceutical services.

4.2.16 We believe that this application is very much predicated on the Kings and Archer's Gate housing developments. When considering the impact of housing developments on pharmaceutical provision across the Health & Wellbeing Board, the Wiltshire Pharmaceutical Needs Assessment, states on page 23:

4.2.17 *The anticipated increase in each community area over the next three-year period until 2025/26 would not have a significant impact on provision of, or access to pharmaceutical services. Wiltshire HWB will ensure that as part of the ongoing planning through the core strategy the provision of pharmaceutical services will be monitored. This PNA will be updated or supplementary statements will be issued when necessary.*

4.2.18 *In addition, the neighbouring authority Swindon Borough's Local Plan will increase housing by approximately 16,000 more dwellings by 2026. A proportion of these houses will be delivered close to the border of North-East Wiltshire. The Swindon HWB PNA states that Swindon HWB will monitor the development of major housing sites along its boundary with other Local Authorities to ensure that relevant Local Authorities can produce supplementary statements to their PNAs if deemed necessary.* [emphasis added by Boots UK Ltd]

4.2.19 As far as we are aware, no supplementary statement highlighting the need for an additional provider in this locality has been produced.

4.2.20 In conclusion we submit that the application should be refused as it will not confer significant benefits on persons in the area of the relevant Health and Wellbeing Board which were not foreseen when the relevant Pharmaceutical Needs Assessment was published.

4.2.21 Please be aware that we may wish to make further representations at a later stage and attend any oral hearing that may be held."

4.3 WILTSHIRE HEALTH AND WELLBEING BOARD

4.3.1 "Thank you for the opportunity to comment on the appeal. We have set out comments on whether granting the application would confer significant detriment or benefits under regulation 18 against the criteria below.

1. there being a reasonable choice with regard to obtaining pharmaceutical services in the area of the Health and Wellbeing Board:

4.3.1.1 Currently Amesbury is served by two pharmacies, both Boots and both in the same part of town. A choice of pharmacy, in terms of the brand of the provider, would require travel to a neighbouring town. This would not always be straightforward for those without a car or who find public transport difficult to access. Whilst no gap in provision is identified in the existing PNA we are in the process of reviewing the current PNA and more detailed analysis may identify a gap in provision. However, the existing PNA does not directly address the issue of reasonable choice and a reasonable person could conclude that a settlement the size of Amesbury would benefit from more than one provider being

physically present, especially if it were to serve a different part of town. This would be provided if the appeal were to be allowed.

2. people who share a protected characteristic (as listed in section 149(7) of the Equality Act 2010 - age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity) having access to services that meet specific needs for pharmaceutical services that, in the area of the Health and Wellbeing Board, are difficult for them to access, or

4.3.1.2 Amesbury has a higher proportion of people aged 65 and over receiving support to live independently through the provision of home care services than the rest of Wiltshire (24.5 per 1,000 compared to 17.7 per 1,000). This is a relevant consideration in providing improved access to a different part of town.

3. there being innovative approaches taken with regard to delivery of pharmaceutical services

4.3.1.3 No additional services have been highlighted in the application, although the council would welcome the opportunity to explore provision of the No Worries sexual health service through the applicant and residents would no doubt appreciate the delivery of other national initiatives such as Pharmacy First along with independent prescribing in due course.

4.3.2 We received additional representations from Cllr Monica Devendran, who is a local councillor in Amesbury, which are attached. She refers to comments submitted to PALS which focus on queue times, stock shortages, the need to collect fridge items in person when working during the day and apparent mistakes in existing pharmacies due to busyness.

4.3.3 These may be alleviated by providing reasonable choice through provision of an additional pharmacy."

Letter of support from Cllr Monica Devendran

4.3.4 "Hope this letter finds you well.

4.3.5 I am writing in formal support of the applicant Hetherby, who is appealing regarding ongoing issues with wait times and medication access at Boots Pharmacy.

4.3.6 PNA does not pose an accurate reflection of the ground reality as Amesbury has grown since the assessment was carried out in 2022.

4.3.7 Over the past couple of years, numerous residents have reached out to me to express concerns about prolonged wait times and the difficulties they face in accessing medications at our local pharmacy. Many have reported that delays are increasingly problematic. Additionally, the distance to Durrington Pharmacy has made access difficult for many, further compounding the issue.

4.3.8 Despite these ongoing concerns, Boots' performance has not shown improvement over the past 12 months.

4.3.9 The pharmacy appears unable to meet the growing needs of Amesbury, leaving residents feeling frustrated and underserved.

4.3.10 While internet pharmacies are presented as an alternative, they do not offer residents the opportunity to consult directly with a pharmacist, which is vital for addressing personal health concerns. This option also poses a barrier for residents who are unable to access the internet to order medications.

4.3.11 Please note that I have spoken to the Integrated Care Board (ICB) regarding the lack of pharmaceutical services and was tasked by the ICB to gather specific feedback from residents. I collected and submitted this feedback to PALS, documenting the challenges residents face due to the need for an additional pharmacy.

4.3.12 I kindly urge you to consider these issues and explore potential solutions to improve accessibility and service at Boots Pharmacy. The health and well-being of our community rely on dependable access to medications and professional guidance.

4.3.13 In closing, I would like to stress that Amesbury requires an additional pharmacy, as the current options cannot fully meet the town's growing demands."

5 Observations

5.1 HEALTHCARE PLUS CONSULTING LTD ON BEHALF OF THE APPLICANT

5.1.1 "Thank you for your letter dated 14th November 2024. We note the responses made by interested parties on my client's appeal and respond accordingly here.

Wiltshire Health and Wellbeing Board (HWB)

5.1.2 The HWB recognise the choice a different pharmaceutical operator would provide to Amesbury residents. The HWB are explicit in raising that the current PNA did not assess the issue of reasonable choice by way of pharmaceutical provider. As we have previously raised, the entire population is served by two Boots pharmacies; meaning Boots have a monopoly on the area. This monopoly has led to consistently poor service as highlighted in previous correspondence and will be elaborated on further below. There is a requirement for another pharmaceutical provider in Amesbury to provide market competition and choice to residents.

5.1.3 The HWB also note the beneficial location of the Proposed Site to the wider Amesbury population; also highlighting that Amesbury has a higher proportion of people aged 65 and over receiving support to live independently through the provision of home care services than the rest of Wiltshire (24.5 per 1,000 compared to 17.7 per 1,000).

5.1.4 The HWB enclose comments from Cllr Monica Devendran who highlights how the service issues and complaints with both Boots pharmacies has been ongoing now for a couple of years. Given this prolonged time period, we submit that it is clear that Amesbury has outgrown the current pharmaceutical network and there is a fundamental need for a third pharmacy.

5.1.5 Cllr Devendran also highlights how she has submitted direct feedback from residents on the challenges they face with pharmaceutical provision. We trust that the Committee will consider the feedback from these residents.

NHS South West Collaborative Commissioning hub

5.1.6 NHS South West appear to have placed undue weight on the choice that Distance Selling Pharmacies (DSPs) offer, citing the CMA decision. We reiterate whilst bricks-and-mortar pharmacies provide choice to DSPs, the converse is not necessarily true.

5.1.7 DSPs are not helpful in obtaining urgent medication, and this often causes issues to patients when GPs send urgent EPS scripts to DSPs. Those who have worked in a Pharmacy will know the panic and stress a patient endures in trying to get an urgent script 'back' that has been sent to a DSP. This stress, panic, and time endured trying to obtain the script obviously is not reasonable for someone who is sick and in need of urgent medication.

5.1.8 The internet can often be a barrier, especially to elderly patients who are unable to use technology. These patients can also get confused and sometimes require direct contact with a pharmacist every week to ensure that they are adhering to prescribed medication and understanding any changes in their medication. DSPs cannot provide this face-to-face contact for essential services. The Committee will be aware that DSPs must endeavour to provide any advanced/ enhanced service remotely and should only do face-to-face consultations should the Pharmacist decide there is a real need for a face-to-face consultation. It is worth noting that DSPs cannot provide the Acute Otitis Media Pharmacy First service at all.

5.1.9 For the services that DSPs do, on occasion, provide face-to-face, we submit that patients are likely to be uncomfortable accessing healthcare services on an industrial site. Thus, in reality, patients do not access DSPs face-to-face.

5.1.10 Additionally, DSPs have similar overheads to community pharmacy, but also must provide free delivery. Given that free delivery services often cause financial struggles for community pharmacies, it calls into question the long-term viability of DSPs. This is no better demonstrated by the 5-million-pound loss incurred by Pharmacy 2 U (The UK's largest DSP) in the year ending 2023. Clearly, such losses are unsustainable and thus we cannot view DSPs as providing reasonable choice/ alternatives to bricks-and-mortar pharmacies. We submit that it is clear that DSPs do not provide reasonable choice to provision.

5.1.11 NHS South West also suggest that: *"the granting of a new pharmacy application is not an effective way of performance managing existing contractors."* This is concurrent with the reasoning given in the initial refusal of my client's application. We submit that whilst there may be some merit to such reasoning, we note that when there have been performance issues for a number of years it is clear that any 'performance management programme' is not working and thus there is a need for a new pharmacy.

Boots

5.1.12 Boots highlight that the Kings and Archers gate developments would have been considered as part of the 2022 PNA. Whilst this may be the case, the clear difficulties that the current pharmaceutical network has faced over the

past couple of years would suggest that the HWB may have underestimated the impact of these developments on the Amesbury pharmaceutical network. This is as much confirmed by the HWB themselves, authors of the PNA, who are supportive of this application.

5.1.13 Boots highlight that residents in the development access the town for their main provisions. We would contest this statement. Whilst residents may have to access the town for provisions such as Dentists & GPs, residents still can access the majority of their provisions within the Archers/ Kings Gate Development.

5.1.14 The development has a large Co-Operative store where residents can do their weekly shop. There is also a hairdresser, a fish & chips shop, a Chinese takeaway, and a pub. These are all the amenities that residents could require on a week-to-week basis. We acknowledge that residents may make the occasional trip to the town centre to access the bank or other amenities; but these may not be regularly frequented.

5.1.15 We also note that the Boscombe Down military base is located adjacent to the proposed site. Managed by QinetiQ, the site employees in excess of 2000 people who work at the site. Clearly, a pharmacy at the proposed site would also provide better access to these workers. With the advent of Pharmacy First, we stress to the Committee the importance of having pharmaceutical provision situated within communities. Residents with minor ailments may not be minded to travel the 1.2- miles to the town centre to seek pharmacist advice on what they might perceive to be a minor condition. For some, their condition could worsen causing them to require a doctor's appointment or even a trip to A&E, putting greater strain on the already struggling primary care network. However, if a pharmacy was located at the proposed site, residents would be able to access pharmacist advice/ Pharmacy First in connection with other amenities they access as part of their daily lives, leading to better health outcomes. Indeed, prevention is one of the pillars of the NHS long term plan, but this cannot be done without accessible pharmacies within communities.

5.1.16 Boots highlight that they offer a delivery service – our understanding is that this service is not free. We also note that delivery is not an NHS commissioned service and thus can be withdrawn at any time.

Local Complaints

5.1.17 Boots continue to claim that they are unaware of any complaints regarding patient access, despite the points made by Cllr Monica Devendran, and the acknowledgement of issues by NHS South West. My client consulted the local population and received a number of emails highlighting the poor choice and access that residents face in Amesbury.

5.1.18 My client presents a number of emails/ letters received from the local population [see Appendix E]. My client would also highlight to NHS Resolution that it can be difficult to obtain the views of the elderly due to their age and the obstacles this can pose from a written and email perspective. Thus, in reality there are likely to be a much larger population who are struggling than represented in the emails below. The emails have been redacted for privacy reasons, however, we can provide unredacted versions confidentially, should NHS Resolution require these.

5.1.19 The Committee will note that some letters are of a differing format. This is because they were received a year ago and sent to Cllr Devendran. The Committee will see that the problems faced a year ago are still ongoing.

5.1.20 We encourage NHS Resolution to read all the emails/ letters presented in full and ensure they check the date of receipt for context, however, highlight a few that have been received below:

5.1.21 [C] (Email 4) who is a member of the local Patient Participation Group (PPG) writes: *"The current facilities are inadequate for the growing population of our town and many instances have proven they cannot cope with the current demand (indeed they have not been able to cope for the last 4-5 years).*

5.1.22 *Queues and waiting times for prescription medicines are often in the region of 30-40 minutes and sometimes after queuing for that length of time, often while suffering illness which is particularly difficult (especially for those within the more vulnerable spectrum) the medication required is unavailable.*

5.1.23 *I have been subject to a case of picking up a prescription (antibiotics) for a friend who is 75, only to find after a long queue that their particular antibiotics were "out of stock" and my friend has had to refer back to her doctor and go through the process of obtaining a new prescription all over again.*

5.1.24 *I have often heard of cases where people are having to go to other towns to gain medical supplies and in the worst case scenario (a friend who has Type 1 diabetes) has had to go the Salisbury Hospital to obtain emergency supplies, when she couldn't obtain her repeat prescription (insulin) due to lack of stocks. Imagine if you can't drive, which is particularly relevant to the more vulnerable in our society.*

5.1.25 *I personally have the need for travel sickness medication, which is "over the counter', but only at dispensing chemists (not at supermarkets etc). Again queues are often long, and supplies are often limited or non-existent. It is like living in a third world country, when you can't get basic over the counter medication. Indeed I took the opportunity to stock up on this and other over the counter medication on a recent holiday to Portugal, where services are excellent.*

5.1.26 *I am a member of the St Melor House Surgery Patient Participation Group (PPG) and while the surgery feels they cannot participate in a campaign for or against an additional pharmacy, as they are closely related to the Integrated Care Board (ICB), I feel I must comment as a member of their PPG.*

5.1.27 *Indeed, when I asked the question in May*:

5.1.28 ***Has the pharmacy dispensing improved in Amesbury and are waiting times still very poor?***

5.1.29 ***Their answer via email was:***

5.1.30 *Unfortunately, pharmacy dispensing has not improved and we are aware of long wait times. As a surgery we are limited to what we can do — we do raise this with the Integrated Care Board (ICB), which Monica (Deputy Mayor of Amesbury) has also done and has been pushing for another pharmacy in Amesbury.*

5.1.31 ***At the same time I asked: Are the Amesbury pharmacies any nearer offering the in pharmacy service for minor ailments and able to prescribe accordingly?***

5.1.32 *Their answer via email was: Yes, they can prescribe for minor ailments, but the ongoing wait times for a patient to be seen at the pharmacy means patients are phoning the surgery instead for same day triage, and possibly then taking their script elsewhere. We haven't seen a reduction in minor ailments at the surgery.*

5.1.33 *Indeed a comment at a meeting of the PPG today (eth November) heard that when talking about minor ailments within one of the Amesbury pharmacies, "There is no real confidentiality — the whole shop can hear just about every word".*

5.1.34 *To say the services offered by the two Boots chemists within our town are substandard, is a massive understatement and in a recent survey of the town, a high percentage of responses quoted that one thing they would like to see, is additional pharmacy facilities.*

5.1.35 *It is interesting to note that none of the ICB live in Amesbury and are therefore unlikely to have witnessed or suffered what the general public is having to put up with.*

5.1.36 *As there is now a provider willing to open an alternative branch, in what is likely to be a densely populated area away from the town centre, then please please let them proceed. You have to be very blinkered to not see the dire need for this extra facility."*

5.1.37 [C] highlights issues with long queues and difficulty obtaining medication has been ongoing for a number of years in Amesbury. She even highlights how a friend of hers has previously had to resort to obtaining emergency medication from Salisbury Hospital; this is clearly not representative of reasonable access or choice to provision.

5.1.38 [C] also highlights discussions within the PPG meetings where the surgery confirm that they have not had a reduction in minor ailment consultations, due to the queues at the current pharmacies. Evidently, Pharmacy First is not being delivered properly in Amesbury.

5.1.39 [G] (Email 7), a pensioner who suffers from arthritis, writes:

5.1.40 *"There is no doubt in my mind that Amesbury requires another Pharmacy. It is an outrage that Boscombe Down has now been carpeted with more houses yet no provision has been made for the extra inhabitants with regards to both Pharmacies or Surgeries.*

5.1.41 *As a pensioner who suffers with arthritis, I have had to endure standing outside the tiny pharmacy in Stonehenge Walk during the winter cold and rain for up to 45 minutes, totally exposed to the elements. There isn't even a canopy over the frontage! There are others much older than me who are a lot more ill and frail and have had to suffer far worse experiences than me!*

5.1.42 *I would also like to point out the unnecessary stress put upon the Pharmacy staff due to the limitations of their working environment. I have noticed that there appears to be quite a turnover of staff which I can only think is due mainly*

to the pressures put on them to perform to the best of their ability in poor circumstances where the mounting frustration of some customers can sometimes boil over. I do not condone it, but such circumstances can easily bring out the worst in people!

5.1.43 *If nothing else, we need a bigger and better Pharmacy capable of coping with the increased population numbers. A more preferable option in this case would be to use one of the larger premises in town rather than have yet another 'Turkish' barber which we need like a hole in the head!*

5.1.44 *So come on SWPA and please show some sense of proportion and stop throwing up barriers to stall what is a necessary public requirement!"*

5.1.45 [G] details his experience queueing outside in the rain whilst waiting 45 minutes to be served at the Boots on Stonehenge Walk. This is clearly not representative of reasonable choice to provision, especially for those groups who share protected characteristics like [G].

5.1.46 A couple (Email 10), both of whom are in their 70s, write:

5.1.47 *"Both myself and my wife are in our 70s and currently on repeat prescribed medication due to our underlying health issues. I regularly have to attend the pharmacy to collect medication every 4 weeks. The challenge I face every 4 weeks is as follows:*

5.1.47.1 time spent queuing appears to be getting longer each time

5.1.47.2 often there is insufficient stock to dispense my entire prescription meaning I have to return at a later date to collect the rest of my prescription and que again (this seems to me more often the case).

5.1.47.3 I'm unable to speak to the pharmacist to enquire what over the counter medication I'm able to take with my prescribed medication for minor illness because the pharmacist is too busy to speak to me, and advise me to speak to GP who is also very busy!

5.1.47.4 Limited over the counter stock in the pharmacy itself due to the small size of the pharmacy.

5.1.47.5 Amesbury is growing in size but the infrastructure such as pharmacies has not grown, making access to prescribed medication more difficult and longer queues, thus meaning more time stood outside queuing for my prescribed medication in the winter months.

5.1.48 *The current provision is clearly not adequate. I hope the ICB will reconsider there decision [sic],"*

5.1.49 This couple in their 70s describe their visit to a pharmacy in Amesbury as a 'challenge'.

5.1.50 Again, they detail long queues and often having to return to receive medication – which involves further queuing on the return trip. This is clearly not representative of reasonable access or choice.

5.1.51 They also detail how the Pharmacist is too busy to give out advice on medication; let alone provide a Pharmacy First consultation.

5.1.52 They attribute this poor service to the rapid growth of Amesbury, highlighting that pharmacy provision has not kept pace. They also note how queue appears to be increasing – we submit that this is likely due to the growing housing developments.

5.1.53 [G] (Email 15), who has repeatedly had cancer, notes:

5.1.54 *"This is just to give you my view, I am a regular user of Boots Pharmacy in Amesbury having had cancer 4 times I need regular medication. Every time, for the last 3 years, that I have been to collect my medication there has been long queues at Boots. It does not seem to matter what time of day or what day of the week it is always the same, queues.*

5.1.55 *It is the same at the second Boots Pharmacy having spoken to many people, being the organiser of The Amesbury veterans Brew & Banter group everyone one talks to have the same comment, Amesbury needs another Pharmacy. There is an urgent need for an other pharmacy whether it be in Amesbury centre or at Archers gate a new pharmacy is desperately required."*

5.1.56 We do not consider it reasonable for a cancer patient to suffer extensive queues whilst wanting to access pharmaceutical provision. This is clearly representative of poor pharmaceutical choice.

5.1.57 [K] (Email 21) who is a resident of the Archers Gate development:

5.1.58 *"We moved onto the Archers Gate estate in 2017, and immediately had problems getting prescriptions. Prescriptions could take up to 2 weeks to be ready for collection, then you could spend as much as 2 hours queuing to collect it at the pharmacy.*

5.1.59 *This has improved recently but you can still wait a week for prescriptions to be made up, and still have to queue to collect. I have tried the postal prescriptions over the years but have been let down by all of them at some time. If your medications don't arrive it is extremely difficult to speak to them to get the problem resolved. I have ended up having to go back to the GP and ask for a replacement prescription, putting more pressure on the GP' s Surgery. Another problem I have encountered was when my husband was taken ill last year I had to get family members to collect my prescriptions as I suffer with Rheumatoid Arthritis and I am unable to walk any distance or stand for any length of time, so getting into Amesbury to collect my prescriptions and stand in line to collect was not possible.*

5.1.60 *As Archers Gate and Kings Gate estate get larger, there will be more pressure put on the local pharmacies, is seems* [sic] *like a good decision to resolve this before it gets any worse. I know a number of people with health conditions whose lives would be made easier by having a local pharmacy and hope you can reconsider your decision."*

5.1.61 [K] highlights the issues with unreliability of delivery services from postal pharmacies. She also notes how it can takes 2 weeks for a prescription to be dispensed. She does note that there have been improvements recently, but there are still queues. One may take a cynical viewpoint in that improvements are only present as my clients application is in circulation; should this application be refused, poor historic service levels may resume at the Boots stores.

5.1.62 [K] also notes the difficulty she faces in accessing pharmaceutical provision in Amesbury town centre due to her Rheumatoid Arthritis and how a pharmacy on the Archers/ Kings gate development would provide better access to provision.

5.1.63 [R] (Email 28) who wrote the below a year ago to Cllr Devendran writes: *"I don't normally comment and wouldn't put myself out as 'one of those whingers' and I fully sympathies with the pharmacies, their staffing struggles and difficulties- however waiting two weeks for medication is a long time especially when at the end of the two week wait it is not ready. I reply on medications and this week had to take time off work to collect medications due to the opening hours being appalling for working people and the pharmacy having to shut early several times. My wife had tried to collect several times before too but it was not ready or the pharmacy was closed. We spent two hours trying to get my medication on Wednesday- one hour in the morning and one in the early evening with myself having to leave my job as a middle manager in a secondary school early to ensure I had my medication. If I miss anti-epileptic drugs I am at risk of seizures. I also take a large number of other medications for various conditions including diabetes (insulin) and Bipolar (antipsychotics) so all conditions which require timely medicating and it's not good enough anymore. I should not have to ask to unpaid time off work to collect medication.*

5.1.64 *I have never complained about the pharmacies and always give the required amount of time- but this is now a persistent issue. We need a pharmacy we can rely on to get the medications we need on time. (Especially when following their time requests). This is nothing to do with putting the staff down- they are amazing but they too deserve an extra peach so their workloads become manageable. Due to my working day and medications I cannot rely on postal pharmacies either as I am not at home to collect and have fridge items and sharp needles."*

5.1.65 [R] also notes the 2-week wait for prescriptions to be filled. The fact that residents have raised this recently and a year ago, demonstrate that this is an ongoing issue.

5.1.66 [R] details how he must take unpaid time off work to obtain medication from the Boots stores due to the long waiting times. It is not reasonable that a patient should have to take unpaid time off work to collect medication they need to survive – this is terrible choice to pharmaceutical provision.

5.1.67 He also highlights how he is unable to utilise DSPs due to his requirements for fridge items and sharps.

5.1.68 [I] (Email 40), who is a 78-year old resident of Archers Gate, writes:

5.1.69 *"I would love to see a pharmacy on Archers Gate. I am a 78 year old lady with stage 4 inoperable cancer. My closest pharmacy us a bus trip away in Amesbury. There are 2 Boots pharmacies there but one can only hold 3/4 customers at a time. This often results in standing in the rain, or hot sun, while already ill waiting to access the shop. Sometimes to find that the prescribed medication is out of stock. Thus resulting in going through the whole process again.*

5.1.70 *The second shop is a little bigger, but the same process often happens. These 2 shops were in existence years before Archers Gate and Kings Gate were*

built. I have no idea how many more families have moved since then but they must be in the high hundreds or thousands.

5.1.71 *We have very few facilities on Archers/Kings Gate. A doctors surgergy [sic], pharmacy, dentist would all be welcome"*

5.1.72 [I] highlights that she has to take a bus to access pharmaceutical provision in Amesbury, and then often queues outside in inclement weather conditions just to find that there Is no stock, and thus having to repeat the journey again.

5.1.73 As highlighted in previous correspondence, this journey can be an hour round-trip – without waiting times. Thus, it is entirely feasible that Ina could have a round trip to a pharmacy exceeding an hour and still come home and be without medication. This is clearly not representative of reasonable choice or access to provision, especially for a 78-year-old. A pharmacy at the proposed site would make this trip significantly less burdensome. For the benefit of the Committee, we have also categorised the complaints received in the email/ letters not mentioned above. These categories constitute:

5.1.73.1 Long Queues in accessing the current Boots Pharmacies in Amesbury

5.1.73.2 Capacity Issues faced by the Boots pharmacies in Amesbury

5.1.73.3 Growth of Amesbury in recent years

5.1.73.4 Poor Service by the Boots Pharmacies in Amesbury

5.1.73.5 Difficulty in accessing Boots Pharmacies in Amesbury by Car

5.1.73.6 Difficulty in accessing Boots Pharmacies in Amesbury by Foot

5.1.73.7 Difficulty in accessing advice/ Pharmacy First in the Amesbury Boots stores

Long Queues in accessing the current Boots Pharmacies in Amesbury

5.1.74 *"I am writing in support of the application for an additional pharmacy in Amesbury. I am in support of this application after so many negative personal experiences at the current boots.*

5.1.75 *As a result of the length of wait, rude and poor service, being shouted at by the pharmacist, medication not being in stock, generalised disorganisation…" (Email 8)*

5.1.76 *"It has always involved significant queuing time and frequently prescriptions haven't been processed when expected. I soon learned to phone in advance to check if items were ready...many times my calls went unanswered for hours." (Email 9)*

5.1.77 *"On nearly every visit I was met with lengthy queues out the door and around the street corner sometimes down by the fish and chip shop- this would be between 45 mins and 1 hour wait." (Email 17)*

5.1.78 *"If you really feel there is no need for another pharmacy in Amesbury, then I suggest on a cold rainy, windy morning or afternoon, you go and join the queue that can be 30 to 40 mins long, to get your prescription. Only to get there and*

quite often be told, its not ready, because they haven't had time to do it and could you come back in 20 to 30 mins when they hopefully will have it ready. Then you have the joy of joining the queue again." (Email 19)

5.1.79 *"I often wait in a queue for more than 30 minutes which can be very challenging for my health condition." (Email 24)*

5.1.80 *"They are understaffed and make mistakes with prescriptions. You often have to queue in both for considerable time and it's impossible to buy anything in the Salisbury St store as you have to join the long queue even if you're not getting a prescription." (Email 27)*

5.1.81 *"I have had to wait some 45 minutes on a number of occasions." (Email 29*)

5.1.82 *"The Stonehenge Walk Boots cannot cope with demand, queues regularly form outside the door along the footpath, which is far from ideal, especially in the winter." (Email 30)*

5.1.83 *"I have experienced long queues, been locked in 45 mins before closing time as there was no way everyone in the queue would be seen by closing time." (Email 32)*

5.1.84 *"I dread every month having to collect my 82 year old mum's repeat prescription especially during the winter months. I have queued outside in all weathers for up to 40 minutes at times alongside the sick, old and frail." (Email 33)*

5.1.85 *"The queuing times on both those pharmacies in Amesbury is awful and if you are elderly/and or ill, to stand outside to queue for up to 40 minutes is very unacceptable." (Email 35)*

5.1.86 *"GP prescribed some medication in tablet form. I went next door to Boots, waited in the queue for about 20mins to be told they only had capsules. I had to go back to the GP, the receptionist had to interrupt the GP for the script to be re written. Back to Boots waited another 15-20mins to be told they didn't have capsules in stock and the could get them in 48hrs." (Email 39)*

5.1.87 *"…Most of society appears to have returned to normal but the pharmacies in Amesbury are still struggling to cope with demand. I typically queue for 1 hour to collect my heart medication each month. The pharmacies often make mistakes, believing they haven't received prescriptions that the GP surgery say have been sent causing the patient to queue back and forth between the surgery and pharmacy. I believe this is due to the pharmacy being too busy to cope, and when you are not physically well this is very challenging. On one occasion I witnessed an elderly gentleman struggling to get his blood pressure medication and in the end he said it was too difficult so he wasn't going to bother taking it anymore. The lack of pharmacy facilities in Amesbury are literally putting peoples lives at risk." (Email 41)*

5.1.88 *"I truly believe that a chemist at Archers gate is a definite must. My son has regular meds and to queue two or three times a month just to see if meds are available is an utter nightmare. There has been times I have waited over an hour to be told there isn't any and to come back." (Email 42)*

5.1.89 *"The waiting time is unacceptable. I have waited over an hour to collect a prescription, as the queue was so long and the service so slow." (Email 42)*

5.1.90 *“The waiting time is unacceptable. I have waited over an hour to collect a prescription, as the queue was so long and the service so slow.” (Email 43)*

5.1.91 *“I have had some issues with getting my repeat prescription on time. I am a type one diabetic.” “I usually am in a queue for about half an hour at least and then will need to wait twenty minuets* [sic] *for my medication to be ready (despite giving them the seven working days*

5.1.92 *they suggest they need).” (Email 45)*

Capacity Issues faced by the Boots pharmacies in Amesbury

5.1.93 *“Both stores are small and there is little room for waiting.” (Email 3)*

5.1.94 *“Indeed a comment at a meeting of the PPG today (eth November) heard that when talking about minor ailments within one of the Amesbury pharmacies, “There is no real confidentiality — the whole shop can hear just about every word”.” (Email 5)*

5.1.95 *“Both boots branches are often seriously over subscribed and it feels that they cannot cope with the level of demand.” (Email 8)*

5.1.96 *“It's a tiny shop with wholly inadequate space for the number of staff it needs for the number of prescriptions it handles.” (Email 9)*

5.1.97 *“I would still suggest that the Stonehenge Walk branch needs to relocate to larger premises, or change how it works somehow, it's impossible to see how they can ever provide an adequate service without more space and staff.” (Email 9)*

5.1.98 *“The turnover of staff is very high and they clearly endure huge pressure and stress in trying to serve their customers, who are frequently pretty unimpressed by the time they eventually get served.” (Email 9)*

5.1.99 *“stocks usually kept too low, presumably as there is not enough space to keep adequate supplies.” (Email 13)*

5.1.100 *“In a bid to offset the demand on GPs, I popped in for advice on a benign issue but was asked rather publicly and openly in the store about my concerns.” (Email 14)*

5.1.101 *“The pharmacy itself is far too small” (Email 22)*

5.1.102 *“We only have the option of the two boots branches in Amesbury, both of which a regularly overwhelmed by demand or understaffed.” (Email 26)*

5.1.103 *“We have two small Boots neither of which is large enough to separate retail and pharmacy and, despite the efforts of the patient and helpful staff, there are frequently large queues.” (Email 29)*

5.1.104 *“The current two run by Boots, fails consistently in delivering an accurate service. They are understaffed and make mistakes with prescriptions.” (Email 27)*

5.1.105 *“Also, Boots the Chemist by the Barcroft Surgery is far too small” (Email 35)*

Growth of Amesbury in recent years

5.1.106 *"With more than 1,000 homes in the area, demand for pharmacy services has significantly increased, and the current facilities are often overwhelmed. The lack of sufficient pharmacy services places strain on existing providers, leading to longer wait times and reduced access to timely care for residents. A new pharmacy in the Archers Gate area would help distribute this demand more effectively." (Email 2)*

5.1.107 *"I am strongly in support of an additional pharmacy considering the growth in housing locally and the transient military population we have." (Email 8*)

5.1.108 *"It doesn't seem remotely plausible that the vastly increasing population of Amesbury will be adequately served by the existing situation." (Email 9)*

5.1.109 "*The 2 Boots pharmacies in Amesbury are totally inadequate to meet the demands of the town and its ever increasing population with all the new residential development in recent years." (Email 11)*

5.1.110 "Archers gate and Kingsgate have rapidly expanded the population of the town yet services remain woefully under matched." (Email 18)

5.1.111 "Amesbury has grown considerably in the last 10 years and also has a sizeable elderly population with all the health problems that tends to bring." (Email 29)

5.1.112 "We would like you to consider just how much the population has grown..in 2001 the population was 8,907....it was 12,995 in 2021 and now 2024 the population is 13,000." (Email 31)

5.1.113 "I haved [sic] *lived here 28 years and the growth of the town has not included additional medical facilities as promised." (Email 32)*

Poor Service by the Boots Pharmacies in Amesbury

5.1.114 *"when anyone does have a consultation, that means that customers waiting for prescriptions or others waiting for advice have to queue for even longer." (Email 3)*

5.1.115 *"To say the services offered by the two Boots chemists within our town are substandard, is a massive understatement and in a recent survey of the town, a high percentage of responses quoted that one thing they would like to see, is additional pharmacy facilities." (Email 5)*

5.1.116 *"As a result of the length of wait, rude and poor service, being shouted at by the pharmacist, medication not being in stock, generalised disorganisation and lack of my custom being to feel of any worth I have been forced to take my medication supplies to an online pharmacy because boots the monopolised the market and given me no choice." (Email 8)*

5.1.117 *"It has always involved significant queuing time and frequently prescriptions haven't been processed when expected. I soon learned to phone in advance to check if items were ready...many times my calls went unanswered for hours." (Email 9)*

5.1.118 *"Needs 7 days to supply prescriptions according to the notice displayed in the premises." (Email 11)*

5.1.119 *"I've personally had to wait, only to be told they can't give me my full prescription and that I will have to return another day." (Email 12)*

5.1.120 *"I'm totally fed up with having to queue, come back as they've closed or wait on many occasions for almost the whole month to get my regular prescription completed." (Email 13)*

5.1.121 *"I moved to Amesbury 3 years ago and my experiences with the boots pharmacy have been surprisingly underwhelming every time I've needed their services." (Email 14)*

5.1.122 *"The time for a repeat prescription to be processed and filled is currently two weeks at Boots in Stonehenge Walk." (Email 16)*

5.1.123 *"If an immediate prescription is required (ie from the doctor) there is normally a wait to hand it in and then another long wait while it is dispensed and checked. There are many occasions when medication is not available, or any substitute medication, and another visit is required." (Email 16)*

5.1.124 *"When i put in a prescription request in the early days I would receive it in about 3-4 working days. It is now about 5 – 10 days. This is not helpful when some medications are only prescribed 7 days at a time." (Email 20)*

5.1.125 *"I collect a number of repeat prescriptions every month and have ongoing health problems. The current pharmacy provision in Amesbury is very inadequate." (Email 23)*

5.1.126 *"Sometimes I have been sent to and fro between pharmacy and GP chasing up a prescription, only to find out it was at the pharmacy all along. I have witnessed another patient saying they aren't going to bother taking their blood pressure medication because it's too difficult to get the pills in this situation - this puts their life at risk." (Email 24)*

5.1.127 *"A lack of asthma inhalers on numerous occasions" (Email 32)*

5.1.128 *"I have also experienced long waits for urgent medication such as antibiotics which were needed urgently and don't even bother trying to phone either of the boots pharmacies by phone as they never answer due to aforementioned queues out of the door usually." (Email 37)*

5.1.129 *"The pharmacies often make mistakes, believing they haven't received prescriptions that the GP surgery say have been sent causing the patient to queue back and forth between the surgery and pharmacy." (Email 41)*

5.1.130 *"On one occasion I witnessed an elderly gentleman struggling to get his blood pressure medication and in the end he said it was too difficult so he wasn't going to bother taking it anymore. The lack of pharmacy facilities in Amesbury are literally putting peoples lives at risk." (Email 41)*

5.1.131 *"My partner has a thyroid condition and requires regular medication. She has the prescription sent to Boots and, as she is a schoolteacher, I collect it. I cannot count the number of times I have gone in on the next day, after being*

told by the doctor that it would be ready later that day, to find that it still wasn't ready." (Email 43)

5.1.132 *"I recently injured my rotator cuff and was prescribed three different preparations. When I went to collect them, I was only given two, with instructions to phone the next day, before collection. I phoned the next day and the day after and again the day after that. After the weekend my shoulder had healed enough to not need my prescription." (Email 43)*

5.1.133 *"Being a type one diabetic I rely on insulin as life support. Without insulin I would die. For the last year I have had issues with ordering and collecting my insulin and supporting tablets. Each time the doctor surgery and the pharmacy blame each other using lack of communication as an excuse." (Email 45)*

Difficulty in accessing Boots Pharmacies in Amesbury by Car

5.1.134 *"Accessibility Issues: The current pharmacies are located on the high street, where parking restrictions and frequent traffic congestion make them difficult to access, especially for individuals with mobility challenges or parents with young children. Archers Gate, with its larger residential area, would be a more convenient location with fewer access barriers." (Email 2)*

5.1.135 *"The pharmacies aren't themselves the only issue, requiring all the residents of the new housing estates to travel (mostly by car) will put further strain on parking in the town centre and the levels of traffic, as well as environmental impacts such as air quality." (Email 9)*

5.1.136 *"The ones in town are not very accessible for parking etc and a lot of time is taken up just driving there and trying to park." (Email 37)*

5.1.137 "And parking at the new pharmacy location would be a must." (Email 37)

Difficulty in accessing Boots Pharmacies in Amesbury by Foot

5.1.138 "The residential estate and surrounding areas comprise over 1,000 homes, and Amesbury town center [sic] *is approximately a 10-minute drive or a 30-minute or more walk away." (Email 2)*

5.1.139 "I have to walk twenty minuets [sic] *a way up and down a hill to get to the local pharmacy. I do not have enough money to get a bus to and from every time I need to go especially with how many times I return without my medication ready or the right medication." (Email 45)*

Difficulty in accessing advice/ Pharmacy First in the Amesbury Boots stores

5.1.140 *"An additional pharmacy could also reduce the demand on other healthcare services, as timely access to medications and advice often prevents unnecessary GP appointments or emergency visits." (Email 2)*

5.1.141 *"There are also those of us who would like to consult a pharmacist rather than wait for a GP appointment but are put off from doing so by the queues, and when anyone does have a consultation, that means that customers waiting for prescriptions or others waiting for advice have to queue for even longer" (Email 3)*

5.1.142 *"In a bid to offset the demand on GPs, I popped in for advice on a benign issue but was asked rather publicly and openly in the store about my concerns. When I mentioned that I felt the need to discuss this in private, I did a walk of shame past the (inevitable) queue of people listening to a disgruntled pharmacist explain that this is going to hold up getting their prescriptions ready. The whole process was awful and I felt like a right inconvenience." (Email 14)*

5.1.143 *"The queues at the pharmacy are always long, and I now no longer bother going to an Amesbury pharmacist for advice." (Email 20)*

5.1.144 *"As the government encourage pharmacies to provide more clinical services to alleviate pressure on GPs it will be more challenging to obtain prescriptions and access self help/ over the counter advice." (Email 24)*

5.1.145 *"I'm unable to speak to the pharmacist to enquire what over the counter medication I'm able to take with my prescribed medication for minor illness because the pharmacist is too busy to speak to me, and advise me to speak to GP who is also very busy!" (Email 10)*

5.1.146 *"As a fellow healthcare professional increasingly we are advising patients to seek consultation with a pharmacist and I am quite confident that boots in Amesbury will/ are not able to meet this demand." (Email 8)*

Overall Analysis

5.1.147 From the letters received from the public and previous correspondence we make the following observations:

5.1.147.1 It is clear that the Boots pharmacies in Amesbury are struggling to cope with the demands placed upon them due to the population growth in recent years. This has led to people often queueing for upwards of half an hour

5.1.147.2 Both Boots are relatively small in size meaning sometimes patients are forced to queue outside in inclement weather

5.1.147.3 The small size of the Boots pharmacies also means stockholding is poor, and residents often have to make a return visit to the pharmacies to collect their medication. Additionally, a 2-week lead time for prescriptions is not unusual

5.1.147.4 Parking can be an issue in the town centre, where both Boots pharmacies are currently located

5.1.147.5 The walk can be difficult for some residents of Archers/ Kings Gate to the town centre, especially when we consider that the hill on Boscombe Road has a gradient of 6.7% or 1 in 15

5.1.147.6 Patients feel uncomfortable asking for advice given how busy both Boots branches are. Thus, patients are deterred from engaging in the Pharmacy First service

Conclusion

5.1.148 We conclude that there is a strong body of evidence that demonstrates the Boots pharmacies in Amesbury are not coping with demand, likely due to the rapid population growth caused by the Archers/ Kings Gate developments.

5.1.149 These issues have been ongoing for a number of years and thus we submit that these are not simply performance management issues, but a fundamental need for a third Pharmacy in Amesbury.

5.1.150 The HWB, authors of the PNA, are also supportive of this application despite not explicity [sic] identifying a gap in provision.

5.1.151 We submit that granting this application will secure improvements and better access to pharmaceutical provision and thus meets the criteria for Regulation 18.

5.1.152 We invite the Committee to grant the application."

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