Pharmacy Practices Committee (07)
Minutes of a Meeting held on
Wednesday 6th December 2006
Meeting Room 2, Modular Unit, Gartnavel Royal Hospital, 1055 Great Western Road,
Glasgow, G12

PRESENT:  Andrew Robertson  Chairman
          Alan Fraser  Lay Member
          Prof W J McKie  Deputy Lay Member
          Mrs Kay Roberts  Non Contractor Pharmacist Member
          Gordon Dykes  Contractor Pharmacist Member
          Alasdair Macintyre  Contractor Services Manager

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

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 apologies.

2.  MINUTES

The Minutes of the meeting held on Friday 17th November 2006
PPC[M]2006/05 were approved as a correct record.

3.  ANY OTHER BUSINESS NOT INCLUDED IN AGENDA

There were no matters arising from the Minutes not already included in
the Agenda.

Section 1 – Applications Under Regulation 5 (10)
4. APPLICATION FOR INCLUSION IN THE BOARD’S PHARMACEUTICAL LIST

i) Case No: PPC/INCL18/2006
   Apple Healthcare Group Ltd – 2b Monreith Avenue, Glasgow G61.1

The Committee was asked to consider an application submitted by Apple Healthcare Group Ltd, to provide general pharmaceutical services from premises, situated at 2b Monreith Avenue, Glasgow G61.1 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 Chairman, Lay Members and Director of Pharmacy 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 – Community Pharmacy Development agreed that it was necessary to consider the application by oral hearing.

The Committee, having previously been circulated with all the papers regarding the application from Apple Healthcare Group Ltd, agreed with the initial decision and reiterated 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 Harminder Shergill (“the
PPC[M]2006/07

Applicant”) assisted by Mr Neeraj Salwan. The interested party who had submitted written representations during the consultation period, and who had chosen to attend the oral hearing was Mr David Sinclair (Sinclair Pharmacy) (“the Interested Party”).

Prior to the hearing, the Panel had collectively visited the site at 2b Monreith Avenue, Glasgow G61.1 and the pharmacies and GP surgeries surrounding the applicant’s proposed premises.

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 Party to ask questions. The Interested Party then made his submission. After the Interested Party’s submission there followed the opportunity for the PPC and the Applicant to ask questions. The Interested Party 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 Party 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 G15.7, G61.1 and G61.2;

f) Patterns of public transport;
g) Greater Glasgow NHS Board plans for future development of services; and

h) A tabled letter from the Bearsden West Community Council submitted by the applicant, along with a copy of plans for the proposed pharmacy.

**The Applicant’s Case**

**Mr Shergill for the Applicant** thanked the Committee for the opportunity to attend the oral hearing.

He reminded the Committee that the application for 2b Monreith Avenue was actually dated 9\(^{th}\) January 2006 but that due to illnesses, holidays, and general pace of administration, the application was not heard by the PPC until April 2006. The Committee refused the application. The National Appeals Panel considered the appeal at oral hearing in August 2006, but had to defer consideration because one of the contractors had not been told of the application at PPC level. Mr Shergill advised the Committee that over the last year, the company had just about managed to secure the premise, and had now secured the unit, dependent on the application being heard as soon as possible.

The Applicant advised the Committee that since the application was originally discussed and papers circulated by the National Appeal Panel, there had been a change in services offered by local contractors. Because of this, the Applicant had had to amend some of the arguments used previously.

He advised that he would like to clarify the neighbourhood, highlight the importance of a new development in the heart of the neighbourhood and stress the importance of having a pharmacy in the area.

The Applicant suggested the neighbourhood as Westerton and advised that it followed the natural boundaries found on the outskirts of the area. He described the area as: from the North where the railway line crossed Drymen Road, South along Drymen Road, crossing Canniesburn Toll, along Maryhill Road to the River Kelvin. Following the river south to Veterinary Hospital. Crossing Bearsden Road to the railway track, Northwest along the track, crossing Canniesburn Road and travelling north east along to the track to meet Drymen Road again. He suggested that these were the edges to the neighbourhood as they constituted natural or real boundaries already in place e.g. the railway track, major roads and the River Kelvin.

He advised that he had taken guidance from Lord Justice Banks’ ruling on the boundary clarification. He said “physical conditions may determine the boundary or boundaries of a neighbourhood, as, for instance, a range of hills, a river, a railway, or a line which separates a
high class residential district from a district of workmen’s dwellings.”

He advised the Committee that the community of Westerton sat within the much larger district of Bearsden, but that it was important to consider Westerton as a distinct community. This was because Westerton was a self contained village with all other amenities any neighbourhood enjoys; its own school, church, nursery, library, local businesses, community hall, train station, post box, hair-dresser, scout hall and bowling green. He further suggested that the residents of the community of Westerton would have little or no need to travel out-with the village for their every day needs. For these reasons he concluded that Westerton constituted a neighbourhood whatever test was applied. It sat within the walls of natural or real boundaries, and also satisfied Lord Nimmo-Smith’s definition of vicinity or nearness.

The Applicant quoted from Ward Profiles 2003, which gave an update for Ward 8 (Westerton). These gave the population of the ward as being 4,616. The Applicant suggested this figure had risen since 1991. The statistics showed the Ward had an over 65 population of 16%, with a quarter of households within the Ward being occupied by pensioners. Around 30% of the population were economically inactive, and not brining in any income. This, the Applicant suggested created a social divide between Westerton and the rest of Bearsden. 13% of the population had no access to a car. The area had a higher percentage of over 80s that that for East Dunbartonshire. The Applicant further suggested that over the next 15 years East Dunbartonshire was expected to see the highest rate of increase in its older population in all of Scotland, with the over 75 population in Westerton set to rise by 68%. Westerton was a hilly area with many steep inclines, making it difficult for elderly people and those with dependents to access pharmaceutical services.

The Applicant advised that there was a major housing development being built on the old Canniesburn Hospital site, which he advised was in the centre of his defined neighbourhood. The joint building venture was a 227 apartment and housing development which would be fully complete and occupied by early 2007. To date, one block was complete and occupied, two other blocks were half occupied, and five blocks were near completion. The town houses within the development were complete and fully occupied. These houses had been purchased by families, couples and the elderly. According to the Applicant, the developers had noticed an influx of all ages, and accordingly had established a child’s play area within the site. They had also noticed a lot of elderly showing particular interest in the properties, suggesting that they were downsizing their existing properties in Bearsden, for various reasons.

The Applicant stated there was a further single developer planning another site which will involve around 12 four and five bed houses. On completion of this site, the estimated population of Westerton would increase by at least 660 people.
The Applicant drew the Committee’s attention to the 2004 Judicial Review – Lloyds Pharmacy Ltd v The National Appeals Panel, where the Court had advised that the Panel should have regard to future probable developments. The Review had claimed that the degree of adequacy of pharmaceutical provision in a neighbourhood would change through time, thus the construction of new housing and the change in pharmaceutical practice would require to be considered. The Applicant suggested that the major housing development described earlier in his submission would undoubtedly create a change in pharmaceutical provision in his defined neighbourhood.

The Applicant advised that the developers had confirmed that the shops on Monreith Avenue were the “local shops” for the new development as residents would have direct access using the pathway from the estate. The shops were seen as one of the pillars of the community. A Post-Office used to exist within the parade of shops; however this had been closed by Royal Mail.

Jo Swinson (MP for Westerton) had produced a report on the closing of Westerton Post Office which had highlighted many problems with the alternative Post Office facilities at Bearsden and Spey Road. The Applicant suggested that the problems were not confined to the provision of mail services, but also to health services as well and asked that the findings of Ms Swinson’s report be taken into account by the Committee when they were deliberating the application as there were similarities in the community’s need for pharmaceutical services. To illustrate this, the Applicant provided the Committee with some background information around the report.

Westerton Post Office was previously situated in the same unit as the Applicant’s proposed premises. Other Post Offices were situated at Spey Road, Stonedyke (next to Sinclair Pharmacy) and at Bearsden Cross (round the corner from Lloyds Pharmacy). The locations of the other Post Offices were important in the Applicant drawing parallels with the community’s need for pharmaceutical services due to their proximity to other pharmacies in the area.

The Applicant provided several quotes from the MP’s report, namely: “The strong reasons for retaining Westerton Post Office relate to the unsuitability of the alternatives. The main alternatives are the Post Offices at Stonedyke and Bearsden. The geography of the area raises big concerns about the accessibility of both these alternatives, with steep hills and busy roads. This would obviously be worse in winter time. The lack of good public transport links is another main factor.”

Some of the residents were quoted in the report as saying: “What is suggested means I have to walk up the steep hill and suffering from angina that would be difficult.” and “A lot of pensioners like ourselves are not able to travel on buses. We are all very worried at the thought of having to travel to Bearsden Post Office especially in the winter time.”
The Report suggested that there were many factors which would make the journey to Bearsden Cross or Spey Road difficult:

No adequate bus service:

-“I’m now in my late 70s and I visualise spending my old age standing at bus stops. What happens when I can no longer get on board the bus.”
-“The bus service number 49 takes the direct route to Bearsden Cross only every 2 hours and is not particularly reliable.”
-“To use the number 40 bus to Spey Road entails climbing a steep hill and making a risky and hazardous crossing of a busy T junction.”

The Applicant advised that since his preparation for the original application, the bus service available to the residents of Westerton had actually deteriorated. No bus now travelled through Maxwell Avenue (the main road going through the village), and there was now no direct bus service to Bearsden Cross or Milngavie Road.

Ms Swinson’s report went further, commenting on:

Traffic and Parking Problems:

-“Inadequate parking facilities at Spey Road and Roman Road”
-“You perhaps have been misinformed regarding the parking situation at the post office in Bearsden but it is almost impossible to park close by.”

Cost and Distance:

-“It will mean a lot of unnecessary travel using up both time and money which I can ill-afford.”
-“No other post office within walking distance.”
-“Devastating especially for OAPs and young mothers. Stonedyke is too far to walk.”

The Applicant reiterated that the findings and quotes were from Ms Swinson’s report on Westerton Post Office and suggested that the findings and quotes would be the same if a report was conducted on access to pharmaceutical services for the neighbourhood of Westerton.

The Applicant advised that the lack of parking facilities at Bearsden Cross had already been highlighted. The opening of a new Marks & Spencer Store with no increase in parking provisions at the Cross had recently placed even more pressure on parking spaces. The Applicant had talked to an owner of one of the business behind Bearsden Cross who had claimed that customers were staying away from the shops because of the traffic problems.

The Applicant advised the Committee that the Westerton Community Council had heard of the company’s intention to open a pharmacy and had consequently invited representatives from Apple Healthcare Group
Ltd to attend their meeting to discuss the proposal. The Council could not understand why a pharmacy had not opened in the community long ago. The Applicant was questioned by the public on the proposed services, which they thought were needed and ideal for their community. This had become clear when the Applicant had briefed those present at the meeting around the new pharmacy contract, public health promotion, minor ailment scheme, chronic medication management etc.

The members of the public present and the panel were of the opinion that there was a need more so than ever before for a pharmacy in Westerton because Apple Healthcare Group Ltd would be able to offer a rounded healthcare service and provide initiatives which would make a real difference to peoples life e.g. diabetes screening, blood pressure monitoring, smoking cessation, medicine management etc. As a result of this presentation, the community Council had written a letter of support for the proposed pharmacy.

The Applicant then went on to advise the Committee of the services that would be provided from the proposed premises. Apart from complying fully with the new pharmacy contract, they would provide all the other services expected. The Applicant advised that at the time of the original application the Drug Addiction Service team had earmarked the area as one with a definite need for a needle exchange service. This was because for a number of years, none of the contractors within the Drumchapel area had been willing to provide this service. The Applicant had hoped to be the one offering the service, as the need had already been identified. He advised that due to timescales around consideration of the application, Sinclair Pharmacy had applied to provide this service around the time the National Appeals Panel considered the first appeal, and were now the only provider of this service in the area.

The Applicant illustrated that in the G61 post-code area (Bearsden) there were 5 contractors with around 110 methadone clients. Only 7 spaces were available. Only three of these contractors provided supervised methadone, namely Sinclair Pharmacy (Spey Road), JHC Suttie (Drymen Road) and Alliance Pharmacy (Baljaffray Shopping Centre). Of these three, JHC Suttie had reached its target of two clients. This meant that 100 clients were being shared between Sinclair Pharmacy at the very bottom of the post-code (bordering on G15) and three miles away by Alliance Pharmacy at the very top of G61 (bordering G62).

The Applicant hoped the Chair agreed with his assertion that Westerton was a distinct community which made up a neighbourhood of its own right. He felt that the granting of a new pharmacy contract was needed as he felt he had highlighted the difficulties that people face in the community in accessing facilities that they require on a day to day basis.

The Applicant finally wanted to mention that he was happy to see that Mr Sinclair (Interested Party) also agreed on the necessity and desirability of Westerton having its own pharmacy as he had lodged an application for a new contract in February 2006 for the same unit as the Applicant.
As the unit had been in the possession of the Applicant at the time, Mr Sinclair had had to withdraw his application.

**The Interested Party Questions the Applicant**

On questioning by Mr David Sinclair, the Applicant confirmed that the population of 4616 given in his statement covered the Ward Area of Westerton, which included Spey Road. He further confirmed that Ms Swinson’s report did not give any indication of volume of complaints associated with the services. He did say that the owner of the general store had undertaken a public petition; however he was not aware of actual numbers of respondents.

On further questioning by Mr Sinclair, the Applicant confirmed that he did not have the minutes of the Community Council meeting which he addressed. He did however have a copy of the letter of support which the Community Council had provided, and copies were distributed to the Committee and the Interested Party.

In response to Mr Sinclair’s question around how the Community Council reacted to the Applicant’s suggestion that he would provide supervised methadone services if his application were granted, the Applicant advised that the discussion which took place around this service resulted in the Community Council gaining a clear indication of what was required in the area in terms of this service.

**The PPC Question the Applicant**

Mrs Kay Roberts did not pose a specific question to the Applicant, but took the opportunity to give him clarification on the history surrounding the provision of needle exchange services in the area. There had been services provided from a pharmacy in Spey Road before the Interested Party assumed ownership. The main reason there had been difficulty in securing provision of services in the G15 area related to the type of drug misuse prevalent in the area at the time. Most of the misuse in G15 related to amphetamines; however this had changed over the years. Sinclair Pharmacy’s involvement in the provision of needle exchange services was nothing more than a re-establishment of a service which had previously been provided.

In response to a query from Professor McKie, the Applicant advised that he defined “the village” as being the neighbourhood as defined in his initial submission. He further confirmed that he felt that there was a defined need for pharmaceutical services across the whole of the defined area.

On further questioning from Professor McKie, the Applicant advised that he would expect customers to travel to his proposed premises on foot, primarily via the pathway adjacent to Monreith Avenue. He conceded that there were hills and inclines within the area, but considered these to be passable.
In response to a question from Alasdair MacIntyre, the Applicant confirmed that apart from his own unit, there were two fast food outlets, a bicycle shop and a general grocer within the same parade. On further questioning from Mr MacIntyre the Applicant advised that initially he had thought there to be a need for a full day Sunday opening within the area, but the Applicant’s meeting with the Community Council had identified that perhaps a half day Sunday opening would be more appropriate.

The Applicant responded to a question from Gordon Dykes by confirming that Jo Swinson did not refer to Westerton as a village or a neighbourhood in her report, but rather to a distinct community. He further advised that he could not confirm whether the 30% of the population who were deemed as economically inactive were unemployed or drawing pensions. He could only confirm that they did not gain their earnings from work. In response to further questioning from Mr Dykes the Applicant advised that he felt the dramatic increase in the elderly population was due to an influx of elderly people rather than the incumbent population living longer. He further confirmed that the current public transport network in the area was not good; there was a lack of bus services.

In response to a final question from Mr Dykes, the Applicant confirmed that he could not say why there had been no previous application to open a pharmacy in the Westerton area.

In response to questioning from Alan Fraser, the Applicant advised that residents of the new development, while in all probability having access to a car, would not be likely to drive into Bearsden town centre, due to the lack of parking facilities. He further confirmed that within the parade of shops in which his proposed premises were situated, there was an off-license, a hairdresser and a general grocers/newsagents.

In response to a question from Mr Fraser, the Applicant confirmed that his population statistics were derived from the Scottish Health Care Statistics.

At this point the proceedings were halted with the arrival of Mr Gerry Hughes (Representative – Area Pharmaceutical General-Practitioner Sub-Committee). Mr Hughes advised the Chair that he had arrived at Gartnavel Royal reception area at 2.35pm. On arrival he had approached the reception area, where the Receptionist had made contact with someone in the Modular Unit to advise of Mr Hughes arrival. The Receptionist had then directed Mr Hughes to a waiting area on the first floor where he assumed he would be collected and directed to the meeting room. Mr Hughes had remained in the waiting area for approximately 35 minutes before making his way to identify the meeting, as no-one had come to collect him. Mr Hughes advised the Chair that he had arrived late as he had been unsure of the location of the meeting.
The Chair expressed his concern for this situation and explained that the oral hearing had commenced at 2.30pm. He asked Mr Hughes to wait outside the meeting room while he consulted with the Applicant and Interested Party around the appropriate way forward.

The Applicant and Interested Party both confirmed to the Chair that they would be not be comfortable having to commence the oral hearing from the beginning. The Applicant confirmed he would rather Mr Hughes be excluded from the hearing as he had missed the start and they would rather not repeat the process.

The Chair then asked the Applicant, Mr Salwan and the Interested Party to wait outside the meeting room, while he discussed the issue with the Committee. After a comprehensive discussion, the Committee concluded that Mr Hughes should be excluded from the proceedings for the following reasons:

i) Mrs Cawley had confirmed with Reception staff at 2.30pm that there were no other attendees waiting in the reception area;  
ii) The hearing commenced at 2.30 pm and Mr Hughes would not have been admitted after this time.  
iii) Mr Hughes stated that he had arrived at 2.35pm, which was after the oral hearing had commenced;  
iv) The Committee and Secretariat had been unaware of Mr Hughes presence in the Waiting area, due to an error made by Reception staff;  
v) The Applicant and the Interested Party had confirmed their unwillingness to re-commence the oral hearing from the beginning;  
vi) It would be unfair to the Applicant and the Interested Party to interrupt the hearing to allow Mr Hughes admission, when the hearing had been under way for nearly 40 minutes; and  
vii) The Committee was already in receipt of the written representation from the Area Pharmaceutical General Practitioner Sub-Committee.

The Chair asked Mr Hughes to return to the meeting room, and explained the Committee’s decision to him. Mr Hughes expressed his displeasure around being kept waiting for so long and the Chair extended his sincere regret over this situation. Mr Hughes expressed displeasure around the notification process for his attendance at the hearing and the Chair advised that he should raise this issue with the Secretary of the Area Pharmaceutical General Practitioner Sub-Committee as all notifications were directed for their attention. Mr Hughes advised that he understood the Committee’s decision because he had been late in arriving for the hearing, however he wished his frustration noted around being left waiting unattended for such a significant period of time. The Chair again expressed his regret and undertook to raise this issue with the Office Manager for Gartnavel Royal.
Mr Hughes left the hearing and the meeting recommenced.

In response to a final question from Mr Fraser, the Applicant advised that there was parking facilities around the town hall, however he did not consider there to be sufficient spaces and advised that this could be confirmed by the queues of cars.

The Interested Party’s Case – Mr David Sinclair (Sinclair Pharmacy)

Mr Sinclair advised the Committee that he wished to look at a few issues.

Neighbourhood – Mr Sinclair advised the Committee that he did not consider Westerton to be a distinct area. Westerton was part of Bearsden. It relied on Bearsden for its amenities as it was unable to rely on the amenities offered within the immediate area which were not appropriate for say the weekly purchase of groceries.

He advised that if the Committee accepted Apple Healthcare's assertion that there were 4,600 residents within Westerton they would be including those living in Allander Road and Spey Road, which had a higher intensity of housing than around Coalburn Road. Mr Sinclair suggested the population of the area around Westerton was substantially less than that put forward by the Applicant.

He accepted the existence of new development within the area and pointed to the footpath at the rear of the estate, which he claimed, was steeper than the road itself. It was not well lit and he suggested that residents would be concerned over safety issues. While the Applicant stated that residents of the new estate would access his proposed premises via this footpath as a matter of routine, Mr Sinclair felt that they would be more inclined to go into Coalburn Road and take public transport to Bearsden or Spey Road.

Mr Sinclair then addressed Jo Swinson’s report and advised the Committee that it had contained no evidence of the amount of complaints received regarding services. He asserted that the arguments put forward for a pharmacy would be different to those around the retention of an established Post Office.

He disagreed with the Applicant’s assertion that Sinclair Pharmacy’s request to provide needle exchange services had been made as a response to this application. He advised that his application had emanated from the findings of the Addiction Services who had identified a need for these services in the area. Mr Sinclair finalised his statement by advising the Committee that he had submitted an application for the same premises in February of this year. He had taken this step because he felt there was little chance of the Committee granting a further contract in the area as the current network already provided adequate services. The application was merely meant as a manoeuvre to protect his business interests. Subsequently Mr Sinclair had had to
withdraw the application as he had not been in possession of the premises, nor could he demonstrate that he was actively in pursuit of the lease of the premises.

**The Applicant Questions Mr Sinclair**

In response to a question from the Applicant, Mr Sinclair advised that his pharmacy in Spey Road served the Westerton area. Maxwell Road, Stirling Avenue, Coalburn Road into Drumchapel – Tallon Road, Glenkirk Drive following railway track. He further confirmed that most of his customers travelled to the pharmacy on foot.

In response to further questioning from the Applicant, Mr Sinclair confirmed that Sinclair Pharmacy did provide a collection and delivery service, although there were few deliveries made to customers in the Westerton area. Mr Sinclair could not identify why this was the case. He further confirmed that his customers appeared comfortable travelling to his pharmacy on foot and that his population figures came from Ward statistics.

**The PPC question Mr Sinclair**

In response to a question from Mrs Roberts, Mr Sinclair confirmed that he dispensed fewer prescriptions from customers in the Westerton area than others and this may account for the lack of requests from the area for the collection and delivery service. He felt this may be because there was a lower need for the service in this area as many of the residents would have access to a car and would go access services in other areas.

In response to a further question from Mrs Roberts, Mr Sinclair advised that the residents who did not have access to a car would access services in Spey Road, or would travel to Bearsden Cross to access services. He did not agree that they would find this any more onerous than in other areas.

In response to a question from Professor McKie, Mr Sinclair advised that most of the residents in the area would access services evenly between his own pharmacy in Spey Road, Lloyds Pharmacy at Bearsden Cross and Morrisons at Anniesland Cross.

In response to a question from Alasdair MacIntyre, Mr Sinclair advised that he provided needle exchange, supervised methadone, smoking cessation and head lice services. He also provided dosette boxes and was involved in as many initiatives as possible.

In response to a question from Gordon Dykes, Mr Sinclair advised that he was not aware of an increase in prescriptions from the new development. He was confident that he would recognise such an increase from addresses with which he was unfamiliar. This hadn’t happened yet. He further confirmed that the Consultation Room in the pharmacy was not used to its full potential due to level of demand. The
methadone room was used a lot more.

In response to further questioning from Mr Dykes, Mr Sinclair advised that he felt that the increase in the elderly population was due more to the fact that the existing population was living longer, rather than an influx of new residents. Mr Sinclair further confirmed that his pharmacy in Spey Road, served more than one area. The pharmacy was definitely situated in Bearsden and served the south of that area, although more than half of the pharmacy’s customers came from Drumchapel.

Mr Fraser asked Mr Sinclair where the local residents of Monreith Avenue would do their weekly shopping. Mr Sinclair responded that they would travel either by train to Morrisons at Anniesland, or by car to Asda in Bearsden. If they were to have a prescription dispensed, they had a choice of either Morrisons – Anniesland, Sinclair Pharmacy – Spey Road or Lloyds – New Kirk Road.

The Interest Party Sums Up

Mr Sinclair reiterated his belief that whatever neighbourhood the Committee deemed the Applicant’s proposed premises to be situated in; the existing pharmaceutical network was providing adequate services.

The Applicant Sums Up

The Applicant reiterated:

- a quarter of the homes were occupied by pensioners;
- the over 75s group was expected to rise by 68%;
- Westerton was a hilly area, making it difficult for the elderly and those with dependents to access pharmaceutical services;
- the major housing development would increase the population by at least 660 people. This would take the population in excess of 5,000, well over the Scottish average for a neighbourhood community pharmacy;
- access to pharmaceutical care outwith the neighbourhood is problematic due to geography no adequate bus service, traffic and parking problems along with cost and distance;
- Community Council and public said they needed a pharmacy especially with the new contract as a delivery service cannot compete with patient to pharmacist contact.

The Applicant believed he had satisfied the application of the legal test contained in Regulation 5 (10) to secure adequate provision of pharmaceutical services in the neighbourhood.

- He had defined the neighbourhood using Lord Nimmo-Smith’s opinion, and guidance from Lord Justice Banks’ ruling.
- He had shown that the pharmaceutical services available to the residents of this neighbourhood were inadequate;
- He had shown the necessity of the granting of a new contract to fulfil
the requirements of an adequate provision of services for all in the neighbourhood, taking guidance from Sir Louis Blom-Cooper QC in the Queens Division of the High Court who asserted that if the current provision of pharmaceutical services was inadequate then it would be necessary to secure services.
- He had shown the desirability of granting a new contract by the evidence received from the MP, and the overwhelming suggestions and support from the community in the neighbourhood.

**DECISION**

**Neighbourhood**

Having considered the evidence presented to it, and the PPC’s observations 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 considered that the neighbourhood should be defined as follows:

North: Drumchapel Road at it’s junction with Spey Road, along Canniesburn Road to Canniesburn Toll;
West: Spey Road to the railway line;
South: following the railway line adjacent to Maxwell Avenue;
East: Ravelston Road, north to development on old Canniesburn Hospital site to its meeting with Canniesburn Road.

The Committee concluded this neighbourhood as being appropriate due to the existence of steep gradients and the existence of natural boundaries. Residents within the vicinity of Monreith Avenue could access the pharmacy at Spey Road by foot, as this was at the same level. All other exits to the north and south of the area were accessible only via relatively steep gradients. While there were minor services provided in the area e.g. off-license, hairdressers, small grocers, the residents would be required to travel outwith the area to access other services.

**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 there was an adequate provision of pharmaceutical services provided by the existing contractor located immediately within the neighbourhood. There was no evidence available to the PPC that
accessibility to the present pharmaceutical services provided by the current pharmaceutical network was not adequate. While there was evidence of development in the area, the Committee were confident that those who purchased houses in the new development would either have access to their own transport, or would be existing residents in the Bearsden area who were downsizing their accommodation. These residents would be fully aware that they would require to travel outwith the defined neighbourhood to access general services. The current pharmaceutical contractor provided all services expected by a local community including needle exchange, supervised methadone, and domiciliary oxygen.

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

DECIDED/-

The PPC was satisfied that the provision of pharmaceutical services at the premises of the Applicant was neither necessary nor 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 refused.

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

5. MATTERS CONSIDERED BY THE CHAIRMAN SINCE THE LAST MEETING

The Committee having previously been circulated with Paper 2006/37 noted the contents which gave details of an application considered by the Chairman outwith the meeting since Tuesday 22nd November 2006.

Minor Relocation of Existing Pharmaceutical Services

Case No: PPC/MRELOC04/2005 – Lightburn Pharmacy, 971 Carntyne Road, Glasgow G32.6

The Committee considered the action taken by the Chairman on an application for a minor relocation of a NHS Dispensing contract currently held by Lightburn 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 granting the above application in accordance with Regulation 5(3) of the National Health Service (General Pharmaceutical Services) (Scotland) Regulations 1995 as amended be homologated.

6. **NATIONAL APPEALS PANEL DETERMINATIONS**

The Committee having previously been circulated with Paper 2006/38 noted the contents which gave details of the National Appeal Panel’s determination of appeals lodged against the Committee’s decision in the following case;

**Colin & Ann Fergusson – 194 Petershill Road, Glasgow G21.4**

The Committee noted that the National Appeals Panel had upheld the appeal submitted against the PPC’s decision to refuse Colin & Ann Fergusson's application. As such the Applicants' name would be included in the Pharmaceutical List at these premises.

**Invercoast Ltd – Sandymount Post Office, 18 Grantlea Terrace, Mount Vernon, Glasgow G32.9**

The Committee noted that the National Appeals Panel had rejected the appeal submitted against the PPC’s decision to refuse Invercoast Ltd’s application. As such the Applicant's name would not be included in the Pharmaceutical List at these premises and the file was now closed.

**Ms Suman Barhaya – 673 Eglinton Street, Glasgow G5.9**

The Committee noted that the National Appeals Panel had rejected the appeal submitted against the PPC’s decision to refuse Ms Barhaya’s application. As such the Applicant’s name would not be included in the Pharmaceutical List at these premises and the file was now closed.

7. **ANY OTHER COMPETENT BUSINESS**

There was no other competent business.

8. **DATE OF NEXT MEETING**

To Be Confirmed.

The Meeting ended at 4.00pm
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 apologies.

2. **ANY OTHER BUSINESS NOT INCLUDED IN AGENDA**

There were no matters to discuss not already included in Agenda.

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

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**ACTION**

**NOT YET ENDORSED AS A CORRECT RECORD**

Pharmacy Practices Committee (08)
Minutes of a Meeting held on
Thursday 7th December 2006
Seminar Room, Glasgow Homoeopathic Hospital, Great Western Road,
Glasgow, G12

PRESENT: Andrew Robertson Chairman
Alan Fraser Lay Member
Prof W J McKie Deputy Lay Member
Mrs Kay Roberts Non Contractor Pharmacist Member
Gordon Dykes Contractor Pharmacist Member
Alasdair Macintyre Contractor Services Manager

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

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Case No: PPC/INCL19/2006
Mr Asgher Mohammed – Unit 4, 170 High Street, Glasgow G1.1

The Committee was asked to consider an application submitted by Mr Asgher Mohammed, to provide general pharmaceutical services from premises situated at Unit 4, 170 High Street, Glasgow G1.1 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 Chairman, Lay Members and Joint Leads – 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 Leads – Community Pharmacy Development agreed that it was necessary to consider the application by oral hearing.

The Committee, having previously been circulated with all the papers regarding the application from Mr Asgher Mohammed, agreed with the initial decision and reiterated 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 Asgher Mohammed (“the Applicant”). The interested party who had submitted written representations during the consultation period, and who had chosen to
attend the oral hearing was Ms Alyson Irving (Alliance Pharmacy) (“the Interested Party”).

Prior to the hearing, the Panel had collectively visited the site at Unit 4, 170 High Street, Glasgow G1.1 and the pharmacies and GP surgeries surrounding the applicant’s proposed premises.

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 Interested Party and the PPC to ask questions. The Interested Party then made their submission. After their submission there followed the opportunity for the PPC and the Applicant to ask questions. The Interested Party 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 to 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 also considered 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 sites where pharmaceutical services are provided;

e) Demographic information regarding post code sectors G1.1, G1.2, G1.5 and G5.9;

f) Patterns of public transport;
g) Greater Glasgow NHS Board plans for future development of services; and

h) Tabled documents provided by the Applicant during the hearing, comprising: a map showing the Applicant’s defined neighbourhood, copy of letter provided by the Merchant City Townscape Heritage Initiative and a promotional booklet regarding development in the area surrounding the Applicant’s proposed premises.

The Applicant’s Case

Mr Mohammed 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.

In providing background information around the application, the Applicant explained that Page 13 of the Right Medicine (Pharmacy Strategy document) suggested that the provision of pharmaceutical services should address the following:

- areas of high deprivation where there was current underprovision;
- the provision of local services to meet local needs.

Mr Mohammed explained that he had been working in the area since 1991. He felt it was important to improve patient care in the community. He tabled a map showing the boundaries of his defined neighbourhood highlighted with a yellow marker. He had been unsure whether to include Glasgow Royal Infirmary (which included a pharmacy contractor) in the defined neighbourhood, but decided against this as Glasgow Royal Infirmary could be argued to constitute a community in its own right, because of its size. Mr Mohammed also tabled a document which provided a population profile for the area. The demographic composition of the area included: over 500 frail elderly in the Drygate area, Strathclyde University campus with 18,000 students and over 2,500 staff. Furthermore the Applicant highlighted the existence of over 7,490 residents and 7,854 workers in the area, along with approximately 150,000 tourists who visited each of the various sites within the area per year.

The Applicant advised the Committee that he had been unable to obtain figures surrounding the number of rail passengers using High Street station, and explained that this was because many travellers used rail cards which prohibited the collection of robust data.

Mr Mohammed explained that there was significant development currently being undertaken in the area, with more planned. It was his opinion that pharmacy services should evolve to meet the needs of the local population, and his application was aimed to address the changing requirements emanating from these various new developments. He also
pointed to the significant level of deprivation currently prevalent within the area. There were three facilities for the homeless within his defined neighbourhood which collectively provided services to over 300 clients.

The Applicant advised the Committee that there was no pharmaceutical provision currently in the neighbourhood, with the nearest provision being his own pharmacy at 144 Trongate. He suggested to the Committee that while his pharmacy was able to provide services to meet current demand, it would be unable to cope the increased demand that would inevitably be generated from the various proposed developments. The Applicant advised that his proposed pharmacy would open from 8.30am – 6.00pm, and would open Sunday. He further advised the Committee that the proposed unit was 2,200 square feet which he felt would be more than sufficient to meet the needs of the expanding population. The Applicant informed the Committee that the unit was bigger than that described in his initial letter of support. This had been due to a change in availability within the development. The landlord had subsequently offered the Applicant a larger unit than that offered initially.

The Interested Party Questions the Applicant

On questioning from Ms Irving, the Applicant advised that there were inadequacies in the provision of pharmaceutical services in the area in terms of access. The pharmacy within the Health Centre at Glasgow Royal Infirmary was not well known other than by patients who were registered with the GPs within the Health Centre. It was not visible from the street. In addition, his own pharmacy in Trongate was only open to 5.30pm. He further advised that not all pharmacies in the area provided the full range of pharmaceutical services. If the application were granted, he would provide all services.

In response to Ms Irving’s question on what services were not provided by the current pharmaceutical network, the Applicant advised that there appeared to be an issue around the provision of needle exchange and supervised methadone services. On further questioning, the Applicant advised that in his opinion his pharmacy at Trongate served the needs of elements of the current population within the area, but he felt there would be a gap in provision which the Trongate pharmacy would not meet as each of the developments was completed.

In response to further questioning from Ms Irving, the Applicant confirmed that he considered his pharmacy in Trongate to be situated within his defined neighbourhood. He further advised that he considered the population to be made up of two main elements: residents and transient population. The transient population was difficult to quantify for various reasons.

In response to Ms Irving’s question about timescales for completion of the developments, the Applicant confirmed that the Glasgow Science Park development was due for completion within 3 years.
The PPC Question the Applicant

In response to questioning from Mrs Kay Roberts, the Applicant confirmed that students from Strathclyde and Glasgow Caledonian Universities were currently accessing services from pharmacies in Glasgow City Centre, or from pharmacies further afield. He further confirmed that his current pharmacy in Trongate was currently improving services; however he felt that the Trongate pharmacy served a different population. He considered the focus of the population around the Trongate pharmacy to be different from that around the proposed premises.

On questioning from Prof J McKie, the Applicant confirmed that an error had been made in the initial application, where the neighbourhood had been described as 1 km in radius. The Applicant clarified that this should read 1 km in diameter.

In response to further questioning from Prof McKie, the Applicant suggested that some residents would travel to the pharmacy in Trongate for their pharmaceutical services, but others would not. The Applicant further advised he felt that a new pharmacy at the proposed premises would provide a choice for the population.

The Applicant advised the Committee that the homeless population while perhaps generating small demand for pharmaceutical services was nevertheless still important in terms of planning new services.

In response to further questioning from Prof McKie, the Applicant explained that he felt the demand from the transient population was not restricted to the dispensing of prescriptions. He felt it was important to provide access to the full range of pharmaceutical services. The transient population was one element of the population within the area and were part of a diverse community, which would increase significantly over the next few years. He further confirmed that in his opinion approximately 70% of the customers, who would use the proposed new pharmacy, would travel to the facility on foot.

In response to questioning from David Thomson, the Applicant confirmed that his statistics on services for the homeless population did not include initiatives currently in place for rough sleepers. The Applicant further confirmed that the new pharmacy would provide services to this element of the population.

On David Thomson’s further questioning, the Applicant confirmed that he had initially included the pharmacy at 1432 Gallowgate in his definition of neighbourhood because he thought it was closer than it actually was. He accepted that this pharmacy should not be included in his defined neighbourhood.

In response to further questioning from David Thomson, the Applicant explained that his pharmacy at Trongate did not provide Sunday opening
as the demand for this service around the area was already being met by other pharmacies in the city centre. He advised that Sunday opening would be provided from the proposed new facility as he felt the demand for services would be more significant in this area, particularly with the level of student accommodation in the area. It was noted that flats within the student halls of residence were also let out particularly during the summer period.

The Applicant confirmed that he was aware that some of the services described in his application could only be provided at the Health Board’s discretion. He advised the Committee that he had included these services to show willingness to engage with the Health Board around any services that were required.

In response to questioning from Alan Fraser, the Applicant advised that it would be more appropriate to provide a new pharmacy provision rather than increase the range of services provided from Trongate, because the focus of the population around the proposed premises would differ from that in the area around Trongate. A new pharmacy facility would also offer the whole population choice of access.

In response to further questioning from Mr Fraser, the Applicant confirmed that known firm plans for development would result in an increase of approximately 1,050 people within 250 metres of the proposed premises, and 1,950 people within 500 metres of the proposed premises. The Applicant tabled a letter from the Merchant City Townscape Heritage Initiative, which confirmed these figures.

In response to questioning from Alasdair MacIntyre, the Applicant confirmed that the current population within the defined neighbourhood would access pharmaceutical services either in the city centre, where they lived, or around their workplace. The Applicant further explained that, although the additional numbers who would come into the area through the new developments could access services from the same places, he hoped that an additional pharmacy would provide them with choice and opportunity and was a means of planning ahead to address the demands of a changing population.

In response to questioning from Gordon Dykes, the Applicant accepted that the post-code of the proposed premises was not one of particularly high deprivation. The Applicant explained that there was higher deprivation in the areas immediately surrounding High Street, which the proposed pharmacy would also serve. The location of the premises was dictated by availability. He further confirmed that he had not yet arranged for plans of the new pharmacy to be drawn up.

In response to Mr Dyke’s final question, the Applicant did not agree that the indigenous population of the neighbourhood would vacate the area as other residents moved in as a result of the various new developments. He did not believe that the demographic of the population would change significantly.
The Chair questioned the Applicant around the amendment in his application around the size of the premises. The Applicant confirmed that he had initially been offered a unit of 1,100 square foot because of interest in the unit from other businesses and his initial letter of support had reflected this offer. Subsequently, and due to the Landlord’s willingness to have a pharmacy within the development, he had been offered a unit of 2,200 square foot. He confirmed that if the application was granted and the pharmacy established he would work with other professionals to ensure that the space was appropriately utilised.

In response to further questioning from the Chair, the Applicant believed that if granted, the new pharmacy could be operational in 3 months at the least, and within a maximum of 6 months. He confirmed that the fabric of the building was sound and that he would work with the Council’s Building Control Department to progress the necessary permissions.

**TheInterested Party’s Case – Ms Alyson Irving (Alliance Pharmacy)**

Ms Irving thanked the Committee for providing Alliance Pharmacy with the opportunity of addressing the application. She stated that Alliance Pharmacy could suggest either of two neighbourhoods:

- George Street, along the A803 to Glasgow Cross, Ross Street, Greendyke Street, onto the Saltmarket, west onto Bridgegate and up to join Queen Street.

Ms Irving explained that this was a neighbourhood due to the physical barriers including the St Enoch Centre, and the Barras market. According to 2001 census statistics, the population within this area was 2,645. Of these 318 were considered not to be in good health with the remainder being in good to fairly good health. Within the area there was one pharmacy – Abbey Chemists, 144 Trongate.

- The same neighbourhood as above plus the commercial area immediately south of the M8 motorway. According to the 2001 census statistics the population within this area was 5,042. Of these 608 were considered not to be in good health.

Ms Irving explained that the distance from the proposed site to the existing pharmacy in Trongate was 0.4 miles, from Townhead Health Centre Pharmacy was 0.7 miles, and from Queen Street Station was 0.5 miles. Within a one mile radius there were also two Alliance Pharmacies situated on Duke Street, both of which offered a range of services including: heart failure, supervised methadone, urgent supply and e-mas. Ms Irving explained that one of the Alliance Pharmacies in Duke Street was about to undergo a refurbishment in January 2007. Plans were available for the Committee’s consideration. The refurbishment would provide a dedicated consultation room with electricity, water and sound proofing.
Ms Irving explained that the population within the Applicant’s defined neighbourhood was made up of young people who were mobile, and thus had little difficulty in accessing pharmaceutical services. The Applicant’s proposed premises was situated close to flats within the area of Merchant City, whose residents, Ms Irving suggested were mainly students and young professionals, who moved freely about the city and who would have no difficulty in accessing services currently provided in the city centre. Those working in the area would access services close to their place of residence. Those people travelling around High Street train station were not likely to work in the immediate vicinity of the station, and would disperse widely. The residents in the Drygate area would access services in either Townhead Health Centre, or from the two Alliance Pharmacies in Duke Street. The transient population within the area could currently access services from a variety of sources.

Ms Irving drew the Committee’s attention to an application considered by the Committee in 2005 for a new pharmacy in Bain Street. The Applicant had been an objector to the application, and one of the comments made by the Applicant’s representative in his objection concerned the closure of the homeless facilities in the area, and the existence of adequate services to the population by the existing network.

**The Applicant Questions Ms Irving**

In response to questioning from the Applicant, Ms Irving explained that her population statistics were derived from the 2001 census statistics. The populations were different because of the differences in the neighbourhoods.

**The PPC question Ms Irving**

In response to questioning from Prof J McKie, Ms Irving advised that the two Alliance Pharmacies in Duke Street would serve the Drygate area, but not the Merchant City. She also believed that the two Duke Street pharmacies would provide services to the homeless facilities, which she did not feel posed a significant demand on services.

In response to a question from David Thomson as to the impact a new pharmacy would have on Alliance’s eight pharmacies within the one-mile radius used for consultation purposes, the Applicant advised the Committee that while Alliance Pharmacy had merged with Boots the Chemist her sole purpose was to represent Alliance Pharmacy. Boots retained separate representation in these issues.

In response to further questioning from Mr Thomson, Ms Irving advised that the Alliance Pharmacies offered a collection and delivery service provided by a driver. Pharmacist input was available if patients required this.

In response to questioning form Alan Fraser, Ms Irving confirmed that
users of the two Alliance Pharmacies on Duke Street would travel there by bus or car. 350b Duke Street was 1.6 km from the Applicant’s proposed premises, which was 4 minutes away by care. Customers could walk to the pharmacies; however this would take approximately 15 minutes.

In response to questioning from Alasdair MacIntyre, Mr Irving advised that the Alliance Pharmacies served patients resident in the Drygate area. A new pharmacy in the area would definitely have an impact on the Duke Street pharmacies.

There were no questions to Ms Irving from the Mrs Kay Roberts, Mr Gordon Dykes or the Chair.

**The Interest Party Sums Up**

Ms Irving advised that she considered that the neighbourhood already had access to adequate services. The building work described by the Applicant had in many cases not started yet, and premises were not inhabited. The application was not necessary or desirable for either of the two neighbourhoods suggested by Alliance Pharmacy.

**The Applicant Sums Up**

The Applicant drew the Committee’s attention to the letter provided by the Merchant City Townscape Heritage Initiative which clearly demonstrated the extent to which the population within the area would increase. He explained that this increase in population would radically change the focus of the neighbourhood and that his application was a vehicle to provide choice and address the changing needs of all elements of what was a diverse population.

**DECISION**

**Neighbourhood**

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

The Committee considered the competing views of the Applicant and the Interested Party and noted that initially the neighbourhood proposed by the Applicant had differed to that presented to the Committee at the oral hearing. The Committee gave consideration to the boundaries within the area and the facilities and services provided within the area.

The Committee considered that the neighbourhood should be defined as follows:

North: Cathedral Street and the A803 trunk road. This was a definite
boundary as an extremely busy trunk road which gave access from the City Centre’s main shopping area to the M8 motorway and Glasgow Royal Infirmary; West: Glassford Street and John Street to meet Cathedral Street. Beyond Glassford Street lay the main shopping area of Argyll Street which formed a significant boundary. South: Trongate heading East to Glasgow Cross and into Gallowgate. East: Gallowgate at its meeting with Barrack Street, to Hunter Street and Duke Street, North through John Knox Street to its meeting with Castle Street.

The Committee considered this to be a neighbourhood due to the physical boundaries of main trunk roads, and the difference in housing types further to the East of the defined area. The neighbourhood contained all services the Committee would expect for residents within the area to utilise as part of their every day life.

**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 there was not an adequate provision of pharmaceutical services provided by the existing contractor located within the neighbourhood.

The Committee noted the Applicant’s evidence of significant development in the area which would lead to an increase in population. The Committee agreed that the Right Medicine was underpinned by an assumption that pharmaceutical services would be provided to meet the needs of the local population. The Applicant had demonstrated that a new pharmacy in the neighbourhood would address the changing demands for services that the new developments would bring.

The Committee discussed the uptake of services in the area and learned that the two Alliance Pharmacies in Duke Street provided supervised methadone as did the pharmacy at Trongate. They considered that the pharmacies in Duke Street would serve a different population to that served by the Applicant’s proposed premises. It was known that the pharmacy in Trongate provided services to a significant number of drug misusers and a further contract would alleviate this pressure and also provide patients with an element of choice.

The Committee addressed the issue of transient population and agreed that while the population may be mobile, the numbers of transient population would remain fairly consistent given the range of attractions
and demand for accommodation in the area. Given this situation there would be a consistent need from this element of the population for services.

The Committee agreed that the new developments would be created on a phased basis, so the demand for services would follow the same pattern. It was known that the population would increase and the demands of the population would change. Currently the needs of the student population were being underprovided and this could be demonstrated by the significant numbers of EHC (Emergency Hormonal Contraception) encounters being undertaken by the pharmacies within the city centre.

The Committee agreed that the granting of the application was desirable to address the following:

- Methadone and needle exchange services – it would be advantageous to provide a further facility offering these services;
- Improved access – a further contract would offer the population choice and would address changing demand brought about by new developments;
- Public Health agenda – in terms of providing public health services e.g. EHC it would be useful to have increased provision in the area to ensure ease of access to the current and projected population.
- The Applicant was familiar with the area and would be in a good position to provide a high quality facility that would enhance current pharmaceutical network.

In accordance with the statutory procedure the Chemist Contractor members of the Committee Alasdair Macintyre and Gordon Dykes and Board Officers were excluded from the decision process:

DECIDED/-

The PPC was satisfied that the provision of additional pharmaceutical services at the premises of the Applicant was 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 members of the Committee and Board officers rejoined the meeting at this stage.

5. DATE OF NEXT MEETING

To Be Confirmed
The Meeting ended at 3.35p.m.
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 apologies.

2. MINUTES

The Minutes of the meeting held on Tuesday 7th December 2006 PPC[M]2006/07 were approved as a correct record, subject to the following amendments:

- Professor W J McKie – should read Professor J McKie.
- Mrs Kay Roberts designation should read “Deputy Non-Contractor Pharmacist Member”.
- Mr Alasdair MacIntyre’s designation should read “Contractor Pharmacist Member”.

3. ANY OTHER BUSINESS NOT INCLUDED IN AGENDA
There were no matters to discuss not already included in Agenda.

Section 1 – Applications Under Regulation 5 (10)

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

i) Case No: PPC/INCL01/2007
Dr Saduf Riaz of Premichem Pharmacy Ltd, 343 Nitshill Road, Glasgow G53.7

The Committee was asked to consider an application submitted by Dr Saduf Riaz of Premichem Pharmacy Ltd, to provide general pharmaceutical services from premises situated at 343 Nitshill Road, Glasgow G53.7 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 applicant’s proposed premises were located.

The Chairman, Lay Members and Joint Lead – 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 – Community Pharmacy Development agreed that it was necessary to consider the application by oral hearing.

The Committee, having previously been circulated with all the papers regarding the application from Premichem Pharmacy Ltd, agreed with the initial decision and reiterated 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 Dr Saduf Riaz (“the Applicant”), assisted by Mr Perminder Bassi. The interested parties who had submitted written representations during the consultation period, and who had chosen to attend the oral hearing were Mr Ken Campbell (Pollok Pharmacy), Mr Ian Smyth (PHC Pharmacy) and Mr Fergus Hunter (Parkinson’s of Paisley) (“the Interested Parties”).

Prior to the hearing, the Panel had collectively visited the site at 343 Nitshill Road, Glasgow G53.7 and the pharmacies and GP surgeries surrounding the applicant’s proposed premises.

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 Interested Parties and the PPC to ask questions. The Interested Parties then each made their submission. After their 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.

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 G53.5, G53.6 and G53.7;

f) Patterns of public transport;

g) Greater Glasgow NHS Board plans for future development of services; and

h) Additional information provided by the applicant including a comprehensive supplementary submission to his initial application, and a copy of the petition commissioned by the applicant.

The Applicant’s Case

Dr Riaz commenced his presentation by thanking the Committee for offering him the opportunity to explain why he felt his application was both necessary and desirable.

Dr Riaz then went on to outline his presentation, providing the Committee with an Agenda. Dr Riaz advised the Committee that Premichem Pharmacy Ltd were seeking to develop community focused pharmacy services that would respond to the future need of the healthcare system in the UK. Their objective was to offer some of the best services currently available in the market, based on commitment to customer service, and shifting focus from dispensing towards supporting every aspect of the patient’s medicine needs and providing as wide a diagnostic and treatment service as possible. The company wished to change old ways of practising by grasping the new era that pharmacy was entering and tailoring their service to best meet the demands of patients.

Dr Riaz advised the Committee that pharmacists were an untapped resource and that his company wished to develop an ethos that would see pharmacies being the first point of contact for patients, with pharmacists playing an ever greater role in advising patients on their health. He hoped that there would be opportunities to work more closely with the rest of the multi disciplinary team and hoped that there would be involvement in audit and research. It was these aspirations that had led him to make application to establish a pharmacy in the Nitshill area. Premichem Pharmacy Ltd’s main goal was to establish pharmacies that would become models of excellence by continually seeking to develop and implement new processes and practices that would guarantee outstanding care for the communities in which they were situated.

The Applicant then went on to describe the demographic composition of the Greater Pollok area, advising the Committee that the area was one of multiple deprivation, with 80% of its enumeration districts in the worst 10% of all Scottish enumeration districts. The area was designated deprivation category 7. Currently within the area there were five
Dr Riaz went on to propose that Premichem Pharmacy Ltd’s proposed pharmacy would serve the following neighbourhood:

- North: Barrhead Road
- West: Hurlet/City boundary
- East: Kennishead Farm
- South: Aurs Road

This neighbourhood was, the Applicant suggested, commonly known as the Levern District. Dr Riaz advised the Committee that the population of the Levern District was 12533 in the 2003/2004 population census and this level was predicted to rise during the 2006/2007 census. The population figures did not include those that were not registered to vote and the Applicant advised that the local council estimated that as much as 50% of people in the area were not registered to vote. This could put the current population at over 18,000 which would, the Applicant claimed, support four pharmacies solely to serve the Levern District. Currently there was only one pharmacy within the neighbourhood defined by the Applicant as the Levern District.

The Applicant then went on to describe current pharmacy services available to the area. There were three pharmacies within a one mile radius of the Applicant’s proposed premises: Parkinson (Paisley) Ltd, PHC (Pharmacy) Ltd, and Pollok Pharmacy. The Applicant claimed that Pollok Pharmacy was due to close in the near future which would present an immediate need. The Applicant contended that of these pharmacies, only Parkinson (Paisley) Ltd exclusively served the Levern district.

Dr Riaz then went on to detail what he felt were inadequacies in the current service. He pointed to lack of delivery service within the area. If granted, Premichem Pharmacy Ltd intended to provide a comprehensive collection and delivery service, which the Applicant felt was necessary in an area which had an above average number of elderly residents. The Applicant then went on to illustrate that none of the current pharmacies took part in the frail elderly falls project. The Applicant contended that this was necessary in the area as 39 referrals had been made to the falls prevention team since May 2006, from the G53 area. He went on to advise that none of the pharmacies in the area took part in the palliative dispensing service. He felt this service was needed given the cancer rates in G53.6 – Nitshill were 75% higher that the Scottish average. Nitshill also had a higher rate of hospital admissions due to cancer compared to the Scottish average.

The Applicant then went on to describe how none of the current pharmacies took part in the mental health project. The Applicant quoted
statistics from the Scottish Executive’s initiative Delivering for Mental Health, and suggested that provision of the service in the area was necessary due to the close proximity to Leverdale hospital which therefore meant there was higher than average proportion of patients with mental health difficulties. The Applicant also suggested that in G53.6 first hospital admissions for psychiatric issues were 57% higher than the Scottish average, while antidepressant prescriptions were 20% higher than the Scottish average.

The Applicant suggested that none of the current pharmacies took part in the Board’s needle exchange scheme. According to the Applicant a pharmacy taking part in this service was necessary as G53.5, G53.6 and G53.7 all had drugs related deaths 125% higher than the Scottish average. The Applicant also suggested that NHS Greater Glasgow had been ranked fifth in prevalence rates of needle/syringe sharing in Scotland, with approximately 15,000 IV drug users in Glasgow. Dr Riaz advised the Committee that while the existing pharmacies took part in the Board’s supervised methadone administration scheme, additional spaces were necessary. The Applicant suggested that the current methadone lists were full with patients from Nitshill and Pollok having to travel to Crookston to access services. This need would increase, according to the Applicant, with the closure of Pollok Pharmacy.

In addition, additional spaces were required in the Board’s nicotine replacement service within the area. Currently only one pharmacy in the immediate vicinity and two pharmacies in the G53 post-code area took part in the service. The Applicant suggested that in G53.6 – Nitshill, the estimated smokers make up 53.8% of the population which was 55% higher than the Scottish average, with smoking attributable deaths 69% above the Scottish average. The Applicant also advised the Committee that 50.2% of women in the G53.6 post-code area smoked during their pregnancy, which was 85% higher than the Scottish average.

In terms of the Compliance aid service, the Applicant suggested that increased capacity was required in the area as the lists of current providers were full. This was not adequate for an area where 15.6% of the population was over 60. The Applicant suggested that Nitshill had a significant psychiatric population who would benefit from the use of compliance aids.

There was also a need for another pharmacy providing medicine management services, as only one of the current pharmacies took part in this important service. The Applicant advised the Committee that an increase in the provision of this service was important as it helped reduce rates of re-admission, while reducing errors with discharge medication and improves the pharmacist relationship with the patient.

Dr Riaz then went on to describe other services that he felt were lacking in the area including services for diabetics, cholesterol testing and blood pressure monitoring. These were necessary as deaths in the G53.6 area due to heart disease were 40% higher than the Scottish average.
The Applicant also intended to provide services for those suffering from alcohol related problems. In G53.6 alcohol/attributable hospital admissions numbered 233 a year, which was 90% higher than the Scottish average. The Applicant intended to provide public awareness campaigns and provide community detoxification and supervised disulfiram clinics.

Dr Riaz then went on to describe the public health services that would be provided from his pharmacy and what forms these would take e.g. leaflets, videos, touch screen health information and internet access.

Dr Riaz advised the Committee that if granted, his pharmacy would provide extended hours, which was needed within the area as none of the current pharmacies provided such hours. The Glasgow Emergency Medical Service (GEMS) received 1204 referrals in December 2006 from the G53 post-code area, while the community police had advised the Applicant that there was a need for an out of hours service in the area. The Applicant pointed out that 53.2% of the Nitshill population did not have access to a car and would therefore benefit from extended hours being provided in the locality. As a supplement to this, the Applicant intended to open on a Sunday, which was not currently provided from any of the current pharmacies.

Currently the owner of Parkinson (Paisley) Ltd also owned Pollok Pharmacy and had shares in PHC Pharmacy. This situation, claimed the Applicant, had led to the existence of a local monopoly and placed no competitive pressures on the current pharmaceutical network to improve their services.

Dr Riaz then went on to detail the individual pilot schemes that would be provided from Premichem’s premises, if the application were granted. These included: pharmacist led clinics, community addiction team clinics, drug monitoring clinics, working with local schools and blood laboratories. The Applicant also described how the proposed pharmacy would attract passing trade as it was located on a very busy main road which provided access to Paisley, Glasgow airport and the south side of Glasgow. This positioning would allow the pharmacy to provide services to commuters as well as the local community. It would also attract people from outwith the area to shop in Nitshill improving the local economy.

The Applicant then went on to describe the proposed redevelopment in the area. He advised the Committee that over 2,000 new homes were being constructed or were already constructed. The local area was benefiting from increased business investment which would lead to a boost in the economy and a growth in population. The Applicant then directed the Committee’s attention to a large scale map which showed the level of redevelopment within the area. This redevelopment was, according to the Applicant, sufficient to sustain an additional pharmacy in the area. The Applicant advised the Committee that his application was supported by Mr Ian Davidson MP for Glasgow South West.
The Applicant also directed the Committee’s attention to the 603 signature petition and the results of the survey commissioned by a 3rd party and carried out in the area. 162 people had been surveyed. 45 to 60% of those surveyed thought that their current pharmacy offered trusted advice. 60 to 80% of those surveyed did not know that their pharmacy had a consulting room. 75 to 95% had never used the consulting room. 87 to 96% did not know about the minor ailment service and 76% of those surveyed felt Nitshill needed a further pharmacy.

Dr Riaz then went on describe the range of services that would be provided from Premichem’s proposed pharmacy immediately on opening. These included: repeat collection and delivery, medicine manager, unwanted medication, disposal, advice on medication, complaints service, first aid, inhaler technique, medication compliance, over the counter medication and the full range of pharmaceutical retail products.

The Applicant then went on describe what he considered as weaknesses in the current pharmaceutical provision. He advised the Committee that there were significant positives in the current network, however by necessity and in order to illustrate why an additional pharmacy was necessary he would focus on the weaknesses. The Applicant described what he perceived as weaknesses in each of the existing pharmacies within a one mile radius of the proposed premises. Parkinson (Paisley) Ltd had no waiting area, no treatment room, minimal information leaflets, no information videos; DVDs touch screen information or internet access. There was a 2 day wait to obtain a repeat prescription and there was limited retail space. Pollok Pharmacy was due to close, and would not exclusively serve the Levern District. There was no waiting area, or treatment room. There were minimal information leaflets and no health information, videos, DVDs, touch screen or internet access. The Applicant suggested that Pollok Pharmacy was a busy pharmacy which provided little time for providing advice to patients. PHC Pharmacy did not exclusively serve the Levern District; it was a very dispensing intensive location which provided little opportunity for giving advice to patients. There was no consultation area, and the pharmacist was behind a sheet of glass. There was no retail space or treatment room. The pharmacy did have a consultation room, but this was rarely used.

The Applicant concluded his presentation by advising that Premichem’s proposed pharmacy would be designed to be able to implement all four stages of the new contract and would also be able to take part in voluntary and pilot schemes. The Applicant advised that for all the reasons given in the presentation, an additional pharmacy in the area was necessary.

**The Interested Parties Question the Applicant**

In response to questioning from Mr Ken Campbell (Pollok Pharmacy) the
Applicant advised that he was unaware that two applications had recently been granted for additional pharmacy contracts in the area surrounding his proposed premises. The Applicant also confirmed that he was unaware that either of these new pharmacies could provide needle exchange services to the G53 post-code area.

In response to further questioning from Mr Campbell the Applicant advised that in his opinion any pharmacy dispensing less than 1,000 items per month would be considered unviable.

He also confirmed that he had obtained his information about Pollok Pharmacy closing from the local Community Council.

In response to questioning from Mr Ian Smyth (PHC Pharmacy), the Applicant confirmed that he had developed a business plan and that the viability of the proposed pharmacy within the business plan was based on an activity of 2,000 items per month. The Applicant did not agree that he was being hypocritical by criticising the owners of the current pharmacies for running their premises as businesses and not as health care providers. He advised that his intention was to move the core business away from dispensing as much as possible and to reinvest in improving services provided from the pharmacy.

In response to questioning from Mr Fergus Hunter (Parkinson (Paisley) Ltd) the Applicant clarified his comments around viability and the number of items a pharmacy would need to dispense on a monthly basis to be viable.

In response to further questioning from Mr Hunter, the Applicant confirmed that the premises were owned by his business partner’s father, who also owned most of the premises in the parade of shops.

The Applicant further confirmed that he hoped that the new pharmacy, if granted, would not divert a large number of prescriptions away from the existing pharmacies in the area. He advised the Interested Parties that he felt there would be enough business generated by the new development within the area, to sustain a further pharmacy in the area.

**The PPC Question the Applicant**

In response to questioning from Professor McKie, the Applicant confirmed that although the premises had not been his first choice, he now considered them to be ideal for a pharmacy. He confirmed that as this was the first time he had made such an application, he was learning about different issues as they arose.

In response to further questioning from Professor McKie, the Applicant confirmed that he was keen to explore different ways of bringing diagnostics into pharmacy, hence his desire to provide radiology services. He envisaged providing services akin to those provided from a Health Centre. It was his intention to provide capacity which would free
the GPs up to deal with more complex cases.

The Applicant also confirmed that the only evidence he had that a monopoly situation existed within the area was anecdotal and obtained from comments made in the survey.

The Applicant responded to questioning from Mrs Kay Roberts by reiterating that the premises had been made available as they were owned by his business partner’s father. He recognised that siting a pharmacy 150 yards away from an already established pharmacy was not ideal; however these were the first premises that had become available.

In response to further questioning from Mrs Roberts, the Applicant confirmed that he had not yet spoken to the CHP or the Health Board in relation to some of the services he wished to provide from the new premises. He advised that many of the pilot projects would initially be funded from private resources until the benefits could be evaluated and Health Board or CHP funding sought.

In response to questioning from Mr Gordon Dykes, the Applicant clarified that the existing pharmacies were able to dispense palliative prescriptions e.g. diamorphine, however none of the existing pharmacies were currently participating in the formal Palliative Care Network.

The Applicant also confirmed that some of the new housing development would be built on brown field sites, and some on green field sites.

At this point Mr Ian Smyth offered to show the Committee the various new developments on the large scale map provided by the Applicant, and to explain what had been in these locations previously. He advised that the development marked in red was in an area called South Nitshill. Previously these had been high density housing, which had been demolished approximately three years ago. It would be replaced by low density housing. The development marked in blue was an area called Priesthill. Previously this had been tenement housing.

In response to further questioning from Mr Dykes, the Applicant confirmed that he had no evidence to prove that the provision of compliance aids reduced errors.

In response to questioning from Mr Alasdair MacIntyre the Applicant confirmed that he would provide all the services listed as “routine” in his submission from the outset. Services listed as “additional” and “future” were aspirational and would be provided once the pharmacy was established.

In response to further questioning from Mr MacIntyre, the Applicant confirmed that he would be willing to offer 24hr dispensing if there was a demand. He further confirmed that he did not know how patients currently accessed out of hours services.
In response to questioning from Mr David Thomson, the Applicant advised the Committee that he had plans to ensure the pharmacists were appropriately trained to provide all services at an early stage of the pharmacy’s development.

The Applicant responded to questioning from Mr Alan Fraser by providing a summary of his background and how this would allow him to develop a model of pharmaceutical excellence.

In response to further questioning from Mr Fraser, the Applicant confirmed that approximately 300 residences were still to be built in the area.

The Applicant reiterated that while the premises had become available due to business connection rather than chosen for location, he confirmed that he now felt the premises were ideal for a pharmacy.

The Chairman asked the Applicant to clarify which of the services listed would be provided and at what points in the pharmacy’s development. The Applicant confirmed that all the services listed as “routine” would be provided at the outset. The services listed as “additional” and “future” would be provided once the pharmacy was established. The provision of these aspirational services would not be dependent on a wider resource from other areas of the company’s proposed chain of pharmacies.

In response to a follow-up question from Professor McKie, the Applicant confirmed that all of the services listed were able to be provided from the pharmacy in its own right. None of the services would be dependent upon other areas of the chain.

**The Interested Parties Case – Mr Ken Campbell (Pollok Pharmacy)**

Mr Campbell advised the hearing that Pollok Pharmacy had been established in 1979. It provided a wide range of pharmacy based services. Mr Campbell advised the hearing that during the 1980s there had been instances of leapfrogging and relocation to better sites which had resulted in the clustering of pharmacies around GP practices and other desirable sites. In 1987, Control of Entry Regulations were introduced which had produced a more rational distribution of pharmacies.

There were no questions to Mr Campbell from the Applicant.

In response to a question from Mr Smyth, Mr Campbell confirmed that he believed the Applicant to be leapfrogging into a desirable location within his application.

**The PPC Question Mr Campbell**

In response to questioning from Mr Dykes, Mr Campbell confirmed that
Pollok Shopping Centre was established in 1979. At that time, Boots the Chemist had not chosen to open within the Centre, believing that it was not a viable option. Mr Campbell did not feel that Pollok Centre was at present located in a desirable site, given that it was in fact currently in the middle of a building site. He considered that the development work had caused Pollok Pharmacy to lose approximately 30-40% in business. Mr Campbell was confident that this business would return once the development work was complete.

In response to questioning from Mr MacIntyre, Mr Campbell confirmed that no final decision had been taken as to whether Pollok Pharmacy would relocate into the new Silverburn Shopping Centre. Much of the decision depended on commercial pressures and the availability of appropriate accommodation. It was more likely that the pharmacy would relocate to a site at the entrance of the Centre.

Mr Campbell responded to a question from Mr Thomson, that there were two full time pharmacists in Pollok Pharmacy. This comprised 1 full time pharmacist, 1 pharmacist working 3 days per week, and 1 pharmacist working 2 days per week. The pharmacist working 2 days per week had recently left and had not been replaced due to the loss of business. Once the development work was complete, the pharmacist would be replaced.

In response to questioning from Mr Fraser, Mr Campbell advised the hearing that the development work would be completed on a phased basis, with some work being completed in the Autumn of 2007. The final date for completion was estimated at February 2008.

There were no questions to Mr Campbell from Professor McKie, Mrs Kay Roberts, Mr David Thomson or the Chair.

**The Interested Parties Case – Mr Ian Smyth (PHC Pharmacy)**

Mr Smyth advised the hearing that he wished to use this opportunity to clarify some of the comments made by the Applicant in his submission. In particular he advised that there had been a previous pharmacy at 402 Nitshill Road. This pharmacy was owned by Fraser Stuart, who was a GP and an oncologist. Dr Stuart’s pharmacy operated 365 days per year from 8.00am to 10.00pm. Eventually the pharmacy closed due to lack of business and despite being put up for sale there was little interest with no-one purchasing the pharmacy. Mr Smyth suggested that there had been a larger population at the time of the closure of the pharmacy.

Mr Smyth also advised the hearing that any new pharmacy would take away prescriptions from the existing network. Mr Smyth was dubious that any pharmacy could survive by dispensing only 1,000 items per month and suggested the additional pharmacy would be unviable.

In terms of the services provided by the existing pharmacies, Mr Smyth confirmed that there was spare capacity within the network to take on
additional methadone patients. Nicotine replacement therapy was
provided from pharmacies in the area, as was compliance aids, with
scope for additional patients to be taken on. Mr Smyth further questioned
the scientific basis of the Applicant’s survey and suggested that placing
the survey in the hairdressers which was owned by the father of Dr
Riaz’s business partner would produce a biased result.

Mr Smyth concluded by advising the hearing that there were numerous
consulting rooms within Pollok Health Centre.

**The Applicant Questions Mr Smyth**

In response to questioning from the Applicant, Mr Smyth confirmed that
the Board’s Pharmaceutical List was not accurate in that it did not yet
reflect that PHC Pharmacy provided services such as NRT. This service
had commenced in July 2006.

**The PPC question Mr Smyth**

In response to questioning from Mr Dykes, Mr Smyth confirmed that
there were currently 2 full time pharmacists operating in PHC Pharmacy.
This was not a response to the new contract, but had been the situation
for at least 5 years.

In response to a question from Mr Thomson, Mr Smyth confirmed that
when referring to “the existing pharmacy” in his submission, he was
meaning Parkinson (Paisley) Ltd on Nitshill Road.

There were no questions to Mr Smyth from Professor J McKie, Mrs Kay
Roberts, Mr Alasdair MacIntyre, Mr Fraser or the Chair.

**The Interested Parties Case – Mr Fergus Hunter (Parkinson
(Paisley) Ltd)**

Mr Hunter thanked the Committee for providing him with the opportunity
to address the hearing. He advised the Committee that an additional
contract had been granted by the National Appeals Panel to Mr Denis
Houlihan for premises situated at 911 Darnley Mains Road, Glasgow
G53. This location was outwith the neighbourhood suggested by the
Applicant.

He suggested the application was not necessary as the Applicant’s
proposed premises were located only 150 yards from Parkinson
(Paisley) Ltd on Nitshill Road. It would therefore serve the same area.
Mr Hunter’s pharmacy had recently undergone a refit to modern
standards and it was unlikely that the area would generate sufficient
business to sustain two pharmacies so close to each other.

Mr Hunter advised the hearing that the new pharmacy in Darnley Mains
Road proposed providing extended hours of service. This additional
pharmacy would take the number of pharmacies within a one mile radius
of the Applicant’s proposed premises to 4. All were providing services similar to those proposed by the Applicant. His own pharmacy provided domiciliary oxygen services to the area, and there was spare capacity within this service to address any increase in demand.

Mr Hunter suggested that the application was not desirable pointing to the National Appeal Panel’s acceptance of the railway bridge as the north boundary to the neighbourhood to be served by the new pharmacy on Darnley Mains Road. This left North Nitshill and Priesthill as the areas to be served by the Applicant’s premises. Mr Hunter questioned whether there would be sufficient demand advising that over 50% of the prescriptions dispensed in his own pharmacy were collected from GP surgeries. A delivery service was provided from his pharmacy on Nitshill Road, although this was not widely advertised.

**The Applicant Questions Mr Hunter**

In response to questioning from the Applicant, Mr Hunter confirmed that a collection and delivery service had been provided from the Nitshill premises for some time. He also confirmed that the pharmacy was ready for the requirements of the new contract.

Mr Hunter advised the Applicant that he disagreed his pharmacy was lagging behind in the provision of public health campaigns. Rather it was the Health Board who was not providing pharmacies with the necessary resources and information.

**The PPC question Mr Hunter**

In response to questioning from Professor McKie, Mr Hunter confirmed that there was one pharmacist in the Nitshill Road pharmacy. This was all that was required.

In response to a question from Mrs Roberts, Mr Hunter confirmed that if a new contract was granted, and the result was a loss of 1,000 prescriptions per month, he would struggle to maintain the viability of his pharmacy in Nitshill Road.

In response to questioning from Mr MacIntyre, Mr Hunter confirmed that his pharmacy had been refitted in November and was now better equipped to accommodate methadone patients. Previously the layout of the pharmacy had posed problems in monitoring shoplifters. This issue was resolved, and the pharmacy was confident that they could cope with a maximum of 10 methadone patients. The number of patients currently receiving supervised methadone from the premises was less than this, and Mr Hunter was keen that this number did not increase until the pharmacy had developed expertise in handling increased numbers.

In response to questioning from David Thomson, Mr Hunter confirmed that when he mentioned that needle exchange services were being provided in the area, he meant by one of the new pharmacies that had
been approved. The other needle exchange provider was in Thornliebank. Mr Hunter accepted that the provision of needle exchange services from the newly granted pharmacy could not be taken into consideration as the pharmacy was not yet operational, and the pharmacy had not yet received Health Board approval to participate in the needle exchange scheme.

In responding to a question from Mr Fraser, Mr Hunter confirmed that if there was demand, he would increase the number of pharmacists operating from his premises. He further confirmed that the number of deliveries made from his pharmacy varied from four to ten per day.

There were no questions to Mr Hunter from Mr Dykes, or the Chair.

The Interest Parties Sum Up

Mr Campbell reiterated that the Applicant's proposed premises were situated 150 yards away from an existing pharmacy which provided similar services to those proposed by the Applicant. Mr Campbell's pharmacy was situated within a civic realm providing community health services to the neighbourhood. He considered that the Applicant's offer of the provision of treatment rooms etc was a red herring and that the application constituted a leap-frogging tactic. For these reasons the application was not necessary or desirable.

Mr Smyth advised that PHC Pharmacy was situated in an area that had benefited from additional investment from the Health Board. £3m had been spent on the upgrading of Pollok Health Centre and the pharmacy within this facility provided the entire range of community pharmacy services. The Applicant's proposal would constitute a duplication of services already provided.

Mr Smyth advised that there was a limit to how many pharmacies could be sustained within the one area. This limit had already been reached with the granting of two additional contracts in Darnley Mains Road, and Lyoncross Road. The existing pharmacies provided services to a high standard and there was spare capacity. If the quietest pharmacy lost prescriptions its viability would be compromised. The application was neither necessary nor desirable.

The Applicant Sums Up

The Applicant advised that there were gaps in the current service provision within the area. The local community council had confirmed that they were keen to have a further pharmacy within the area and this had been borne out by the results of the independently commissioned survey undertaken in the area.

The Applicant contended that the new pharmacy on Darnley Mains Road would not serve the local population of Pollok, but rather would attract customers from outwith the area. This would also be true for any
pharmacy in the new Silverburn Shopping Centre. He further contended that PHC Pharmacy was a very busy, intensive dispensing facility which had little capacity to offer extended services including the provision of advice. He advised the hearing that needle exchange services were not provided by any of the existing pharmacies which would require patients from the neighbourhood to travel outwith the area.

The Applicant concluded by reiterating that pharmacy services were changing with a move away from dispensing to an extended role focused on minor ailments and chronic medication. For these reasons the application was both necessary and desirable.

DECISION

Neighbourhood

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

The Committee considered the competing views of the Applicant and the Interested Party and noted that initially the neighbourhood proposed by the Applicant had differed to that presented to the Committee at the oral hearing. The Committee gave consideration to the boundaries within the area and the facilities and services provided within the area.

The Committee considered that the neighbourhood should be defined as follows:

North: Barrhead Road, east to the B762 Barrhead Road to its junction with the motorway.
West: A736 trunk road (Glasgow Road) north to junction of Hurlet Road and Barrhead Road.
South: B773 trunk road. Nitshill Road, Parkhouse Road to Darnley Road to the A736 trunk road.
East: M77 motorway. This was a definite boundary as a motorway

The Committee considered this to be a neighbourhood due to the physical boundaries of main trunk roads, and the motorway. The neighbourhood contained all services the Committee would expect for residents within the area to utilise as part of their every day life.

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 there was already an adequate provision of pharmaceutical services provided by the existing contractors located immediately within the neighbourhood.

The Committee noted the Applicant's evidence of significant development in the area which would lead to an increase in population. While the Committee recognised that major development had taken place in the area, it was mindful that a significant proportion of the new residences were replacing high density housing that had been demolished some time ago.

The Committee recognised that the existing pharmaceutical network was looking at all opportunities to improve the provision of services to their catchment areas. They were now well equipped to meet the requirements of the new pharmacy contract. For this reason the Committee did not consider the granting of the application to be necessary.

In addition, the Committee did not feel that the Applicant's case had been based on a firm needs assessment of the area. While the Applicant had submitted a comprehensive application, there was nevertheless a lack of clarity around the needs of the target population. The services to be provided were non-specific and the future proposals appeared aspirational and did not seem to be based on a robust needs assessment of the neighbourhood nor on discussion with the local CHCP.

While the Committee were mindful that the issue of viability should not figure in their decision making process, they were nevertheless mindful that a further two applications had been granted for premises within the area. This would take the number of pharmacies operating within the G53 post-code area to 6. The granting of a further contract could have significant consequences for the viability of the overall network, and this could threaten the balance of service provision to the detriment of the neighbourhood. For this reason, the Committee did not consider the granting of the application to be desirable.

In summary, the Committee concluded that the existing pharmaceutical network provided adequate services to the neighbourhood population. The application was therefore not necessary. In addition, the balance of the overall distribution of services could be adversely affected if a further pharmacy contract were granted. For this reason the Committee agreed that the application was not desirable.

In accordance with the statutory procedure the Chemist Contractor members of the Committee Alasdair Macintyre and Gordon Dykes and Board Officers were excluded from the decision process.

**DECIDED/-**
The PPC was satisfied that the provision of pharmaceutical services at the premises of the Applicant was neither necessary or 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 refused.

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

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.

5. MATTERS CONSIDERED BY THE CHAIRMAN SINCE THE LAST MEETING

Transfer of NHS Dispensing Contract Where a Change of Ownership has Taken Place

Case No: PPC/CO02/2007 – Merkland Pharmacy, 75 Merkland Drive, Kirkintilloch, Glasgow G66 3SJ

The Board received an application from Apple Healthcare Group for inclusion in the Board's Pharmaceutical List at the pharmacy previously listed as Mr R Gay, T/A Merkland Pharmacy, at the address given above with effect from 1st December 2006. The trading name of the pharmacy will be Merkland 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.

Case No: PPC/CO03/2007 – J Davidson Pharmacy, 1566 Dumbarton Road, Glasgow, G14 9DB

The Board received an application from H & K Willis Ltd T/A Willis Pharmacy for inclusion in the Board's Pharmaceutical List at pharmacies previously listed as J Davidson Pharmacy at the address given above with effect from 5th January 2007.

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 if Great Britain.

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

Case No: PPC/CO04/2007 – F S Healthcare Ltd, 14 Glasgow Road, Glasgow, G76 0JQ

The Board received an application from Harvest Healthcare Ltd T/A Eaglesham Pharmacy for inclusion in the Board’s Pharmaceutical List at pharmacies previously owned by F S Healthcare Ltd T/A Eaglesham Pharmacy at the address given above with effect from 8\textsuperscript{th} December 2006.

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 if 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 Chairman’s action in approving the above applications in accordance with Regulation 5(3) of the National Health Service (General Pharmaceutical Services) (Scotland) Regulations 1995 as amended be homologated.

6. NATIONAL APPEALS PANEL DETERMINATIONS

The Committee having previously been circulated with Paper 2007/03 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.

**Apple Healthcare Group – 258 Faifley Road, Faifley, Glasgow G81.5**

The Committee noted that the National Appeals Panel had rejected the appeal submitted against the PPC’s decision to refuse Apple Healthcare Group’s application to establish a pharmacy at the above address. As such Apple Healthcare Group’s name had not been included in the Board’s Provisional Pharmaceutical List, and the file relating to this application was now closed.

**Mr N Salwan – 6 Lamlash Crescent, Cranhill, Glasgow G33.3**

The Committee noted that the National Appeals Panel had rejected the appeal submitted against the PPC’s decision to refuse Mr Salwan’s application to establish a pharmacy at the above address. As such Mr Salwan’s name had not been included in the Board’s Provisional Pharmaceutical List, and the file relating to this application was now closed.

**Lloydspharmacy Ltd – Unit 2A, Drumsagard Village, Hallside,**
The Committee noted that the National Appeals Panel had upheld the appeal submitted against the PPC’s decision to refuse Lloydspharmacy Ltd’s application to establish a pharmacy at the above address. As such Lloydspharmacy Ltd’s name was included in the Board’s Provisional Pharmaceutical List, and general pharmaceutical services would commence later this year.

7. ANY OTHER COMPETENT BUSINESS

There was no other competent business.

8. DATE OF NEXT MEETING

Scheduled for Tuesday 6th February 2007 at 12.30pm. Venue to be confirmed.

The Meeting ended at 4.10p.m.