Prior to the consideration of business, the Chairperson asked members if they had an interest in any of the applications to be discussed or if they were associated with any person who had a personal interest in the applications to be considered by the Committee.

No declarations of interest were made on any of the applications to be considered.

1. APOLOGIES

Apologies were received on behalf of Richard Duke and David Thomson.

2. MINUTES

The Minutes of the meeting held on Tuesday 8th August 2006 PPC[M]2006/04 were approved as a correct record.

3. ANY OTHER BUSINESS NOT INCLUDED IN AGENDA

NAP Letter to Health Board

The Committee, having previously received written notification of the
National Appeals Panel’s (NAP) correspondence with NHS Greater Glasgow & Clyde, learned from the Chairman the outcome of his meeting with the Chair and Vice Chair of the NAP.

Mr Robertson gave the Committee an overview of the NAP concerns. He explained that there had been a satisfactory outcome to the his meeting with agreement being reached that the Pharmacy Practice Committee would conduct oral hearings for all and any applications where the Committee had not considered previous applications for the area and where the arguments around the application had not been heard previously.

He reassured the Committee that the NAP had some level of sympathy with the situation in Glasgow where the volume of new applications received made the conducting of oral hearings for every application unreasonable. The NAP were however keen that oral hearings be conducted where at all possible.

After comprehensive discussion around the proposed new arrangements for new pharmacy applications, the Committee agreed that while the current regulations were in place they would conduct oral hearings as a matter of course unless the application had been considered previously or where there had been no change in circumstances since a previous application was considered.

The Chairman advised the Committee that the implications of this decision would require an increased commitment from members to address the volume of applications that were being received. With the Committee’s agreement, the Chairman undertook to include in his letter to Sir John Arbuthnott (Chair – NHS Greater Glasgow & Clyde), a request for the membership of the Committee to be extended to minimise the burden on existing members.

Janine and Trish undertook to develop a protocol for oral hearings that could be made available to applicants and interested parties. This protocol would include requests for written information in advance of the hearing, and an encouragement for those speaking to the application, to limit their presentation to between 5 and 10 minutes.

Applications Considered – 8th August 2006

Janine advised the Group that appeals had been lodged in relation to the following applications, considered by the Committee in August:

i) L Rowland & Co (Retail) Ltd – 275 Carntyne Road,, Glasgow G32.6;
ii) Houlihan Pharmacy Ltd – 911 Darnley Mains Road, Glasgow G53.7; and
iii) Mr Jim Rae – 56A Crosslee Crescent, Houston PA6.7.
Section 1 – Applications Under Regulation 5 (10)

4. APPLICATION FOR INCLUSION IN THE BOARD’S PHARMACEUTICAL LIST

Case No: PPC/INCL16/2006 - Boots the Chemist, 50 Crow Road, Glasgow G11.7

The Committee was asked to consider an application submitted by Boots the Chemist Ltd, to provide general pharmaceutical services from premises situated at 50 Crow Road, Glasgow G11.7 under Regulation 5(2) of the National Health Service (General Pharmaceutical Services) (Scotland) Regulations 1995 as amended.

The Committee had to determine whether the granting of the application was necessary or desirable to secure the adequate provision of pharmaceutical services in the neighbourhood in which the Applicants’ proposed premises were located.

The Chairman, Lay Members and Joint Lead Pharmacist - Community Pharmacy Development had previously received notice of the application, along with associated information including:

i) The application form and supporting statement;
ii) The map and information contained at Appendix 4 of the papers;
iii) Notification of decisions taken on previous applications received in respect of premises in the same post-code area; and
iv) Other information the Board felt was relevant to allow them to consider whether the application should be considered by oral hearing.

Having considered the information, the Chairman, Lay Members and Joint Lead Pharmacist - Community Pharmacy Development had agreed that it was not necessary to consider the application by oral hearing as previous applications had been considered in June 2000, June 2001 and October 2005.

The Committee, having previously been circulated with all the papers regarding the application from Boots the Chemist Ltd, agreed with the initial decision and reiterated that the application should be considered by the written representations.

Prior to the hearing, the Panel had individually made visits to the site at 50 Crow Road, Glasgow G11.7.

The Committee considered views and representations received from

a) Chemist contractors within the vicinity of the Applicant’s premises namely:
The Committee also considered:

c) The location of the nearest existing pharmaceutical services;

d) Demographic information regarding post code sectors G11.6 and G11.7;

e) Patterns of public transport; and

f) Greater Glasgow & Clyde NHS Board plans for future development of services;

**CONCLUSION**

The Committee noted that the Applicant had applied for inclusion in the Board’s Pharmaceutical List for the provision of pharmaceutical services from premises situated at 50 Crow Road, Glasgow G11.7. The premises were already constructed, and were in the possession of the Applicant. The Committee further noted that the Applicant wished to relocate to these premises from their initial premises situated at 368 Dumbarton Road, Glasgow G11.6.

In considering this application, the Committee was required to take into account all relevant factors concerning the definition of the neighbourhood served and the adequacy of existing pharmaceutical services in the neighbourhood in the context of Regulation 5(10).

The Committee noted that the National Appeals Panel had considered a similar application in February 2006 (this being the application considered by the Committee in October 2005). On that occasion, the NAP did not agree that the application was necessary or desirable and so refused the application.

The Committee noted the neighbourhood defined by the NAP and agreed that there had been no significant changes to the area that would cause them to define the neighbourhood differently. Accordingly, the Committee agreed the neighbourhood as being Broomhill Drive to the west, Turnberry Road to the north, Hyndland Street to the east and Dumbarton Road to the south.

Having reached that conclusion the Committee were then required to consider the adequacy of existing pharmaceutical services in that neighbourhood, and whether the granting of the application was
necessary or desirable in order to secure adequate provision of pharmaceutical services in that neighbourhood.

The Committee could find no evidence from either the Applicant’s statement in support, or from the comments made by the various consultees, to show that there had been any significant changes to the area that would cause them to come to a different conclusion from that reached by the NAP in February 2006.

Having regard to the overall services provided by the existing contractors within the vicinity of the proposed pharmacy, and the number of prescriptions dispensed by those contractors in the preceding 12 months, the Committee agreed that the neighbourhood was already adequately served.

In view of the above, the Committee concluded that the granting of an NHS Contract for the premises situated at 50 Crow Road, Glasgow G11.7 was not necessary or desirable in order to secure the adequate provision of pharmaceutical services in the neighbourhood in which the premises were situated.

In accordance with the statutory procedure the Chemist Contractor members of the Committee Gordon Dykes and Alasdair MacIntyre was excluded from the decision process:

DECIDED/-

The Committee agreed by unanimous decision that the granting of the application was not necessary or desirable, in order to secure the adequate provision of pharmaceutical services in the neighbourhood of the proposed premises and accordingly that the application seeking inclusion in NHS Greater Glasgow & Clyde’s Pharmaceutical List at 50 Crow Road, Glasgow G11.7 for the provision of general pharmaceutical services be refused.

The chemist contractor members of the Committee rejoined the meeting at this stage.

5. AMENDMENT TO MODEL HOURS OF SERVICE

i) Case No: PPC/ALT03/2006 – M Farren Ltd (Pharmacies), 133 Main Street, Glasgow G66.7.

The Committee were asked to consider an application submitted by M Farren Ltd (Pharmacies), seeking an alteration to the hours of service recorded in the Pharmaceutical List for the pharmacy situated at 133 Main Street, Lennoxtown, Glasgow G66.7

In considering the application in accordance with Regulation 8(3) of the National Health Service (General Pharmaceutical Services) (Scotland)
Regulations 1995 as amended, the Committee had to determine whether the alteration of hours would affect the adequacy of services in the neighbourhood in which the premises were located.

While the Committee recognised that the applicant had apparently been providing their current hours of service for a considerable period of time, it nonetheless agreed that these were outwith the hours required by the Model Hours of Service scheme. The Committee were aware that all contractors who were currently deemed to be providing services outwith the current Model Hours Scheme had been contacted and asked to submit their plans to bring their hours of service in line with the Scheme. Of the ten that had been contacted, seven had immediately amended their hours in accordance with the Scheme. Taking this into consideration, the Committee concluded that they could not approve this application given the effort put in by other contractors to adhere to the scheme. The applicant should be requested to reduce the lunch time closing in line with the Model Hours of Service Scheme.

**DECIDED/-**

That the application is refused and the Applicant urged to provide hours in line with the current Model Hours of Service Scheme.

ii) **Case No: PPC/ALT04/2006 – Stepps Pharmacy, 140 Cumbernauld Road, Glasgow G33.6.**

The Committee were asked to consider an application submitted by Stepps Pharmacy, seeking an alteration to the hours of service recorded in the Pharmaceutical List for the pharmacy situated at 140 Cumbernauld Road, Glasgow G33.6.

In considering the application in accordance with Regulation 8(3) of the National Health Service (General Pharmaceutical Services) (Scotland) Regulations 1995 as amended, the Committee had to determine whether the alteration of hours would affect the adequacy of services in the neighbourhood in which the premises were located.

While the Committee recognised that the applicant had apparently been providing their current hours of service for a considerable period of time, it nonetheless agreed that these were outwith the hours required by the Model Hours of Service scheme. The Committee were aware that all contractors who were currently deemed to be providing services outwith the current Model Hours Scheme had been contacted and asked to submit their plans to bring their hours of service in line with the Scheme. Of the ten that had been contacted, seven had immediately amended their hours in accordance with the Scheme. Taking this into consideration, the Committee concluded that they could not approve this application given the effort put in by other contractors to adhere to the scheme. The applicant should be requested to reduce the lunch time closing in line with the Model Hours of Service Scheme.
The Committee noted the applicant's comments around the perceived restriction on hours of service and responded that the Model Hours of Service scheme served to ensure the provision of services over core hours. Contractors were free to provide hours of service over and above this in response to local demand. In considering comments made by the applicant, the Committee would welcome any indication that he would extend his closing hours to meet the apparent demand within his area.

**DECIDED/-**

That the application is refused and the Applicant urged to provide hours in line with the current Model Hours of Service Scheme.

iii) **Case No: PPC/ALT05/2006 – Boots the Chemist, Block 6 Fort Retail Park, Auchinlea Road, Glasgow G33.5**

The Committee were asked to consider an application submitted by Boots the Chemist, seeking an alteration to the hours of service recorded in the Pharmaceutical List for the pharmacy situated at Block 6 Fort Retail Park, Auchinlea Road, Glasgow G33.5.

In considering the application in accordance with Regulation 8(3) of the National Health Service (General Pharmaceutical Services) (Scotland) Regulations 1995 as amended, the Committee had to determine whether the alteration of hours would affect the adequacy of services in the neighbourhood in which the premises were located.

The Committee noted the applicant's comments around this request, and while having a degree of sympathy around the reasons given, reiterated that the proposed opening time was outwith the hours required by the Model Hours of Service scheme. The Committee welcomed the contractor’s provision of extended hours, however agreed that the granting of the request was not desirable when the Model Hours of Service Scheme provided core hours giving patients confidence that pharmacy services were provided by all contractors within this framework. The Committee concluded that they could not approve this application given the effort put in by other contractors to adhere to the scheme. The applicant should be requested to commence the provision of services in line with the Model Hours of Service Scheme.

**DECIDED/-**

That the application is refused and the Applicant urged to provide hours in line with the current Model Hours of Service Scheme.

6. **MATTERS CONSIDERED BY THE CHAIRMAN**

Minor Relation of Existing Pharmaceutical Services
i) **Case No: PPC/MRELOC04/2006 – Boots the Chemist, 368 Dumbarton Road, Glasgow G11.6**

The Committee considered the action taken by the Chairman on an application for a minor relocation of a NHS Dispensing contract currently held by Boots the Chemist, at the above address.

The Committee noted that the application did not fulfil the criteria for a minor relocation under Regulation 5 (4) of the National Health Service (General Pharmaceutical Services) (Scotland) Regulations 1995 as amended.

The Committee noted that the Chairman had refused the application, having been satisfied that the application did not fulfil the requirements laid down in the Pharmaceutical Regulations.

ii) **Case No: PPC/MRELOC06/2006 – Lloydspharmacy, 1421 Maryhill Road, Glasgow G20.9**

The Committee considered the action taken by the Chairman on an application for a minor relocation of a NHS Dispensing contract currently held by Lloydspharmacy, at the above address.

The Committee noted that the application fulfilled the criteria for a minor relocation under Regulation 5 (4) of the National Health Service (General Pharmaceutical Services) (Scotland) Regulations 1995 as amended.

The Committee noted that the Chairman had granted the application, having been satisfied that the application fulfilled the requirements laid down in the Pharmaceutical Regulations.

iii) **Case No: PPC/MRELOC07/2006 – Apple Pharmacy, 1056 Argyle Street, Glasgow G3.8**

The Committee considered the action taken by the Chairman on an application for a minor relocation of a NHS Dispensing contract currently held by Apple Pharmacy, at the above address.

The Committee noted that the application fulfilled the criteria for a minor relocation under Regulation 5 (4) of the National Health Service (General Pharmaceutical Services) (Scotland) Regulations 1995 as amended.

The Committee noted that the Chairman had granted the application, having been satisfied that the application fulfilled the requirements laid down in the Pharmaceutical Regulations.

**DECIDED/-**

That the Chairman's action in approving the above applications in accordance with Regulation 5(3) of the National Health Service
Transfer of NHS Dispensing Contract Where a Change of Ownership has Taken Place

Case No: PPC/CO01/2006 – R B Macrae Ltd, 66 St Vincent Terrace, Glasgow G3.8

The Board received an application from L G Pharmacy Ltd for inclusion in the Board’s Pharmaceutical List at the pharmacy previously listed as R B Macrae Ltd, at the address given above with effect from 26th October 2006. The trading name of the pharmacy will be L G Pharmacy.

The Committee was advised that the level of service was not reduced by the new contractor and that the new contractor was suitably registered with the Royal Pharmaceutical Society of Great Britain.

Given the above, the Chairman agreed that the criteria required by the Regulations were fulfilled, and accordingly approved the application.

DECIDED/-

That the application is refused and the Applicant urged to provide hours in line with the current Model Hours of Service Scheme.

7. NATIONAL APPEALS PANEL DETERMINATIONS

The Committee having previously been circulated with Paper 2006/34 noted the contents which gave details of the National Appeal Panel’s determination of appeals lodged against the Committee’s decision in the following cases.

Mr N Ahmad – 10 Newdyke Road, Glasgow G66.2

The Committee noted that the National Appeals Panel had rejected the appeal submitted against the PPC’s decision to grant Mr N Ahmad’s application to establish a pharmacy at the above address. As such Mr Ahmad’s name had been included in the Board’s Provisional Pharmaceutical List, and general pharmaceutical services would commence later this year.

NOTED/-

8. ANY OTHER COMPETENT BUSINESS

There was no other competent business.

9. DATE OF NEXT MEETING
Scheduled for Wednesday 22nd November 2006 at 11.30am, Meeting Room, Queens Park House Langside Road, Glasgow G42. Members should meet at 9.30am for site visit.

The Meeting ended at 3.00pm
NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (06)
Minutes of a Meeting held on
Wednesday 22nd November 2006
in the Meeting Room, Queens Park House, Langside Road
Glasgow, G42

PRESENT:
Andrew Robertson Chairman
Patricia Cox Lay Member
William Reid Deputy Lay Member
Prof W J McKie Deputy Lay Member
Mrs Kay Roberts Non Contractor Pharmacist Member
Gordon Dykes Contractor Pharmacist Member

IN ATTENDANCE
Trish Cawley Contractor Services Supervisor
Janine Glen Contractor Services Manager
Robert Gillespie Joint Lead Pharmacist – Community Pharmacy Development

Prior to the consideration of business, the Chairperson asked members if they had an interest in any of the applications to be discussed or if they were associated with a person who had a personal interest in the applications to be considered by the Committee.

No declarations of interest were made.

1. APOLOGIES
There were no formal apologies.

2. ANY OTHER BUSINESS NOT INCLUDED IN AGENDA
There was no other business.

Section 1 – Applications Under Regulation 5 (10)

3. APPLICATION FOR INCLUSION IN THE BOARD’S PHARMACEUTICAL LIST

Case No: PPC/INCL17/2006
Mr Tejinder Bhopal, 50 Lyoncross Road, Glasgow G53.5

The Committee was asked to consider an application submitted by Mr Tejinder Bhopal, to provide general pharmaceutical services from premises which situated at 50 Lyoncross Road, Glasgow G53.5 under Regulation 5(2) of the National Health Service (General Pharmaceutical Services) (Scotland) Regulations 1995 as amended.

The Committee had to determine whether the granting of the application
was necessary or desirable to secure the adequate provision of pharmaceutical services in the neighbourhood in which the applicant’s proposed premises were located.

The Committee, having previously been circulated with all the papers regarding the application from Mr Bhopal, agreed that the application should be considered by oral hearing.

The hearing was convened under paragraph 2(2) of Schedule 3 to the National Health Service (General Pharmaceutical Services) (Scotland) Regulations 1995 as amended (“the Regulations”). In terms of this paragraph, the PPC “shall determine an application in such a manner as it thinks fit”. In terms of Regulation 5(10) of the Regulations, the question for the PPC is whether “the provision of pharmaceutical services at the premises named in the application is necessary or desirable to secure adequate provision of pharmaceutical service in the neighbourhood in which the premises are located by persons whose names are included in the Pharmaceutical List.”

The Applicant was represented in person by Mr Tejinder Bhopal (“the Applicant”), assisted by Mr John McGinley. Interested parties who had submitted written representations during the consultation period, and who had chosen to attend the oral hearing, included: Mr Iain Smyth (PHC Pharmacy), Mr Ken Campbell, assisted by Mr Fergus Hunter (Pollok Pharmacy), and Mr David Robertson (DLL Robertson Chemists) (“the Interested Parties”).

Prior to the hearing, the Panel had collectively made a visit to the site at 50 Lyoncross Road, Glasgow G53.5, to the surrounding pharmacies within the one-mile radius used for consultation purposes and to various points within the area to allow identification of the neighbourhood to be established.

The procedure adopted by the PPC at the hearing was that the Chairman asked the Applicant to make his submission. There followed the opportunity for the PPC and the Interested Parties to ask questions. The Interested Parties then individually made their submissions. After each submission there followed the opportunity for the PPC and the Applicant to ask questions. The Interested Parties and the Applicant were then given the opportunity to sum up. Before the parties left the hearing, the Chair of the PPC asked if they had had a full and fair hearing. Each confirmed that they had, and that they had nothing further to add to their submissions.

The PPC was required and did take into account all relevant factors concerning the issues of:-

a) Neighbourhood;

b) Adequacy of existing pharmaceutical services in the neighbourhood and, in particular, whether the provision of pharmaceutical services
at the premises named in the application was necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises were located.

The PPC took into account all written representations and supporting documents submitted by the Applicant, the Interested Parties and those who were entitled to make representations to the PPC, namely:

a) Chemist contractors within the vicinity of the applicant’s premises;
b) the Greater Glasgow Area Pharmaceutical Committee (General Practitioner Sub-Committee);
c) the Greater Glasgow Area Medical Committee (GP Sub-Committee).

The Committee also considered:-
d) The location of the nearest existing pharmaceutical services;
e) Demographic information regarding post code sectors G52.3 and G53.5;
f) Patterns of public transport;
g) Greater Glasgow NHS Board plans for future development of services; and
h) A tabled letter submitted by the applicant from Councillor Keith Baldassara in support of the application.

**The Applicant’s Case**

**Mr Bhopal for the Applicant** commenced his presentation by thanking the Committee for offering him the opportunity to explain why he felt his application was both necessary and desirable.

He advised the Committee that he had identified his area with assistance from a contact within the Post Office who had suggested that the area required a pharmacy. In order to illustrate his point, Mr Bhopal offered the Committee a comparison. The area in which his premises were situated was designated by Glasgow City Council as Ward 59 (Glasgow Pollok). The area was deemed to have a population of 8,900 which was served by four pharmacies. In comparison, the area of Ibrox, with a population of 6,900 and with similar levels of deprivation, was served by six pharmacies, while Cardonald with a population of 7,400 was served by seven pharmacies. Mr Bhopal suggested that it was unfair that the Pollok area should have a lower ratio of pharmacy: population.

In further support, Mr Bhopal advised the Committee that the nearest
existing pharmacy to his premises was DLL Robertson, 10 Braidcraft Terrace, which he had measured as being 0.9 miles from his premises. Patients travelling to this pharmacy required to cross a busy roundabout which Mr Bhopal suggested could be dangerous.

Mr Bhopal’s also mentioned the new pharmacy contract and he reminded the Committee that one of the four key elements of this was local access. He contended that the population of Lyoncross had difficulty with access to existing pharmacies.

Mr Bhopal explained that there was a lot of ill health in the area in which his premises were situated. The area had 60% above the national average of smokers; 34% of pregnant women in the area smoked. Mr Bhopal suggested that the current nicotine replacement therapy service within the area was not working and that a further pharmacy providing this service was needed. Teenage pregnancy rates were also above the national average, and Mr Bhopal suggested that he would provide Emergency Hormonal Contraception through the Board’s Patient Group Direction (PGD), if his application were granted. As far as could be ascertained, DLL Robertson (the nearest existing pharmacy) did not provide this service. Mr Bhopal then went on to list all of the other additional services that he intended to provide, including cholesterol testing, heart failure and needle exchange. He advised the Committee that at present there was no pharmacy providing needle exchange within the area, the nearest being on Copland Road or Paisley Road West. He questioned the sense of this given that the Pollok area was one of above average drug use. He also intended to provide domiciliary oxygen therapy, and supervised methadone. Mr Bhopal informed the Committee that he had been advised by Duncan Hill (Addictions Service) that demand for supervised methadone services were greater in the area than the existing pharmacies could cope with.

Mr Bhopal’s final point of support surrounded the letter of support written by the local councillor. Councillor Baldassara had advised the Applicant that the two local primary schools within the area were being demolished with a new integrated school being planned. In addition, Councillor Baldassara was confident that the area was being developed in general and the residential population would increase accordingly.

**The Interested Parties Question the Applicant**

On questioning by Mr Smyth, the Applicant conceded that he had omitted to include the pharmacy at 403 Nitshill Road in his list of pharmacies within the G53 area.

On further questioning by Mr Smyth, the Applicant advised that he had calculated the distance from his own premises to the Alliance Pharmacy on Dalmellington Road, via the web site Mapquest. The Applicant confirmed that this website had calculated the distance as 2.9 km.

The Applicant further conceded that one of the pharmacies within the
area may provide EHC under the Board’s PGD. This being PHC Pharmacy. The Applicant pointed out however that this pharmacy was 2.6 miles from his premises, which, he suggested was too great a distance to travel.

In response to questioning from Mr Robertson, the Applicant advised that he was not aware of the number of accidents that may have occurred at the roundabout adjacent to Mr Robertson’s pharmacy.

There were no questions to the Applicant from Mr Ken Campbell.

The Committee Question the Applicant

On questioning by Mrs Patricia Cox, the Applicant confirmed that he aspired to provide a discreet area within his premises, which would contain a sink, chairs and a PMR system and which he could use as a consultation area.

On questioning by Mr Gordon Dykes, the Applicant advised that he had not yet commissioned plans for his proposed premises. He was in possession of the dimensions of the premises, which in his opinion was a good reasonable size. He had not, however considered how it would be fitted out.

On further questioning by Mr Dykes, the Applicant advised that as a long term locum, he had dealt with resistance from some local stakeholders around the provision of needle exchange services. He felt confident that he would be able to reassure any doubters, by providing them with the relevant information and educating them on the service. In his experience this normally placated those with doubts.

In response to Mr Dyke’s question around how he would increase the uptake of the nicotine replacement therapy service, the Applicant advised that he would use posters/leaflets to encourage uptake. He also felt that the existence of a further pharmacy providing this service would in itself increase the uptake, as patients would not be required to travel long distances to access service.

On questioning by Mrs Kay Roberts, the Applicant advised the Committee that he had completed the EHC training course and was now undertaking the Needle Exchange course. He had previous experience of providing the needle exchange service in Carlisle. He also confirmed that he was aware the legislation around needle exchange was different in Scotland.

On questioning by the Chair, the Applicant confirmed that if the application were granted he would aim to provide pharmaceutical services from the new premises within the timescale stipulated in the current pharmacy Regulations.

There were no questions to the Applicant from Mr Willian Reid.
The Interested Parties’ Case – Mr Ian Smyth (PHC Pharmacy)

Mr Smyth advised the Committee that there were errors in the Applicant’s submission. In his opinion, this served to minimise the services provided by the existing pharmacies. He advised the Committee that the services which the Applicant indicated he would provide from his proposed pharmacy were all being provided by the existing pharmacies. He pointed out that the pharmacy within Pollok Health Centre had recently relocated within the Centre, allowing it to provide a high level of service. It was the intention to provide additional services from this pharmacy including blood pressure testing and diabetes testing.

Mr Smyth advised the Committee that needle exchange services had been provided in the area some time ago. The pharmacy which provided this service had closed. The service was undesirable.

He contended that the uptake around the smoking cessation service was low due to patients not returning after the initial encounter. He further suggested that the existing service was underutilised because of this. He pointed out that there was capacity within the present domiciliary oxygen therapy service provided from PHC Pharmacy could double its capacity provision of up to 50%.

Mr Smyth also pointed out that while the Applicant had highlighted the above average pregnancy rate for the area, he had failed to mention that the abortion rate was 18% below the national average. This, Mr Smyth suggested meant that many wanted to keep their children, raising implications for the uptake around the EHC service.

The Interested Parties Question Mr Smyth

In response to questioning from the Applicant, Mr Smyth confirmed that although the Board’s Pharmaceutical List did not reflect this, PHC Pharmacy was providing additional services.

On further questioning from the Applicant, Mr Smyth could not confirm whether PHC Pharmacy provided EHC under the Board’s PGD.

There were no questions to Mr Smyth from Mr Ken Campbell or Mr David Robertson.

The PPC Question Mr Smyth

In response to a question by Mrs Cox, the Mr Smyth confirmed that PHC Pharmacy currently provided the following services: supervised methadone and Head Lice. He advised that further services would be added as they come in. He confirmed that EHC was provided from the pharmacy in Nitshill Road.
On further questioning from Mrs Cox, Mr Smyth confirmed that PHC Pharmacy currently had around 60 methadone patients. Mr Smyth suggested that this was not as many as some pharmacies. A follow up question from Mrs Cox then asked if Mr Smyth felt his pharmacy was meeting the requirements of these patients, and Mr Smyth confirmed that it was. The pharmacy was not turning patients away because of capacity issues. Patients were only turned away for other reasons such as because they were violent.

In response to questioning from Mr Gordon Dykes, Mr Smyth confirmed that he felt the oxygen service to be an increasing market. He advised that more patients were being put on oxygen concentrators and the supply of this oxygen was being conducted through pharmacies. He reiterated his point that the provision to the G53 post-code area was currently running at half capacity. Delivery from the Nitshill Road pharmacy was available five days.

In response to further questioning from Mr Dykes, Mr Smyth confirmed that the pharmacist in PHC Pharmacy had not undertaken the training associated with the EHC service. He suggested that demand for the service was not as acute within the Health centre setting as there were 16 GPs within the Centre, which meant that patients would be more likely to visit their GP than access the service from the pharmacy.

Mr Smyth advised the Committee that the previous pharmacy that provided a needle exchange service was owned by Mr Kirk and closed approximately 10 years ago.

In response to questioning from Mrs Kay Roberts, Mr Smyth confirmed that PHC Pharmacy did not provide a needle exchange service. He advised that he did not know where the pharmacy’s 60 methadone patients obtained their needles and syringes.

In response to questioning from Mr William Reid, Mr Smyth confirmed that when he had informed the Committee that additional services were being provided, he had not been referring to individual pharmacies, but rather to the provision of services in a general area.

In response to questioning from the Chair, Mr Smyth confirmed that he did not accept the neighbourhood suggested by the Applicant. He advised that when Pollok Health Centre had been developed, the Health Board had identified the catchment area as the G53 post-code area. He confirmed that he was content to use this as the neighbourhood for the application.

The Chair reminded Mr Smyth of his suggestion that the Needle Exchange service had closed and NRT service had limited uptake within the area, because patients tended to fall out of the process. The Chair suggested that these were points in favour of providing an additional facility providing these services. When asked how this view fitted in with Mr Smyth’s assertions, he responded that the needle exchange facility
closed because the pharmacy involved in the provision of the service closed. In terms of the NRT service, Mr Smyth advised the Committee that a significant amount of patients attended the initial assessment and then didn’t reappear. Mr Smyth confirmed that this was a behavioural comment.

**Mr Ken Campbell – (Pollok Pharmacy)**

Mr Campbell took this opportunity to confirm the services provided by Pollok Pharmacy: General pharmaceutical services, collection and delivery, supervised methadone, compliance aids, EHC, head lice, Minor Ailment Service, Falls Project, Stoma and Frail Elderly Service. He advised the Committee that the Parkinson’s Chemist on Nitshill Road was undergoing a refit and would undertake services relating to alcohol misuse once this was completed.

Mr Campbell advised the Committee that although the area was one of high deprivation, this was changing with the replacement of high density housing with owner/occupier housing. He suggested that the services provided by the current network of pharmacies were adequate.

He said that the Needle Exchange Scheme was somewhat of a misnomer. While some drug misuser did indeed return used needles, many did not, and while all were encouraged to do so, there was no compulsion within the service to do this.

There were no questions to Mr Campbell, from the Applicant, or other Interested Parties.

**the PPC Question Mr Campbell**

In response to a question from Mrs Patricia Cox, Mr Campbell confirmed that Pollok Pharmacy currently had 20-25 methadone patients. It was normal for the pharmacy to pick up some additional patients, and to turn away some for anti-social behaviour.

In response to further questioning from Mrs Cox, Mr Campbell advised that he couldn’t answer whether the pharmacy was operating at maximum capacity in terms of methadone patients.

Mr Campbell advised the Committee that there was little uptake of alcohol misuse services. In terms of EHC and Head Lice services, he confirmed that the pharmacy saw 2-3 patients per week.

In response to a question from Mrs Kay Roberts, Mr Campbell confirmed that his comments around needle exchange were based on anecdotal evidence and not fact.

On further questioning from Mrs Roberts, Mr Campbell confirmed that he could not answer how many patients had been registered for the Minor Ailment Service at Pollok Pharmacy.
There were no questions to Mr Campbell from Mr Gordon Dykes, Mr William Reid or the Chair.

**Mr David Robertson – (DLL Robertson Pharmacy)**

Mr Robertson advised the Committee that the following services were provided from his pharmacy in Braidcraft Terrace: Head Lice, NRT and it was intention to increase the range of services in line with the new pharmacy contract.

He confirmed that the pharmacy did not yet have a consulting room, although there were plans to undertake a refit within the premises to allow compliance with the new arrangements. Mr Robertson had been holding off on this until he was sure what additional services were to be introduced as part of the contract. The reconfigured space within the pharmacy would reduce the amount of retail items that the pharmacy could provide, seeing it focus more on the health aspects of the contract.

Mr Robertson drew the Committee’s attention to the statistics of the voters roll which showed that there were 1,800 voters in the area. These people were served by two GP surgeries at either end of the area: Crookston and Braidcraft. He believed that this population had access to adequate services, as each surgery had a pharmacy close by. Mr Robertson did not believe that the population of the area would travel to Lyoncross to access pharmaceutical services.

Mr Robertson further illustrated his point by advising the Committee that he would introduce a collection and delivery service from his pharmacy from January 2007. He reiterated that he did not feel a third pharmacy in the area was needed.

**The Applicant Questions Mr Robertson**

In response to a question from the Applicant, Mr Robertson confirmed that he could not quantify how many patients were registered for the Minor Ailment Service from his pharmacy at Braidcraft Terrace.

In response to further questioning from the Applicant, Mr Robertson confirmed that his pharmacy currently supervised approximately 30 methadone patients.

**The Interested Parties Question Mr Robertson**

In response to a question from Mr Smyth, Mr Robertson confirmed that he had been waiting until the new contract developed before making any significant changes to his pharmacy or services. He had wanted to ensure that he got the services and refit right before committing finances.

There were no questions to Mr Robertson from Mr Ken Campbell.
The PPC Question Mr Robertson

In response to a request from Mrs Patricia Cox to expand on his plans for the forthcoming consulting room, Mr Robertson advised the Committee that in order to accommodate the consulting room within the available space he would need to reduce the amount of non-pharmacy items the pharmacy offered. He was looking to provide a separate area for methadone patients to address security implications of other customers being in the same room.

In response to further questioning from Mrs Cox, Mr Robertson confirmed that non-pharmacy items constituted items that members of a community might require. Whether this could be interpreted as being necessary was another issue, what he was saying was that non-pharmacy items had traditionally been provided from pharmacies.

On further questioning Mr Robertson confirmed that he would like to increase his capacity of methadone patients, however at the moment he was limited for space.

Mr Robertson confirmed that he would commence the work around the consulting room when he returned from holiday.

In response to a question from Mr Gordon Dykes, Mr Robertson advised that in his experience the provision of needle exchange services could encourage the existence of drug dealers around the pharmacy. He felt this was a problem with agreeing to provide the service.

In response to further questioning from Mr Dykes, Mr Robertson stated that his pharmacist had confirmed that EHC could be provided from the pharmacy.

Mr Robertson, in response to a question from Mr William Reid, confirmed that the removal of some non-pharmacy items was necessary to accommodate the consulting room. He was confident that what was lost in this area could be gained in other areas.

In response to a question from the Chair, Mr Robertson confirmed that he currently had no opportunity to expand into the butcher’s shop next door to his pharmacy. Mr Robertson advised the Committee that initially he had offered to rent the unit at the other end of the parade of shops, however the landlord had offered him the single unit at the opposite end.

The Interest Parties Sum Up

Mr Smyth advised that in his opinion there was sufficient capacity within the existing set up to cope with demand. New services would be provided by the existing contractors as the new pharmacy contract developed.
Mr Campbell reiterated Mr Smyth’s comments and added that the
distribution of existing pharmacies was reasonable; a new pharmacy was
not required.

Mr Robertson reiterated all that had been said by the other interested
parties. He suggested that if the population statistics were taken from
the letter of support provided by the local Councillor, it would show there
was a pharmacy for every 600 households. There were already
pharmacies adjacent to each of the existing GP surgeries, and in his
opinion a third pharmacy was not required.

The Applicant Sums Up

Mr Bhopal directed the Committee’s attention to the letter of support
provided by Mr Keith Baldassara which states there were 1,800 people
on the voters roll. Mr Bhopal suggested this was an underestimate
taking into consideration that 21% of the population was under the age of
15. This figure would not be included in this estimate. Neither would it
take into account the number of 15-18 year olds within the area, or those
who for a variety of reasons were not included on the voters’ roll. These
factors increased the population of the area significantly.

In addition it was known that there was to be significant development in
the area. This would also have the effect of increasing the population.

Mr Bhopal’s last point surrounded the interested parties’ reasons for the
lack of uptake around the Smoking Cessation service, which Mr Bhopal
suggested could be due to the distance that patients were required to
travel to access a pharmacy which provided the service. Mr Bhopal
suggested that uptake may improve if there was a pharmacy within their
own area.

For all of the above reasons Mr Bhopal felt an additional pharmacy in the
area was necessary and desirable.

DECISION

Neighbourhood

Having considered the evidence presented to it, and the PPC’s
observation from the collective site visit, the PPC had to decide first the
question of the neighbourhood in which the premises, to which the
application related, were located.

The Committee discussed the definition of neighbourhood suggested by
Mr Smyth (Interested Party). The Committee noted that Mr Smyth had
suggested the neighbourhood as being the G53 post-code area. This
being the catchment area of Pollok Health Centre. The Committee did
not agree that this area suggested more than 15 years ago, would be
relevant to the application.
The Committee considered that the neighbourhood should be defined as follows:

- **North:** the White Cart Water as it followed adjacent to Dormanside Road;
- **West:** the White Cart Water to its meeting with the River Leven;
- **South:** the River Leven moving down adjacent to Lyoncross Road to Barrhead Road;
- **East:** Barrhead Road north through the roundabout at Braidcraft Road to Corkerhill Road and the White Cart Water.

The Committee agreed that it would be unlikely for anyone within the defined neighbourhood to travel to Paisley Road West for their every day shopping etc. Coming south from Paisley Road West, the railway line provided an initial boundary. Even if there were access points across the railway line, immediately south, the White Cart Water provided a natural boundary which could only be crossed at few points. Having conducted a site visit to the area the Committee identified only a few access points out of the defined neighbourhood and agreed that the existence of the natural boundaries restricted access further afield. Within the defined neighbourhood there were schools, GP surgeries, retail shops and community focal points. The Committee agreed that this was a neighbourhood for all purposes.

**Adequacy of Existing Provision of Pharmaceutical Services and Necessity or Desirability**

Having reached that decision, the PPC was then required to consider the adequacy of pharmaceutical services in that neighbourhood, and whether the granting of the application was necessary or desirable in order to secure adequate provision of pharmaceutical services in that neighbourhood.

Within the neighbourhood as defined by the PPC, the Committee considered that the existing services were not adequate to meet the pharmaceutical needs of the neighbourhood. The Committee considered that the new pharmacy contract placed a greater emphasis on the question of access to services and agreed that from the Interested Parties’ submissions that the existing providers were not providing the full range of services provided and supported by the Health Board.

The Committee noted the Interested Parties’ comments around the lack of uptake for several of the services, and agreed that these reasons were more anecdotal or linked to behaviour than evidence of a lack of demand for services. The Committee were impressed by the Applicant’s enthusiasm to provide the full range of services, and his strategies to increase uptake. The Committee also agreed with the Applicant’s suggestion of a correlation between lack of uptake and travelling distance to pharmacies. In particular, the Committee noted that many drug misusers were reluctant to travel to access services and were perhaps one group who would benefit from having a pharmacy providing
services in their neighbourhood.

The Committee were aware that the Health Board had made several attempts to secure needle exchange services in the Pollok area, and has been unsuccessful in getting the agreement of any of the existing contractors to take part.

The Committee agreed that the demands of the new contract would be challenging. For that reason it would be important to ensure good coverage of services as the issue of accessibility to the full range of services became more important. The Committee did not agree that the existing pharmaceutical network provided access to adequate services and concluded that the granting of an additional contract was necessary and desirable.

**In accordance with the statutory procedure the Chemist Contractor member of the Committee Gordon Dykes and those in attendance were excluded from the decision process:**

**DECIDED/**

The PPC was satisfied that the provision of pharmaceutical services at the premises of the Applicant was necessary and desirable in order to secure adequate provision of pharmaceutical service in the neighbourhood in which the premises were located by persons whose names are included in the Pharmaceutical List and in the circumstances, it was the unanimous decision of the PPC that the application be granted.

The chemist contractor member of the Committee rejoined the meeting at this stage.

4. **DATE OF NEXT MEETING**

Scheduled for Wednesday 6th December 2006 at 1.30pm. Venue to be confirmed.

The Meeting ended at 3.00p.m.