

**Form A (1)**

**Regulation  
5(2)**

**Application for Inclusion in the Pharmaceutical List to provide Pharmaceutical Services -  
Relocation or New Application.**

(Please Delete Words / Sections which do not apply)

TO: GRAMPIAN Health Board

**1 Applicant's Details**

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

I / We (name of person making the application) KENNETH MANSON

of (correspondence address and name of company if relevant)

Kemnay Pharmacy Ltd  
15 High Street  
KEMNAY  
Aberdeenshire  
AB51 5NB

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

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

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

\* Superintendent Pharmacist is: Kenneth Manson

**2. Premises Details**

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

Unit 2,  
Neighbourhood Centre  
Burnett Road  
Countesswells  
ABERDEEN  
AB15 8GW

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

already  
(i) Constructed 

Yes	
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(ii) already in our possession (lease or ownership) 

	No
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\*

**\*Head of Terms Agreement in Place**  
registered by the General Pharmaceutical Council in my / our  
\*\* (iii) name(s)

	No	
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If Yes, please state reference  
Number \_\_\_\_\_

If No, please give date of application for registration 01.04.2022

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

Name : Peter Manson

GPhC Registration Number: 2081890

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

### 3. Relocation Details

**(a) To be completed only by persons whose names are included in the Pharmaceutical List applying under Part 1(a)**

(i) The premises in the board's area from which I / we are currently provided pharmaceutical services are at -

(ii) The relocation is for the following reasons:

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

**(iii) To be completed only if the applicant considers relocation to be minor.**

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

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

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

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

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

**Part 4(a) - Additional Information. To be completed for the persons applying for minor relocation.**

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

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

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

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

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

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

**Please proceed to Part 5**

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

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

\* Head of Terms Agreement included with application

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

The 96m<sup>2</sup> shell unit has level access from the paved area external to the premises. The unit will be professionally fitted out to an exacting standard projecting an appropriate professional image and the unit will meet and exceed the pharmaceutical and clinical needs of the population of Countesswells.

The uncluttered pharmacy will have two private consultation rooms as well as a discreet consultation point.

All patients, customers and staff will be treated with respect in a non-discriminatory manner as is policy and practice within our other pharmacies.

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

The neighbourhood, which we intend to serve by way of providing pharmaceutical services can be simply defined as the distinct new settlement being built under the guise of the Countesswells Estate, which will evolve over time, but which currently extends to some 10Ha.

The settlement radiates from the Neighbourhood Centre where the proposed pharmacy will be located.

**\*Head of Terms Agreement is included with this application.**

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

There is currently no provision of pharmaceutical services within the Countesswells community.

The two closest communities which have a community pharmacy presence are Kingswells and Cults, which are too distant to safely access by foot.

- Kingswells is closest at 3km – a walking time of 35 minutes (Google Maps most direct route). This journey however, involves the potentially dangerous crossing of the very busy dual carriageway section of the A944 trunk road.
- Cults is more distant at 4.5km – a walking time of 51 minutes (google maps most direct route) via a twisting country road which has no provision for pedestrian passage.

There is no direct public transport link to either of these pharmacies – the nearest pharmacy accessible by public transport is within Aberdeen city centre.

(v) Describe the pharmaceutical services you will provide.

We propose to provide a fully comprehensive range of services as follows:

National Core Services – Dispensing of NHS Prescriptions, provision of Pharmaceutical Advice, Acute and Chronic Medication Services, Pharmacy First Plus Service, Public Health services including Smoking Cessation, EHC, Health Promotion, Gluten Free Foods Service and Stoma Service.

Locally Negotiated Services – Compliance Aid Provision, MAR Chart Provision, Influenza and Covid-19 Vaccination services, Substance Misuse and Ancillary services as required, NHS Travel Health services, Care Home Medication advice, Palliative Care, HepC Services, medicinal Waste Collection.

We will provide a free collection and delivery service for prescriptions. Alongside supplementary non NHS Travel vaccines and Healthy Living Advice.

We will aim to work closely with NHS Grampian and the local Health and Social Care Partnerships to provide the fullest levels of integrated patient care. Consultation space for other healthcare professionals will be made available if required.

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

01.07.2022

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

Monday – Friday 09:00 – 18:00  
Saturday 09:00 – 16:00  
Sunday - Closed

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

A joint 90 day public consultation along with NHS Grampian's Public Engagement Team was conducted from 28<sup>TH</sup> July 2021 – 25<sup>th</sup> October 2021. Due to restrictions imposed by the Covid-19 situation, engagement with the public was carried out utilising NHS Grampian's Public Involvement Network, Twitter, NHS Grampian's Facebook page, Countesswells Residents Facebook Group and a leaflet drop to all homes within the new community. Despite the limitations, 159 people participated in the online consultation, an excellent response relative to the size of the developing community.

The responses from the community were overwhelmingly positive (91%) in terms of appreciating the positive benefit to the neighbourhood in having a community pharmacy located within the community. Some 83% of respondents thought there were gaps in the existing provision of pharmaceutical services to the neighbourhood – this clearly demonstrates a need for the introduction of local services.

On the other side of the case – 10% of respondents felt the introduction of services would have a negative community impact – this may have been linked to a small minority of respondents who felt granting a contract for Countesswells might impact the viability of existing surrounding pharmacies – these pharmacies are outside the defined neighbourhood the new pharmacy seeks to serve, were viable before the new Countesswells Development was initiated, so should not be impacted.

In summary. The vast majority of respondents expressed a view that the proposed services would enhance the neighbourhood, that the proposed services were comprehensive and complete and that the proposed location within the community was appropriate.

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

**No**

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

5. I/We undertake to provide the services as detailed in this form and undertake to provide such of these services may be approved by the board in accordance with the terms of service for the time being in operation.

Signed

*Kenneth Manson*

Print Name

KENNETH MANSON

Date

20.01.2022



**Notes:**

1. An application on Form A(1) will be required by any person already included in or who wishes to be included in the pharmaceutical list to supply pharmaceutical services from additional or alternative premises. A person wishing to be included on the list to provide pharmaceutical services from premises already on the list should complete Form A(2).

2. *Please note that medicines cannot be dispensed from the premises until they are registered by the General Pharmaceutical Council. Although an application to be included in the pharmaceutical list can be considered in advance of such registration, registration details and any other information required but not given at the initial application stage must subsequently be provided on Form B before inclusion in the list is confirmed.*

3. *\*\* Premises need only be registered with the General Pharmaceutical Council if the intention is to dispense medicines from the premises.*

4. *\*\*\* Responsible Pharmacist details should be provided if full pharmaceutical services are being provided.*

5. *Payment cannot be made for NHS services provided before the date of entry in the pharmaceutical list recorded in Form C as issued by the Board.*

**Please return completed form to:**

**Primary Care Contracts  
NSH Grampian  
Westholme  
Woodend Hospital  
Queens Road  
ABERDEEN  
AB15 6LS  
Email: [gram.pcctpharmacy@nhs.scot](mailto:gram.pcctpharmacy@nhs.scot)**