NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (02)
Minutes of a Meeting held on
Tuesday 6th February 2007
Meeting Room, Rutherglen Primary Care Centre, Stonelaw Road
Glasgow, G73

PRESENT:  
Andrew Robertson  Chairman  
William J Reid  Deputy Lay Member  
Prof J McKie  Deputy Lay Member  
Dr James Johnson  Non Contractor Pharmacist Member  
Gordon Dykes  Contractor Pharmacist Member  

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

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

No declarations of interest were made.

1. APOLOGIES

There were no apologies.

2. 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)

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

i) Case No: PPC/INCL02/2007  
Ms Jennifer Kelly – Unit C, 151 Western Road, Cambuslang,  
Glasgow G72 8PE

The Committee was asked to consider an application submitted by Ms Jennifer Kelly, to provide general pharmaceutical services from premises...
situated at Unit C, 151 Western Road, Cambuslang, Glasgow G72.8 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 Ms Kelly, 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 Ms Jennifer Kelly (“the Applicant”), assisted by Ms Caroline Hannah. The interested parties who had submitted written representations during the consultation period, and who had chosen to attend the oral hearing were Ms Carol Burns (Burns Pharmacy), assisted by Mr Martin Green and Mr Michael Doherty (J K Leslie Pharmacy) (“the Interested Parties”).

Prior to the hearing, the Panel had collectively visited the vicinity surrounding Unit C, 151 Western Road, Cambuslang, Glasgow G72.8, the pharmacies, GP surgeries and facilities in the immediate neighbourhood, and the wider area of West Whitlawburn, Burnside,
Springhall, Cathkin and Cambuslang.

The procedure adopted by the PPC at the hearing was that the Chairman asked the Applicant to make her 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 G72.5, G72.7 and G72.8;

f) Patterns of public transport;

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

h) Additional information provided by the applicant in the form of a letter of support from West Whitlawburn Housing Co-operative Limited.

The Applicant's Case
Ms Kelly commenced her presentation by thanking the Committee for inviting her to the oral hearing.

She advised the Committee that when she decided to apply for a pharmacy contract at these premises she was unaware that there had been previous applications for premises in the same area. On discovering this fact, she had had to make a decision as to whether she should continue with the application. After reviewing the previous application she had made the decision to continue as she truly believed that she could demonstrate that circumstances had changed in the neighbourhood since the last application was considered by the Committee. Furthermore, she was confident that the area of Whitlawburn did not currently enjoy access to adequate pharmaceutical services from the current network or in relation to the new guidelines issued under the new pharmacy contract. She was also confident that she could demonstrate significant population growth within the area.

The Applicant then went on to describe what she defined as the neighbourhood that would be served by the new pharmacy, if granted. She described the boundaries as:

East side – B759 Greenlees Road to its meeting with East Kilbride Road;
West side – East Kilbride Road following down the dual carriageway to Langlea Road;
North side – Langlea Road at its meeting with Stewarton Drive, along Stewarton drive to its meeting with Greenlees Road.

Ms Kelly suggested that the road from Whitlawburn leading to the main shopping area of Cambuslang was extremely steep, and that what would normally be a 20-25 minute walk on a flat road takes considerably longer and is more exhausting because of the extreme gradient. Ms Kelly advised the Committee that no-one but the most able could negotiate this hill without assistance. The Applicant referred the Committee to the letter of support submitted by Councillor Baillie which stated “unfortunately this estate scores highly on virtually every index of deprivation and that travel costs which can be borne with ease by those more affluent become a major consideration for most of the residents. Providing appropriate on-site facilities becomes crucial to improving the quality of life.”

Ms Kelly then went on to outline the fundamental changes she considered had occurred in the neighbourhood since the last application to establish a pharmacy had been considered.

The Applicant advised the Committee that the area was one of high deprivation consisting largely of council owned or tenant managed flats. There were multiple residential developments underway and the nearby Bellway/Bett development had 219 houses that were within the defined neighbourhood. All of these were 3-5 bedroom family homes which, the Applicant suggested, would equate to a conservative estimate of a
further 800 people in the area who would require access to pharmaceutical services. Ms Kelly was aware that previous arguments had suggested that this development should not be considered part of the neighbourhood as it was physically separated by fencing. She believed that since this argument was put forward there had been a significant development within the area with a pedestrian walkway planned which would connect the estate with the main West Whitlawburn area. The closing date for planning objections was 16th January 2007, and the Applicant advised the Committee that as no objections had been lodged by either group of residents, that work would progress as planned in the 3rd quarter of this year. The Applicant suggested that this development would provide a clear route for people to access the proposed pharmacy from the new housing estate and therefore the argument that the estate was not part of the defined neighbourhood could no longer be sustained.

The Applicant further advised the Committee that West Whitlawburn Housing Co-operative had also secured land and had planning accepted for a further 100 homes with a confirmed bed space of 444. This was a new and significant development since the last application and the Applicant was keen that the Committee take this into consideration. The Applicant suggested that the introduction of these two housing estates would introduce around 1,250 residents to the area, which she considered to be a significant increase in the population.

The Applicant then went on to advise the Committee that the services currently available to the residents within the defined neighbourhood were inadequate as they had to travel to Burnside or Cambuslang Main Street to access the current network. Using the AA route map, the Applicant advised that the three pharmacies on Cambuslang Main Street were 1 mile, 1.1 miles and 1.3 miles from the proposed site. The Applicant claimed there was limited parking on Main Street; however there was adequate car parking in the 200 space car park which was immediately adjacent to the Applicant’s proposed site.

The Applicant advised that the existing pharmacies offered a full collection and delivery service to the area. She suggested however that the new pharmacy contract’s focus on pharmacists offering “pharmaceutical care” rather than depending solely on the supply function meant that as a profession, pharmacists would need to embrace new ways of working. The new contract advocated that patients should be able to readily access their pharmacist in the pharmacy for advice. The Applicant reiterated that this focus on local care was reinforced by the Scottish Executive’s “Delivering for Health” 10 year plan, which stated “the importance of preventative health care based in the local community where community pharmacists are key members of the Primary Care team.” The Applicant suggested that this made clear the Executive’s desire for pharmacies such as the one the Applicant proposed, which would be modern, well equipped and easily accessible in the heart of the community which it served. The Applicant advised that she intended to offer a full collection service and delivery service
with the key difference being that the Applicant saw it as imperative that the patient had face to face contact with the pharmacist. Her intention was to conduct the deliveries herself to customers on at least their first visit. She would also ensure that patients had her contact details and were encouraged to contact her for advice at any time. The Applicant believed that face to face contact was crucial in developing confidence and trust in the pharmacist.

The Applicant advised the Committee that the nearest pharmacy to the proposed site was Burns Pharmacy, which was 0.9 miles by AA route map from the proposed site. Access to Burns Pharmacy from the Applicant’s defined neighbourhood was restricted by a busy dual carriageway. The Applicant added that it was her opinion that Burns Pharmacy could not provide an adequate service to the area due to the limitation of the premises. The Applicant advised that the core services in the new pharmacy contract such as the Minor Ailment Service would ideally be carried out in a consultation room to allow patient confidentially and privacy. Patients requiring the diagnosis and treatment of head lice can nowadays have a reasonable expectation this would be done in private and not in front of the eyes and ears of the general public. Burns Pharmacy with its lack of a dedicated consulting room, would not, in the Applicant’s opinion be able to fully embrace the expectations of the new contract.

The Applicant further commented that in a citywide survey carried out by the Area Pharmaceutical Committee in 2000 to ascertain patient’s views of pharmaceutical services, the most frequent issue raised was the need for discreet consultation rooms. She said that the Health Board had invested large sums of money over the past years granting pharmacists money to upgrade their premises and this along with the results of the APC’s survey proved patient’s expectations. The Applicant suggested that the most important aspect of the new pharmacy contract was that patients should have access to core services in their local area and should not need to travel across what had been agreed as a natural barrier by the PPC in the consideration of the previous application, and also by the objectors.

The Applicant advised that she was experienced in and would be keen to provide a supportive supervised methadone and buprenorphine service. She advised the Committee that at week commencing 29th January 2007 the three pharmacies on Cambuslang Main Street had recorded no spaces available for new methadone patients while Burns pharmacy had recorded four spaces. The Applicant advised that it had been shown in many papers on addiction that people were more stable on substitution programmes when they didn’t have to travel a significant distance to access treatment. The Applicant believed that asking patients to travel down and back up the steep hill previously mentioned put a barrier in the way of their treatment. Providing the service in their own area would encourage them to continue with their daily programme and so increase their chances of recovery. In the Applicant’s opinion, this would have a positive health and social impact on the entire neighbourhood.
The Applicant then directed the Committee’s attention to the letter contained in her initial submission from Dr Smith, a General Practitioner who practised from the surgery on North Avenue. This letter reiterated the Applicant’s comments around the impact that the steep hill had on the residents within the defined neighbourhood, making it difficult for them to access local GPs. Dr Smith also provided information around the reduction in bus services in the area. Further proof that the residents of Whitlawburn experienced difficulty in accessing services outwith their neighbourhood.

The Applicant advised the Committee that currently there was no GP provision within the defined neighbourhood; however she was aware that the Director of West Whitlawburn Housing Co-operative was currently in negotiation with the General Manager of the CHP with regards to overcoming this issue. The over 60 population in Whitlawburn had increased dramatically over the last few years, which meant that the area had an increasing number of health requirements. The Applicant suggested that it would be a significant event for the community if a GP were to come into the area, and the Housing Co-operative were so committed to this project that they were offering premises free of charge to encourage a doctor into the community. It would further disadvantage the patients if a GP were to come in to the area and not have a pharmacy to complement their services.

The Applicant then drew the Committee’s attention to the petition which was independently commissioned by the Housing Co-operative in an effort to show full support for the application. The Housing Co-operative had arranged for leaflets to be delivered to all tenants in East and West Whitlawburn and over a period of 10 days, 190 people had attended to sign the petition. The Applicant advised that this represented 20% of the people who were leafleted. The Applicant suggested that this significant number who took the time and made the effort to sign the petition over a very limited period of time showed the community’s support and passion for the proposed pharmacy.

The Applicant advised the Committee that her proposed pharmacy would have two consultation rooms which would be available to other health and social care professionals. She would also hope to develop health projects with the Rutherglen and Cambuslang Health Initiative who have expressed an interest in joint working, including safe handling, storage and usage of medicines, healthy eating and other important lifestyle and social care projects. These programmes would be provided alongside a wide range of services which would include but was not limited to, smoking cessation, head lice project, blood pressure, cholesterol and diabetic testing, emergency hormonal contraception, pregnancy testing and other health board led model scheme initiatives.

The Applicant concluded by advising the Committee that the national pharmacy strategy “The Right Medicine” made it clear that wide-ranging modern pharmaceutical services should be readily available to all
communities in Scotland. Access to quality, local pharmaceutical care would dramatically improve the health of this neighbourhood and help to contribute to the continuing development of a community spirit. The Applicant went on to reiterate that it had been recognised that a community pharmacy was one of the core service which help stimulate the development of a community. The Applicant asked the Committee to consider that the existing community of Whitlawburn, which was to be developed extensively over the next year, had been deprived of adequate, accessible, patient centred pharmaceutical care.

The Applicant believed that it was of vital importance when considering the application that the gradient between the Main Road shops and Whitlawburn was taken into consideration and reminded the Committee that the local GP had recognised this as a barrier to services. The Applicant asked the Committee to confirm its acceptance of the previously defined neighbourhood boundaries that were agreed in the original hearing of the application. The Applicant advised that hers was a new application which raised new issues and circumstances in the area and the Applicant was proposing an improved pharmaceutical service in line with the new pharmacy contract. The community had independently shown their desire for the new contract by the presentation of their petition. The Applicant concluded her presentation by saying that she was personally committed to the project. She felt that with the experience and dedication she would bring to the project, the new contract and enhanced services, she believed that she could bring about a positive health change to the community. She trusted the Committee would given due consideration to her application and view it within the context of the requirements of the new pharmacy contract and the Scottish Executive guidelines.

**The Interested Parties Question the Applicant**

In response to questioning from Mrs Burns, the Applicant advised that since the previous application the Bellway/Bett development had been included in the defined neighbourhood along with the increases proposed by the Housing Co-operative. She advised that the demolition of the two high rise flats had been taken into account when calculating the increase in population.

In response to further questioning from Mrs Burns, the Applicant advised that she did not accept that the average occupancy of the new developments would be 1.69. She countered that the development comprised 3-5 bedroom houses and would have occupancy above 1.69.

Mrs Burns asked the Applicant why 40% of the business from Burns Pharmacy would come from the area of Whitlawburn if the pharmacy was not considered to be in the neighbourhood. The Applicant disputed this figure and quoted that the figure given by Mrs Burns in the original NAP hearing had been 25%. Mrs Burns agreed that the figure of 25% given to the NAP was not correct.
In response to questioning from Mrs Burns, the Applicant advised that she considered the services provided from Burns Pharmacy to be inadequate as there was no consultation room. She considered this facility to be an essential component for pharmacists to fully embrace the requirements of the new contract. The Applicant conceded that the specification for the Minor Ailment Service or Chronic Medication Service had not yet been prepared so there was no indication that the new contract would deem it mandatory for consultations to be carried out in a consultation room. She did however suggest that patients would reasonably expect that services such as head lice should be provided from a consultation room.

In response to questioning from Mr Doherty, the Applicant advised that she would not be offering any different services to those already offered by the existing pharmacies; however she suggested that the current services were not being provided in the neighbourhood in which her proposed premises were situated. The Applicant advised that her proposed premises were in a neighbourhood discreet from that served by Burns Pharmacy and the pharmacies on Main Street, Cambuslang. This had previously been agreed by the National Appeals Panel and objectors to the previous application.

The PPC Question the Applicant

In response to questioning from Mr Dykes, the Applicant agreed that the residents of Stewarton Drive and Greenlees Road would not shop in the same neighbourhood as the Applicant's proposed premises; she contended however that they would be likely to travel to the neighbourhood specifically to access pharmaceutical services. Currently they were forced to go to Burnside as this was the area with parking. The Applicant suggested that people would be more inclined to come into the neighbourhood if there were facilities.

In response to further questioning from Mr Dykes, the Applicant explained that people were less inclined to use the pharmacy in Braemar Road rather than travel down the steep incline into Rutherglen because the pharmacy was not immediately visible from the main East Kilbride Road. She also confirmed that she considered the resident population within her defined area to be approximately 2,769. This figure came from the 2001 census. She accepted that some of the homes in the neighbourhood were being demolished however countered that these residences would be replaced with no loss to the population figures. She also pointed to the land application being submitted by the Housing Co-operative, which if granted, would increase the population further.

In response to questioning from Mr Reid, the Applicant confirmed that the survey had been commissioned by the Housing Co-operative. The Director of the Housing Co-operative had approached the Applicant with an offer of support which had resulted in the survey. The Applicant confirmed that she had financed the printing of the leaflets. She further confirmed that the leaflets had been delivered to 1,000 homes, 190
residents had responded, which equated to a return rate of 20%.

In response to Dr Johnson’s question around consulting rooms, the Applicant responded that she felt that the Health Board would not have committed resources if they did not feel that the issue of consulting rooms was an important one. She further suggested that it would be unthinkable for a new pharmacy to open without a consulting room, such was the importance placed upon them by the new pharmacy contract, and the expectation of patients. While she accepted Dr Johnson’s point that some pharmacies were providing adequate services without a consulting room, she suggested that she would have to question why these pharmacies had not applied to access the funding made available by the Health Board.

There were no questions to the Applicant from Robert Gillespie, Professor McKie or the Chairman

**The Interested Parties Case – Mrs Carol Burns (Burns Pharmacy)**

**Mrs Burns** thanked the Committee for giving her the opportunity to put forward her case. She stated that she would like to object to the granting of inclusion in the Pharmaceutical List for a number of reasons.

She reminded the Committee that the granting of an application must be considered in relation to the regulation stating that “An application shall be granted if the Board of NHS Trust is satisfied that the provision of services at the premises is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located.” Mrs Burns submitted that the existing provision in the relevant area was indeed adequate. She contended that if the Committee agreed then the requirement to consider the desirability became unnecessary. She further reminded the Committee that the fundamental criterion on which the application should be judged was the adequacy of services in the relevant neighbourhood. A deficiency in the existing service must exist if an application was to be granted, and the onus was on the Applicant to provide evidence of a deficiency. Mrs Burns did not believe that the submission from the Applicant had been thorough enough to show any inadequacy, as the full picture of the existing service had not been shown.

Mrs Burns believed that the service was already more than adequate. The application did not take any recognition of the pharmaceutical service Mrs Burns provided at Burns Pharmacy in Braemar Road. This site had provided pharmaceutical care to the population of Whitlawburn, Springhall and Cathkin for over 30 years, the last 18 of which Mrs Burn had been the proprietor pharmacist. Mrs Burns’ pharmacy was situated a distance of approximately 600 yards as the crow flew or approximately 850 yards by foot, from the Applicant’s proposed premises. This equated to a 10-12 minute walk on flat ground which was well lit and was suitable for both prams and wheelchairs. There was a staggered pedestrian crossing on East Kilbride Road allowing safe and easy
access between Whitlawburn and Mrs Burns’s. Mrs Burns pointed to the Applicant’s statement that “On most occasions I would agree that it would be reasonable to ask patients to walk 1 mile to a pharmacy.” Mrs Burns advised that she could only assume that the Applicant’s research into the area did not take the Burns Pharmacy premises into account.

Mrs Burns advised the Committee that the pharmaceutical needs of the proposed area were more than adequately covered by the existing network of pharmacies who provided methadone supervision, needle exchange, oxygen, nicotine replacement therapy, heart failure service, head lice initiative, compliance aids, medication reviews, prescription collection and delivery service, emergency hormonal contraception, home fall support initiative, and as part of the new contract, the minor ailments service. This new service was very relevant to areas of high deprivation and had been gratefully received by the population which Mrs Burns served. Since the introduction of the minor ailments service, Mrs Burns had personally registered over 400 patients, many of whom were living in Whitlawburn and greatly appreciated this new service.

Mrs Burns advised that apart from her pharmacy and the pharmacies mentioned in Cambuslang, all of which were within walking distance of Whitlawburn, there was an adequate bus service running regularly through the neighbourhood giving access to areas of Rutherglen, Cambuslang and Burnside. Within this wider area there were two pharmacies in Burnside, three in Cambuslang and another in Fernhill along with Mrs Burns’ own pharmacy, all of which were within a radius of 1.2 miles from the Applicant’s proposed site. In addition, there were another five in the adjacent Rutherglen area and one in Kingsgate Shopping Centre in Stewartfield, East Kilbride all of which were easily reachable by a short bus or car journey.

Mrs Burns suggested that the current application did not propose any additional services that were not already provided and did not propose any extra hours of service. In addition, Mrs Burns was unaware of any complaint being lodged with the Health Board or any other service provider about the current services provided to Whitlawburn. Mrs Burns therefore asked the Committee to consider if indeed this area could be described as “an area of inadequacy”.

Mrs Burns also asked to bring to the Committee’s attention to the fact that the population of Whitlawburn was in the region of 2,800 even taking into account the new housing, which may increase the population by approximately 400 people. She advised that this was taking an average of South Lanarkshire figures of 1.69 person/house and considering the number of houses which were being demolished. This would give a generous estimate of a population in the region of 3,200. Mrs Burns considered this to be below the number which would be required to support a viable pharmacy. Mrs Burns advised the Committee that Whitlawburn accounted for 40% of the population which she would consider to be within the catchment area covered by her pharmacy on Braemar Road. She would also include Cathkin and Springhall in this
catchment area. If a new contract were awarded in this area it would adversely affect her existing contract, to such a dilution that neither would be viable as stand alone businesses therefore putting at risk the pharmaceutical cover which already adequately covered the area.

Mrs Burns advised that she noted the applicant’s communication with the Rutherglen and Cambuslang Health Initiative and also the West Whitlawburn Housing Co-operative and suggested that both organisations would be expected to give their support. She suggested that anyone asked if they would like an additional service in the area would probably support it, but that they would take this stand as a matter of convenience rather than necessity. Every area association would probably have the same reaction, but the award of a new contract should not be on the grounds of a more convenient pharmacy in an area that already had adequate pharmaceutical provision from a pre-existing network and which could threaten the existing of the existing service.

Mrs Burns advised that a recent application for the same address last year was rejected and one of the reasons given at that time by the Pharmacy Practice Committee related to the relatively low levels of dispensing by several contractors. Mrs Burns suggested that this could be seen as an over provision of pharmaceutical services in the area, and the granting of a new contract could have a detrimental effect on the services already being provided. Mrs Burns further suggested that some of the pharmacies in the area felt that they were working at less than capacity and therefore any small increase in the population due to new housing could be easily accommodated by the existing network. On these grounds Mrs Burns would conclude that a new contract was neither necessary from the point of view that no new services were being offered nor desirable as it would affect the viability of the existing network. She would urge the Committee to reject this application.

The Applicant Questions Mrs Burns

In response to questioning from the Applicant, Mrs Burns listed the services she was providing from her pharmacy subsequent to the implementation of the new contract. These included: methadone supervision, nicotine replacement therapy, heart failure service, head lice, medication review, collection and delivery, home falls project and minor ailments service.

In response to further questioning from the Applicant, Mrs Burns confirmed that the number of patients receiving nicotine replacement therapy from her pharmacy varied throughout the year. At peak points in the year the number could rise to 30. She further confirmed that the limit of 4 supervised methadone spaces that was recorded for her pharmacy represented a self imposed limit. Mrs Burns advised that if she felt capacity could increase she would be only too happy to provide the service to more people.

In response to the Applicant’s question around services relating to pro-
active lifestyle changes, the Applicant confirmed that she would provide healthy eating advice if asked, but there was no formal service in place at the moment. This would be something that Mrs Burns would formally put in place if required by the new contract.

In response to further questioning from the Applicant, Mrs Burns confirmed that her population estimate of 3,200 came from the existing population figures plus the projected increase that would occur with the new housing developments, taking into consideration the demolition programme and the average person/home figures.

In response to questioning from the Applicant, Mrs Burns accepted that if granted, a new pharmacy would have some effect on the viability of all nine pharmacies in the wider area; she suggested that her own pharmacy would be particularly adversely affected as it was the closest to the Applicant’s proposed premises. She further confirmed that 25% of the total prescription business undertaken from her pharmacy in Braemar Road originated in the Whitlawburn area.

There were no questions to Mrs Burns from Mr Doherty.

**The PPC Question Mrs Burns**

In response to questioning from Mr Dykes, Mrs Burns confirmed that she would be reluctant to rip out the recently installed fittings of her pharmacy. She would if the specification of the new contract required that every pharmacy have a consulting room, be able to accommodate this in an area which could be blocked off through the dispensary on the right hand side. Mrs Burns further confirmed that she intended to engage fully with the requirements of the contract. To this end she had undertaken a refit, had installed a computer system and had trained two pharmacy assistants as dispensing assistants.

In response to further questioning from Mr Dykes, Mrs Burns advised that 60% of the prescriptions dispensed from her pharmacy were brought in by patients who walked to her pharmacy and 40% by collection. Mrs Burns further confirmed that her collection service did not include East Kilbride.

In response to questioning from Mr Reid, Mrs Burns advised that the prescription level dispensed from her pharmacy had increased from when she took over the premises until four or five years ago, when the level plateaued.

In response to questioning from Prof McKie, Mrs Burns confirmed that she did not provide needle exchange services from her pharmacy. She further confirmed that she did not know the exact bus routes that operated in the Whitlawburn area; however she was aware that buses ran from the area into Cambuslang and Rutherglen. She further confirmed that most of the patients visited her pharmacy on foot.
In response to a hypothetical question from Prof McKie, Mrs Burns advised that if applying for a new pharmacy contract at her existing premises, she would define the neighbourhood to be served as Cathkin, Springhall and Whitlawburn. It was her contention that a whole community was encompassed in these three areas.

In response to questioning from Dr Johnson, Mrs Burns advised that most of the prescriptions collected came from Cambuslang and Halfway. When encouraged to give an estimate, Mrs Burns guessed that 50% came from Cambuslang, 25-30% from Halfway and the rest from Rutherglen.

There were no questions to Mrs Burns from Robert Gillespie, or the Chair.

The Interested Parties Case – Mr Michael Doherty (Leslie Pharmacy)

Mr Doherty advised the Committee that in his opinion the existing pharmaceutical network provided services to Whitlawburn, Cambuslang, Halfway and Rutherglen. The pharmacies dispensed prescriptions from those areas. He felt that the new contract application was picking out a small area within a wider neighbourhood. Mr Doherty also drew the Committee’s attention to the new pharmacy contract granted to Lloydspharmacy for premises situated in Drumsagard Village. This decision he suggested would result in an over provision in the area. Both of Mr Doherty’s shops could increase their capacity. He advised that there were methadone spaces at his shop, and that he had never refused any methadone patient on the grounds of no capacity.

He advised that he had consulting rooms in both his pharmacies, the bigger of which was mostly used by a chiropodist. He could not recall having had to use the room once for any private consultation that could not be conducted in the pharmacy, nor had he ever been asked by a patient for the room to be used.

Mr Doherty advised that there were lots of parking spaces around Mrs Burns’ pharmacy and there were spaces behind both his pharmacies and parking bays at the front. He was unaware that any patients from the Whitlawburn area were unsatisfied at having to travel to access services in Main Street. He provided a collection and delivery service for all the local surgeries.

He concluded by reiterating Mrs Burns assertion that the current pharmaceutical network provided adequate services to the neighbourhood which the Applicant defined would be served by her proposed pharmacy.

The Applicant Questions Mr Doherty

In response to questioning from the Applicant, Mr Doherty advised that he had not walked from his premises to the Nisa Supermarket in
Whitlawburn, which was adjacent to the Applicant’s proposed premises. He conceded that it was not reasonable to expect mothers with prams, or the elderly to walk up the steep incline to access pharmaceutical services, however he suggested that there was no need for this to happen as most patients took the bus. He did not agree that the need to pay for the bus acted as a barrier to access.

In response to further questioning from the Applicant, Mr Doherty advised that Dr Smith did not only deal with methadone patients. He conceded this was a generalisation; however he did consider that Dr Smith was the principal GP within the practice that provided care to this element of the population.

In response to further questioning from the Applicant, Mr Doherty confirmed that initially he had undertaken his collection and delivery service personally. For the last three years he had used a driver.

In response to further questioning from the Applicant, Mr Doherty disagreed that the new pharmacy contract awarded in Drumsagard showed that isolated and secluded areas were deemed not to have access to adequate services. Mr Doherty did not consider that this application was required as he did not consider there was an increase in population.

Mr Doherty also confirmed that he was unaware why Health Board records would show that his pharmacy which provided supervised methadone was recorded as having no spaces.

There were no questions to Mr Doherty from Mrs Burns.

**The PPC question Mr Doherty**

In response to questioning from Mr Dykes, Mr Doherty confirmed that he provided care to approximately 25 methadone patient, although the numbers may be more than this. He also confirmed that approximately 10-15% of prescriptions dispensed from his pharmacies came from the Whitlawburn area.

In response to further questioning from Mr Dykes, Mr Doherty confirmed that he considered there to be a social divide between residents in Grenville Drive and Whitlawburn.

In response to questioning from Dr Johnson, Mr Doherty advised that he employed 1 pharmacist at 108 Main Street, and 2 pharmacists at 222 Main Street. A locum was also employed during the times when Mr Doherty was absent from the pharmacy.

There were no questions to Mr Doherty from Robert Gillespie, Mr W J Reid, Professor J McKie, or the Chair.

**The Interest Party Sums Up**
Mrs Burns advised the Committee that Whitlawburn was not a community; rather it was part of bigger community, which already had a pharmacy and other facilities at its centre. There was a social factor to be taken into consideration given the divide existing in the area. The new houses at the Bellway/Bett development could not be considered to be part of Whitlawburn. Furthermore the population statistics showed that 28.13% of the Springhall area was over 60, compared with 9.62% in Whitlawburn. This showed that the community included significant numbers of ambulant people who would be able to access services.

Mrs Burns concluded that the basic premise of inadequacy had not been shown. The new application was not desirable as it would affect the viability of the net current provision. Mrs Burns considered it would be dangerous to invite another contract into the area.

Mr Doherty advised the Committee that he considered the area to be well supplied. He had not heard of any inadequacies and he believed that this was because there was none. A new contract in the area was not required.

The Applicant Sums Up

The Applicant reiterated that this was not an opportunistic application and that a great deal of thought, effort and passion had gone into it. She truly believed that an additional pharmacy with the broad range of services that she intended to provide was both desirable and necessary in the area that she had defined.

She concluded by reminding the Committee of the fundamental changes that had occurred since the last application.

- The construction of the walkway connecting the Bellway/Bett estate to Whitlawburn.
- The construction of 100 new housing co-operative houses which would increase the population by a further 444, bringing the total increase in the neighbourhood to 1250 which was around a 40% increase on the 2001 census.
- The question mark surrounding the commitment of Burns Pharmacy to the new pharmacy contract given their lack of consulting room.
- The gradient of the road connecting Whitlawburn with the Main Street. This had not been mentioned in the previous application but was crucial when considering accessibility.
- The support from the local GP, his recognition of the decreased bus service and the commitment to securing the necessary local GP provision for the area.
- The new pharmacy contract had also been introduced since the last application and this shifted the focus from being volume driven dispensing provision to patient driven pharmaceutical and social care services on a face to face basis.
The Applicant advised that she was personally committed to improving the health of the community which she was proposing to serve and that she would provide all necessary and desirable services to fulfil the contract to its full potential.

Before the parties left the hearing, the Chair of the Committee asked them if they had had a full and fair hearing. Mr Doherty advised the Committee that he would have liked more notice of the hearing as he had only received notification a few days before. The Chair confirmed with Board officers that the notification had been sent out on 22nd January 2007. Mrs Burns reiterated this point. Leaving this issue aside, all parties confirmed that they had had a full and fair hearing.

**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 Parties. They did not agree with Mrs Burns’s assertion that Whitlawburn was not a community in its own right, but rather part of a larger community comprising Cathkin, Springhall and Whitlawburn. 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: The south side of Grenville Drive to its meeting with Greenlees Road.
West: East Kilbride Road (A749 trunk road) to its junction with Langlea Road, travelling north on Langlea Road and across the green belt to West Coats Road and the south side of Grenville Drive.
South and East: Greenlees Road to its junction with East Kilbride Road.

The Committee considered this to be a neighbourhood due to the physical boundaries of the main trunk road. Furthermore they were satisfied that a social divide existed between the area commonly known as Whitlawburn on the east side of the East Kilbride trunk road and the area to the west of East Kilbride trunk road. A similar social divide was apparent at Grenville Drive where there was an identifiable change in the type of housing and facilities. The neighbourhood contained many 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 given that there were no existing contractors located immediately within the neighbourhood. The nearest existing contractor was situated across the A749 trunk road in Braemar Road. The pharmacy was not clearly visible from the Whitlawburn neighbourhood and the Committee, having visited the pharmacy and having considered the services provided from it, did not consider that it was providing an adequate level of service to the neighbourhood that would be served by the Applicant’s proposed premises. While the pharmacy provided many services, the Committee commented that it did not apparently provide the full range of services envisaged by the new pharmacy contract at a level which patients would expect.

The Committee further considered that the gradient of the hill that patients required to travel in order to access services on Main Street, Cambuslang, constituted a barrier to access. While the Committee recognised the existence of a bus service along East Kilbride Road, it was agreed that residents within the defined neighbourhood should not have to travel outwith the area for their day to day services. It was clear that developments had taken place within the neighbourhood and these were on-going showing the appetite to bring investment into the area and improve the quality of life for those living there. The Committee agreed that the residents should be able to access pharmaceutical services within their own neighbourhood without having to travel across the A749 trunk road to a pharmacy which the Committee did not consider provided a full range of pharmaceutical services to the neighbourhood, or to the main shopping area of Cambuslang, which required a bus journey.

The Committee recognised that the existing pharmaceutical network operating in the wider area was looking at all opportunities to improve the provision of services to their catchment areas. Most were now better equipped to meet the requirements of the new pharmacy contract. The fact remained however that they operated outwith the neighbourhood defined by the Committee as being that which would be served by the Applicant’s proposed premises.

In summary, the Committee concluded that the existing pharmaceutical network did not provide adequate services to the neighbourhood population. The application was therefore necessary.

In accordance with the statutory procedure the Chemist Contractor member of the Committee 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 necessary 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 majority decision of the PPC that the application be granted.

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

5. NATIONAL APPEALS PANEL DETERMINATIONS

The Committee having previously been circulated with Paper 2007/05 noted the contents which gave details of the National Appeal Panel's determination of appeals lodged against the Committee’s decision in the following cases.

Mr Jim Rae – 55a Crosslea Crescent, Houston PA6.7

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

6. ANY OTHER COMPETENT BUSINESS

There was no other competent business.

7. DATE OF NEXT MEETING

Scheduled for Friday 2nd March 2007 at 12.30pm. Venue to be confirmed.

The Meeting ended at 4.25p.m.
NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (03)
Minutes of a Meeting held on
Friday 2\textsuperscript{nd} March 2007
Seminar Room, Glasgow Homoeopathic Hospital, Great Western Road
Glasgow, G12

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

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

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

No declarations of interest were made.

1. APOLOGIES

There were no apologies.

2. MINUTES

The Minutes of the meeting held on Tuesday 30\textsuperscript{th} January 2007
PPC[M]2007/01 and Tuesday 6\textsuperscript{th} February PPC[M]2007/02 were
approved as a correct record.

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

1 of 5
The Committee was asked to consider an application submitted by Mr Tom McInally, to provide general pharmaceutical services from premises situated at 196 Cross Arthurlie Street, Barrhead, Glasgow G78.1 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 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 Mr McInally, 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 Tom McInally (“the Applicant”), assisted by Mr Andrew Gilbride. The interested parties who
had submitted written representations during the consultation period, and who had chosen to attend the oral hearing were Dr Donald R Fraser (Fraser's Pharmacy), Mr John Rossi (Neilston Pharmacy), Mr Nisith Nathwani (Lloydspharmacy) and Ms Alison Irving (Alliance Pharmacy) assisted by Rhona McFarlane ("the Interested Parties").

Prior to the hearing, the Committee had collectively visited Barrhead. The visit included; the vicinity surrounding 196 Cross Arthurlie Street, Barrhead, Glasgow G78.1EY, the pharmacies, GP surgeries and general facilities within the Barrhead area.

The procedure adopted by the PPC at the hearing was that the Chairman asked the Applicant to make his submission.

**The Applicant's Case**

Mr McInally distributed copies on an information pack to the committee and interested parties. He opened his presentation by thanking the Committee for inviting him to the oral hearing.

He advised the Committee that he was a quantity surveyor by profession and that he had lived in the Barrhead area for more than 30 years. Mr McInally went on to describe the background to his application which lay in an area of significant redevelopment within the Barrhead.

The Committee asked Mr McInally if he spoke on behalf of a partnership. He confirmed that a partnership had not been formed but he intimated that one would subsequently be formed.

At this point in the proceedings a member of the Committee raised a point of process. The Chair proposed an adjournment to allow the Committee to debate the point of process raised. The Applicant and the Interested Parties withdrew from the meeting at this stage.

The issue raised surrounded the competency of the Applicant to submit an application for inclusion in the Board’s Pharmaceutical List in accordance with Medicines Act 1968. The Act states, there are only three categories of persons who could lawfully own a retail pharmacy. These being:
- a pharmacist;
- a partnership, one of which must be a pharmacist; and
- a body corporate, who would have a Superintendent Pharmacist in charge of the pharmaceutical aspects of the business.

The Applicant did not currently meet any of these three categories.

Telephone contact was made with Central Legal Office. Verbal advice was provided from which the Committee agreed that it would be inappropriate for the hearing to continue until written confirmation was received from the Central Legal Office. On this basis, the Committee agreed to suspend the hearing.
The Chair invited the Applicant and Interested Parties to rejoin the meeting, and fully explained the point of process raised and the guidance received from Central Legal Office. The Chair explained to those present that the Committee had agreed that it could not continue with their deliberation of the application and the meeting would be suspended until this position was clarified. The Chair apologised for any inconvenience caused and thanked the Applicant and the Interested Parties for their attendance.

The Applicant and Interested Parties left the meeting at this stage.

The Chair asked Board Officers to prepare a robust procedure which would be used in the processing of applications, and which would contain mechanisms to ensure that all applications received were subject to a more robust checking process.

5. CHANGE OF OWNERSHIP

Case No: PPC/CO05/2007 – Munro Pharmacy Ltd, 77 Lochend Road, Easterhouse, Glasgow G34.0

The Board received an application from Munro Pharmacy Ltd for inclusion in the Board’s Pharmaceutical List at the pharmacy currently listed as Alliance Pharmacy, at the address given above with effect from 26th March 2007. The trading name of the pharmacy will be Munro 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 Committee agreed that the criteria required by the Regulations were fulfilled, and accordingly approved the application.

Case No: PPC/CO06/2007 – N&R Gordon Ltd, 16 Douglas Street, Milngavie, Glasgow G62.6

The Board received an application from N&R Gordon Ltd for inclusion in the Board’s Pharmaceutical List at the pharmacy currently listed as Alliance Pharmacy, at the address given above with effect from 5th March 2007. The trading name of the pharmacy will be N&R Gordon 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 Committee agreed that the criteria required by the Regulations were fulfilled, and accordingly approved the application.

6. NATIONAL APPEALS PANEL DETERMINATION
The Committee having previously been circulated with Paper 2007/08 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.

Houlihan Pharmacy Ltd – 911 Darnley Mains Road, Glasgow G53.7

The Committee noted that the National Appeals Panel had upheld the appeal submitted against the PPC’s decision to refuse Houlihan Pharmacy Ltd’s application to establish a pharmacy at the above address. As such Houlihan Pharmacy Ltd’s name was included in the Board’s Provisional Pharmaceutical List, and services are due to commence from the premise later this year.

7. ANY OTHER COMPETENT BUSINESS

Committee approval of pharmacy Change of Ownership requests was discussed. Mr Gillespie stated that the Board were not empowered to stop a change of ownership but there were practical changes to the contract that the Board needed to undertake, which were time sensitive. The infrequency of PPC meetings added to these time pressures. He asked the Committee to consider delegating the Change of Ownership authority to the Community Pharmacy Development Team who would subsequently report to the Committee for noting. The Committee discussed the proposal and supported delegation. The Chair asked that a Scheme of Delegation be drawn up for approval.

8. DATE OF NEXT MEETING

Scheduled for Tuesday 6th March 2007 at 12.30pm. Glasgow Homoeopathic Hospital.

The Meeting ended at 3.45p.m.
NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (04)
Minutes of a Meeting held on
Friday 6th March 2007
Seminar Room, Glasgow Homoeopathic Hospital, Great Western Road
Glasgow, G12

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

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

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

No declarations of interest were made.

1. APOLOGIES

There were no apologies.

2. 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)

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

Case No: PPC/INCL04/2007
Dr Saduf Riaz, Premichem Pharmacy Ltd – 151 Oxford Street,
Glasgow G5.9

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 151 Oxford Street, Glasgow G5.9 under Regulation 5(2) of the National Health Service (General Pharmaceutical Services) (Scotland) Regulations 1995 as amended.

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

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

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

The Applicant was represented in person by Dr Saduf Riaz (“the Applicant”), assisted by Mr Preminder Bassi. The interested parties who had submitted written representations during the consultation period, and who had chosen to attend the oral hearing were Mr Adhil Sheikh (Pollokshields Pharmacy), Mr Gerry Hughes (Hughes Pharmacy), Ms Dianne McGroary (Munro Pharmacy) and Ms Alison Irving (Alliance Pharmacy) (“the Interested Parties”).

Prior to the hearing, the Panel had collectively visited the vicinity surrounding 151 Oxford Street, Glasgow G5.9, the pharmacies, GP surgeries and facilities in the immediate neighbourhood, and the wider area of Gorbals, Pollokshields, and Tradeston.

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 and the Applicant were then given the opportunity to sum up.

**The Applicant’s Case**

Dr Riaz commenced his presentation by thanking the Committee for giving him the opportunity to present his case. Dr Riaz apologised that the supporting statement in his initial application was not as comprehensive as it could have been, especially now that he had read
Dr Riaz defined the neighbourhood to be served by his proposed pharmacy as bounded by the River Clyde on the North, bounded by the railway line to the East heading South along Eglinton Road to Gourock Street (intersection of railway) then heading North West up Pollokshaws Road to its meeting with the railway line, heading North to its meeting with River Clyde. Dr Riaz illustrated this neighbourhood on a presentation map. Dr Riaz described the area as triangle shaped.

He explained that he felt the railway to be a natural boundary separating the defined neighbourhood from the more commercial Tradeston area to the West. He said the railway separated the new build housing of the new Hutchesontown, which he described as a mix of housing association and private properties with the council owned properties in Laurieston to the East of the neighbourhood, thus marking a boundary from Hutchesontown. He pointed out that some penthouse properties in the Hutchesontown area were being marketed at prices in the region of £300,000. This supported his assertion that the demographics between the areas of Laurieston and Hutchesontown were quite distinct.

In support of the Western boundary Dr Riaz noted that previously the National Appeals Panel in their decision of 28th June 2005, considered the Western boundary for an application which Dr Riaz considered to be in the same neighbourhood, to be Bridge Street. Dr Riaz explained that this is a major arterial road and went on to say that several previous hearings have taken arterial roads as natural boundaries. In this particular case, Dr Riaz explained that there are two arterial roads on the eastern side of the neighbourhood. These being: Gorbals Street, which is the A8 and Laurieston Road which is the A728. Dr Riaz therefore felt that the railway which passes between the two was the most appropriate Eastern boundary. Dr Riaz added that Laurieston Road was particularly busy during rush hour traffic. He felt that residents, especially the elderly, the unwell and mothers with children should not be expected to cross these roads to access pharmaceutical care. Additionally, in winter roads could be slippery and there may be a lack of daylight.

The neighbourhood that Dr Riaz demarcated could in his opinion form a natural boundary as described by Lord Nimmo Smith in the Boots the Chemist v National Appeal Panel of 3rd December 1999. Lord Nimmo Smith stated “the word neighbourhood in Regulation 5(10) of the 1995 Regulations means an area which is relatively near to the premises in question, which need not have any residents, and which can be regarded as a neighbourhood for all purposes.”

In further illustration Dr Riaz suggested that if residents in Laurieston where asked what neighbourhood they considered they belonged to, they would give a similar response to most other residents in the area, namely that their neighbourhood was Laurieston.

Dr Riaz explained that major changes in the physical infrastructure of the
Gorbals area had impacted on the quality of life for residents in various ways. Firstly there was a sense of isolation among residents in the two smaller parts of Gorbals – Laurieston and Oatlands, which Dr Riaz explained were largely untouched by the physical changes; Dr Riaz advised that this isolation was heightened because many services were provided from a central point in the area. He also explained that there was territorialism between Laurieston and Hutchesontown; a number of local people (both residents and community workers) had confirmed to him that this was a real issue especially among youths and had proved hard to overcome. Dr Riaz advised that Christine Quarrell (arts worker at the Playbarn – a youth and community association) and Nancy Harvey (resident and Vice Chair of the Playbarn) had also confirmed this assertion.

Dr Riaz went on to describe the retail, community and business facilities in the following streets: Oxford Street, Coburg Street/Bridge Street/Norfolk Street, Oxford Lane, Carlton Terrace, Nicholson Street and in the arches area south of Stirlingfauld Court. In doing so, Dr Riaz hoped to confirm that the area commonly known as Laurieston was indeed a distinct neighbourhood which should have its own pharmacy.

He demonstrated the current provisions that were available to children, young people, families and the elderly, explaining that the focus was mainly though not exclusively on groups local to the Laurieston area. These included: Playbarn, Bridging the Gap (schools project), Glasgow Association of Family Support Groups, Hutchie Art Club, Gorbals Healthy Living Network, Laurieston and Gorbals Family Support Group for Drug Abusers, Glasgow Mosque and Laurieston Community Council. Dr Riaz suggested that pharmaceutical services were the major missing provider in the neighbourhood.

Dr Riaz suggested that if the Committee could agree in the light of the evidence he had provided that the defined neighbourhood was indeed a distinct neighbourhood then according to all the National Appeals Panel hearings that had concerned neighbourhoods without a pharmacy since 2001, where it was felt that despite the pharmacies outside the neighbourhood providing full services, including extensive collection and delivery services, they were regarded as not wholly inadequate. This meant that they did not consider an application to be necessary to secure the provision of adequate pharmaceutical services in the neighbourhood but did feel that it was desirable to allow the contract to secure adequate provision of pharmaceutical services. The National Appeals Panel also noted, in circumstances where the existing pharmacies provided an excellent delivery service to the area that it was desirable that those living in the area had their own pharmacy to which they could travel to easily and where they could receive face to face contact from a pharmacist. Dr Riaz added that this was even the case there the majority of the population had access to cars.

Dr Riaz advised that Laurieston was an area of multiple deprivation and that according to the index of multiple deprivation created by the Scottish
Executive, Laurieston was in the top 1% of deprived areas in the whole of Scotland. This situation would clearly indicate that the pharmaceutical requirements of this population would be higher than average. The population in the 2001 census was calculated at 1,300. Dr Riaz suggested that the PPC and National Appeals Panel had previously defined neighbourhoods where the population was lower than this e.g. rural village. Dr Riaz advised that according to Ward 66 Hutchesontown, Glasgow City Council Data Zones, Laurieston was made up of three Data Zones; S01003274, S01003302 and S013303. S01003274 had a population of 730, So1003302 had a population of 953 and So13303 had a population of 703, which meant that in 2005, the total population of Laurieston was 2,386.

In addition Ward 66 – Hutchesontown (which includes Laurieston) had an elderly population of 19.1% (figures from Glasgow City Council) which was higher than the Scottish average. Households with children totalled 18.1% and pensioner only households made up 19.0%. The area had a car ownership level of 20% and Dr Riaz suggested this would illustrate that residents would have to rely on public transport or walk to access pharmaceutical services.

Dr Riaz advised that Lord Nimmo Smith endorsed the definition of neighbourhood as illustrated when he stated “what has to be regarded is the services for those who are in whatever is the relevant neighbourhood, not limited necessarily to those resident in it”. Dr Riaz suggested that when the PPC was assessing the question of adequacy, it should carefully consider the needs and interests of all those individuals who could be expected to be in the neighbourhood on a day to day basis, including residents, employees and visitors. Dr Riaz suggested that what was required was to consider whether the population had reasonable and adequate access to the full range of NHS pharmaceutical services. Dr Riaz advised that there was approximately 89 business or service providers in the area, all who had staff and who had to maintain a sufficient footfall of customers to remain viable. Dr Riaz advised that he had been able to obtain a rough estimate of visitors to the Glasgow Mosque and that this on its own suggested that an average of 150 people attended, 5 times per day, 7 days per week. By this calculation approximately 5,250 people visited the area per week. This calculation was based on a very conservative estimate, and as further illustration Dr Riaz suggested that if every business in the area had on average of 3 employees and had 10 visitors per day, on a 5 day week there would be 13,350 people in the area on a weekly basis. Including the numbers visiting the Mosque this would give a total of 18,600. Dr Riaz accepted that this was a rough indication, but that it gave an indication of a significant working and visiting population. Dr Riaz also suggested that all the bus services leaving the city centre to travel South pass through Bride Street, from where the proposed pharmacy could be clearly seen. Also cars not using the nearby motorway heading South from the city centre passed though either Bridge Street or Crown Street. Additionally a subway station was located on Bridge Street.
Dr Riaz advised those present that future developments within the area included the “Laurieston plan” which proposed an additional 1,726 residential units; a significant increase to the current 1,200 units. This proposal was a firm one, with Glasgow City Council having already started to empty the blocks and confirming the redevelopment would go ahead. The “Tradeston plan” – 1,004 units had been given full planning permission and another 2,496 were due to receive planning permission. Dr Riaz suggested that this development was again probably as work had already commenced on the bridge connecting the Broomielaw to Tradeston and building had been cleared on the river front of Clyde Place, the Renfrew Ferry had been moved and boards had been erected across the River to mark the start of the residential development. A preferred developer had been appointed and Glasgow City Council office had confirmed that the plan would go ahead. Dr Riaz passed round artist’s impressions of the various proposed developments, along with a newspaper article which gave details of the proposed plans.

R Riaz advised the Committee that the judgement of the Second Division of the Inner House of the Court of Session in Lloyds Pharmacy Limited v the National Appeal Panel and E A Baird (N’Ards) Limited dated 11th June 2004 where Lord McFadden stated at paragraph 10 “The question that the decision-maker must address is the adequacy of the existing provision to serve the neighbourhood in question. In addressing that question, however, it is our opinion proper to have regard to probable future developments, for two reasons. First, the standard of adequacy in a particular neighbourhood may change with time. The relevant housing developments or the movement of population out of inner city areas. Secondly, Regulation 5 (10) uses the word “secure” in relation to the adequate provision of pharmaceutical services. That word seems to us to indicate that the decision-maker can look to more than merely achieving a bare present adequacy of provision into the future. That indicates that the decision-maker must have some regard to future developments, in order to ensure that an adequate provision can be maintained. The decision-maker must, however, determine the adequacy of the existing provision of pharmaceutical services at a specific time, that of its decision. It must accordingly reach its conclusion the adequacy of the existing provision on the basis of what is known at that time, together with future developments that can be considered probable rather than speculative.” Dr Riaz advised that the developments mentioned were probable rather than speculative and that accordingly security of provision was not based on the rate of development or on an arbitrary figure that had to be reached but knowing that this figure will be reached and development will be completed. This would mean that one knew that the pharmaceutical services put in place would still be in place before a crisis was reached. Dr Riaz advised that he would hope that the Committee would consider this application as either necessary or desirable to secure pharmaceutical provision in the future.

Dr Riaz then moved on to discuss access to existing services.
He advised that there were currently two pharmacies in Hutchesontown that provided pharmaceutical services to the majority of the Laurieston population. They were located 0.6 miles away according to the AA route finder. Dr Riaz advised that this would constitute a 10 minute walk to the pharmacy and a further 10 minute walk to return from the Oxford Street premises. He suggested that this would not be a problem for the fit and healthy, he felt however that the above average elderly population of Laurieston would struggle with such a walk, especially if they were unwell or frail and if it was cold, wet, dark or slippery. Mothers with children as well as unwell adults would also find this difficult especially in bad weather and in the winter months. Dr Riaz felt that these elements of the population should be able to access pharmaceutical services more locally.

There was no direct bus service from Bridge Street to Crown Street, where both the current pharmacies were located and due to the very low number of car ownership, most residents would access these services by foot. Dr Riaz pointed out that the residents would have to cross two arterial routes and pass under a four lane railway line, which only had two openings (one at Norfolk Street and one at Cumberland Street) to access pharmaceutical services. In addition, the current pharmacies were not visible from the main road and lay at the heart of Hutchesontown. He suggested that for this reason they would not be used by commuters. In addition, the Regulations stated that the pharmaceutical needs of the visitors and employees in the Laurieston area should be considered and he disagreed that these elements of the population would use the current pharmacies due to their location. Additionally, Dr Riaz suggested that the deprivation inherent in the area would discourage visitors to the area especially in the dark. For these reasons Dr Riaz did not feel the current pharmacies provided an adequate service to those that worked and visited the Laurieston area.

In Dr Riaz’s opinion Munro Pharmacy could not provide an adequate service to the area due to the limitation of the premises. It did not have a consultation area, quiet area or consultation room. The core services of the new contract such as the minor ailment service and chronic medication service should, in Dr Riaz’s opinion be carried out in a private consulting room to allow patient confidentiality and privacy. Patients requiring the treatment of head lice could nowadays expect this to be done in private. In addition the supplementary prescriber initiative would warrant a consultation room. Munro Pharmacy would therefore be unable to fully comply with the expectation of the new contract.

In a city wide survey conducted by the Area Pharmaceutical Committee in 2000 to ascertain patient’s views of pharmaceutical services, the most frequent issue raised was the need for discreet consulting rooms.

Dr Riaz suggested that in view of the opinion of Lord Carloway in the Petition of Sainsbury’s Supermarket Ltd v The National Appeal Panel issued on 29th November 2002, the PPC should consider whether
pharmaceutical services in a neighbourhood could be improved by the granting of an application where not wholly adequate provision of pharmaceutical services existed in a neighbourhood. “Even if adequacy is achieved, measures to improve pharmaceutical services in an area must nevertheless be permitted under the guise of such measures being desirable to secure adequacy.” Dr Riaz felt that the existing pharmaceutical provision could be improved and this would then mean that the current provision was not wholly adequate. He felt that if this application was granted it would improve the provision of pharmaceutical services in terms of the provision of private consulting rooms, quiet areas, treatment rooms, a waiting area, improved hours for the dispensing of prescriptions, an out of hours service for emergency prescriptions, methadone service, needle exchange, frail elderly falls project, mental health project and the provision of modern premises. Dr Riaz would also be able to offer rooms to accommodate other NHS staff, local authority staff and voluntary groups. The CAT had already shown interest in using one of the rooms for their addiction clinics and were looking to pilot an independent pilot scheme for their clinics, which Dr Riaz felt he could assist. Also, if the CAT team used the premises for their clinics there would be an improvement in services for people trying to stop alcohol abuse. Dr Riaz would also provide a collection and delivery service, free diabetes testing, BP and cholesterol monitoring as well as smoking cessation, emergency hormonal contraception, pregnancy testing and support for the frail and the elderly. The pharmacists who would work at the premises were fluent in Urdu and Punjabi and could therefore provide services to the visiting Muslim population. Dr Riaz reiterated that where the provision of pharmaceutical services could be enhanced and made more adequate by the granting of a contract then this must be considered by the Committee.

Dr Riaz presented plans of his proposed premises, and advised those present that while the plans had not been drawn up by a professional architect, they did give a fair indication of what the pharmacy would look like. The pharmacy would be built over three floors with a dispensary located on the ground floor, the upper and lower floors would be accessed by a spiral staircase within the premises.

Dr Riaz went on to advise that the supporting of the provision of “The Right Medicine” which stated “although it is not necessary for pharmacies to be open around the clock, extended opening hours would improve the service to the public and reflect the new ways people access services. Pharmacies should be planned in order to meet the needs of the people where they need them and when they need them.” Dr Riaz advised that as endorsed by Lord Carloway’s opinion in the Sainsbury’s Supermarket Case dated 29th November 2002 such enhancement of pharmaceutical services to the proposed neighbourhood should be considered. In addition, the Health Board had spent a considerable amount of money providing grants for improving premises and this would convey the emphasis the Health Board had put on providing consulting rooms. Furthermore, the Regulations point out the importance of choice for patients and currently if a patient wanted to consult a pharmacist a
pharmacist in a private consulting room in the Hutchesontown Ward then they would have no choice but to visit Alliance Pharmacy.

Dr Riaz explained that the legislation governing the control of entry to the Pharmaceutical Lists was intended to give patients ready access to pharmaceutical services. The potential loss of business by existing contractors was not relevant unless it affected the viability of those contractors. Dr Riaz felt that the granting of this license would not affect the viability of the current pharmacies in Hutchesontown. They were closer to the GP practices and would have high script figures. In addition, the Hutchesontown residents would continue to use those pharmacies. The continued developments in the area would lead to an increase in the population that would access services from the current pharmaceutical network.

Dr Riaz therefore felt for the reasons mentioned above that the granting of this contract was necessary and desirable to secure provision of pharmaceutical services to the Laurieston area.

The Interested Parties’ Question and Applicant

In response to questioning from Mr Sheikh, the Applicant confirmed that the nearest GP surgeries to his proposed premises were situated on Eglinton Street and Wallace Street. He confirmed that he was not aware of any plans to increase the number of GPs in the area, and that those patients who had to travel to the GP practice would need to walk if they lived within the vicinity of Oxford Street, the Applicant qualified this by suggesting that not all patients needed to visit the GP surgery i.e. those on repeat medication.

On further questioning from Mr Sheikh, the Applicant confirmed that the population in Laurieston was calculated at 2,386 according to 2005 figures from Glasgow City Council. This was an increase from the 2001 census statistics, which put the population at 1,300. He confirmed that the developments in the area which were complete were in fact outwith the area he defined as the neighbourhood; however he advised that this showed that the viability of other contractors in the area would not be jeopardised.

In response to questioning from Mr Hughes, the Applicant confirmed that at present there was only one set of stairs in the proposed premises. While his plans showed the existence of two sets, the second set would need to be established. He confirmed that his proposed premises were ARC Services at 151 Oxford Street. In response to Mr Hughes’ assertion that the premises were not deep enough to accommodate the Applicant’s plans, Dr Riaz advised that the premises were deeper than was visible from the street, access to other parts of the premises would be restricted. He further confirmed that there would be three toilets within the premises.

In response to further questioning from Mr Hughes, the Applicant
confirmed that one of the markings on his presentation map related to another application that he had submitted for premises in an adjacent area. He also confirmed that the proposed extension to the motorway was not shown on his map as he was not aware the route this structure would take. He further confirmed that he had described the Tradeston area as being more commercial in nature; however he had not said anything about the access to this area. He had asserted that there appeared to be only two routes into the Laurieston area; Norfolk Street and Cumberland Street.

He confirmed that the territorialism he had described in the area had been in existence for a significant period of time, but asserted that this did not detract from the fact that it was a problem.

In response to questioning from Mr Hughes, the Applicant confirmed that he had spoken to Carole Hunter from Glasgow Addiction Service around the CAT using the premises. There was no contract of agreement and no rent had been discussed.

In response to further questioning around the GP in Wallace Street, the Applicant confirmed that he did not know who the GP was. Mr Hughes advised that the GP was not on NHS Greater Glasgow & Clyde’s Medical List.

In response to further questioning from Mr Hughes, the Applicant confirmed that there would be two pharmacists employed in the premises. One full time and one part-time. This situation would be reviewed when the pharmacy had been opened for some time.

The Applicant confirmed that the population within his defined neighbourhood was 2,386. He confirmed that these figures were current, and had been derived from Glasgow City Council datazone estimates. He further confirmed that there were three datazones in the area, two of which were completely in the area of his neighbourhood and one of which carried over into the wider area.

In response to questioning from Ms McGroary, the Applicant confirmed that his proposed premises would be located over three floors with an area of approximately 3,000 square feet. He further confirmed that he would address the issue of access by elderly patients, by siting all services they would require on the ground floor.

He confirmed that the layout of the new premises would be:

Street level – entrance, waiting area, consulting room x 2, toilets, retail space, dispensary, advice and service counter.

Basement – consulting rooms x 2, waiting area, methadone dispensary, dispensary, staff room.

First floor – educational rooms, internet access, toilets.
In response to further questioning from Ms McGroary, the Applicant confirmed there would not be a fire exit in basement or on top floor. In response to Ms McGroary’s assertion that the plans were unviable, the Applicant advised that the plans had not been drawn up by an architect, but rather served as a representation of the Applicant’s vision for the premises. He confirmed that the plans could be adapted to allow all services to be provided from the ground floor. Regardless of how many floors the pharmacy occupied, all services would be provided.

In response to Ms McGroary’s question around how the proposed pharmacy would be affected when Munro Pharmacy installed a consultation room in their pharmacy, the Applicant advised that there was no consulting room in the pharmacy at the moment. He asserted that in a previous application Munro Pharmacy’s representative had made similar claims, and Munro had not yet installed a consulting room.

In response to questioning from Ms Irving, the Applicant confirmed that the Eastern boundary to his neighbourhood ran from Pollokshaws Road, joining Gorbals Street using the railway as a boundary. He further confirmed that he considered the Glasgow Mosque to be at the extreme Eastern boundary.

In response to questioning from Ms Irving around developments in the area, the Applicant confirmed that the residents of the multi-storey flats in Laurieston had already been decanted. He was unaware of when this had happened, but asserted that this was not relevant as the consideration should be to the proposed new development. He further confirmed that he would consider Laurieston and Hutchesontown to be situated in Gorbals.

He further confirmed that one development had been completed within his defined neighbourhood. This comprised a development of 18 houses.

In response to further questioning from Ms Irving, the Applicant confirmed that there was no requirement within the current contract for pharmacies to provide consulting rooms, nor did this provision appear in the current pharmaceutical regulations.

The Applicant responded to Ms Irving’s question around access to the pharmacy by confirming that the area of the ground floor of the pharmacy was approximately 1,200 square feet. Elderly and infirm patients travelling between floors would be helped by the pharmacist and pharmacy staff. He further confirmed that the pharmacy would be complete within 6-8 weeks of work starting. While the necessary permits had not yet been applied for, the Applicant was confident in meeting this timescale, as no structural work was required. He further confirmed that he had engaged the services of professional architect and had secured the services of a contractor.

In response to final questioning from Ms Irving, the Applicant confirmed
that if they were a child living in Laurieston they would attend school in Hutchesontown.

The PPC Question the Applicant

In response to questioning from Mr Reid, the Applicant confirmed that his drawings of the proposed pharmacy had not been carried out by a professional. He confirmed that if his architect advised him that his plans were unrealistic, he would make adjustments to the plans to allow him to provide all services from the space available to him. He confirmed that in this situation he would provide the same level of service, with the same amount of staff and would provide these services over the same opening hours.

In response to further questioning from Mr Reid, the Applicant confirmed that he would use the treatment and consulting rooms to provide services such as blood pressure monitoring, glucose and diabetes monitoring. He would provide holistic therapies e.g. reiki. He would be happy to make the facilities available for other professionals, which would bring footfall into the pharmacy. In terms of the educational uses of the facilities he had considered IT, numeracy etc. He had met with the Scottish Qualifications Authority (SQA) to discuss this issue. In response to Mr Reid’s question if the educational element would be related to pharmacy services, the Applicant confirmed that it would be wider than this, as he felt that the area was one of high deprivation and education would be useful in this context.

In response to Mr Reid request for clarification over the neighbourhood, the Applicant advised that his defined neighbourhood was as follows: the River Clyde, Eglinton Street to Gourock Street, Pollokshaws Road along the railway till it runs back to the River Clyde.

In response to questioning from Mrs Roberts, the Applicant explained that the development shown in his plans were proposed developments. The bridge shown in one of the illustrations was not the existing “Squinty Bridge”, but rather an additional proposed bridge further up the river.

In response to further questioning from Mrs Roberts, the Applicant confirmed that the developments mentioned in his tabled newspaper report had been given planning approval on 6th February 2007.

In response to questioning from Mrs Roberts, the Applicant accepted that his extended hours amounted to only five extra hours per week. He asserted, however that any additional level of service would be welcomed by the community.

In response to questioning from Mr Macintyre, the Applicant advised that current visitors to the area would have to travel outwith the neighbourhood to access pharmacy services.

In response to further questioning from Mr Macintyre, the Applicant
advised that the lack of a consulting room in Munro Pharmacy affected access to services. His assertion was that if services could be improved by installing a consulting room or by providing methadone services, then it could not be judged to be wholly adequate. In response to Mr Macintyre’s question around what would be inadequate with the current service if Munro Pharmacy did have a consulting room, the Applicant advised that patients would still need to travel outwith their neighbourhood to access services.

In response to further questioning from Mr MacIntyre, the Applicant advised that he would provide methadone supervision and needle exchange services. He accepted that this would be dependent upon Health Board approval; however he felt that if the services were needed he would advocate the provision of these services.

In response to questioning from Mr Dykes, the Applicant confirmed that currently there were no plans to redevelop Oxford Street. He felt however that the area surrounding Oxford Street would be improved by the other planned redevelopments in the area.

In response to questioning from Mr Thomson, the Applicant accepted his plans for the pharmacy were ambitious, but confirmed that they would comply with legislation around Disability Discrimination Act.

In response to further questioning from Mr Thomson, the Applicant confirmed that he would provide methadone services to as many patients as possible. He was keen to work with the Addiction Service perhaps providing clinics from the premises and exploring opportunities for independent prescribing.

In response to a final question from Mr Thomson, the Applicant confirmed that he had not spoken to the local Councillor, but had spoken to Councillor Butt (from a neighbouring area). He had planned to speak to Laurieston Community Council; however this had not happened yet.

In response to questioning from the Chair, the Applicant confirmed that the Councillor for the area covering his neighbourhood was Councillor Mutter and that he had not spoken to this Councillor regarding his application.

In response to questioning from Professor McKie, the Applicant confirmed that he had obtained his population statistics from Glasgow City Council. In response to further questioning around population, Dr Riaz confirmed that the population would increase to approximately 2,400 calculated on an average occupancy rate of 1.3 per dwelling.

Ms Irving asked the Committee at this point if she could seek clarification from the Applicant on two issues. The Committee agreed.

The Applicant clarified that two of the multi-story flats in Laurieston had been emptied. He was not sure whether the figures he had quoted from
Glasgow City Council had taken into account the reduced population that would have occurred when the flats were emptied.

**The Interested Parties’ Case – Mr Adhil Sheikh (Pollokshields Pharmacy)**

Mr Sheikh advised the Committee that he did not feel the application to be necessary or desirable. There were currently 12 pharmacies within one mile of the Applicant’s proposed premises. He did not accept that a further contract would bring advantage to the local population. There were no demographic changes in the area, nor were there any plans for any further GPs or Nursing Homes in the area.

There was no GP surgery close to the Applicant’s proposed premises, and this raised questions over where the prescriptions would come from.

Mr Sheikh was also concerned over the ambitious plans put forward by the Applicant, and questioned whether these would receive the necessary planning permissions, or whether they would comply with requirements of DDA. He would also question whether the premises would be complete within the timescale given by the Applicant. He reiterated that there was no need for a further pharmacy in the area and hoped the Committee would agree.

**The Applicant Questions Mr Sheikh**

In response to questioning from the Applicant, Mr Sheikh advised that he would be affected if another pharmacy opened within the area. He accepted that the nearest GP surgeries to the Applicant’s proposed premises were in fact nearer to Pollokshields Pharmacy.

In response to further questioning by the Applicant, Mr Sheikh advised that Pollokshields Pharmacy provided the full range of pharmaceutical services. He was currently in negotiation with Alia Gilani, Board Pharmacist around public health campaigns.

**The PPC Question Mr Sheikh**

In response to questioning from Mr Dykes, Mr Sheikh advised that there were four members of staff within Pollokshields Pharmacy who spoke Urdu and Punjabi. A 5th member of staff would commence employment on 7th March 2007.

In response to further questioning from Mr Dykes, Mr Sheikh advised that literacy and numeracy were no bigger a problem in the Pollokshields area than other areas. Most patients who didn’t have English as a first language preferred to speak to someone who could converse in their first language. Mr Sheikh did not feel that patients would be particularly motivated to access services outwith their area just to have access to someone who spoke their own language. It was his opinion that convenience was more desirable, and patients would
access services close to them.

There were no questions to Mr Sheikh from Mr Reid, Mrs Roberts, Mr MacIntyre, Mr Thomson, Professor McKie or the Chair.

The Interested Parties’ Case – Mr Gerry Hughes (Hughes Pharmacy)

Mr Hughes advised the Committee that he had identified four different definitions of neighbourhood for this area. These being: PPC definition 2005, NAP in 2005, GP Sub-Committee in 2004 and 2006. What he knew to be true was that there were currently 13 pharmacies within a one-mile radius of the Applicant’s proposed premises. There were 20 pharmacies within 2km. He disagreed with the Applicant’s assertion that there was a GP practice in Wallace Street and suggested the Applicant’s information around some of the proposals was speculative and unsubstantiated.

He pointed out to the Committee that there more than two entrances into the area and suggested this number was nearer 7. There were ten crossings over the River Clyde within 500 yards.

He disagreed with the Applicant’s assertion that 18,500 people visited the area on a weekly basis. He did not consider that the area was a distinct area. He advised the Committee that the main road in the area, Bridge Street was a one way road; buses travelling along this road only went South. In addition there was no access east and south due to the operation of the one-way system. Access to the Applicant’s proposed premises would require travelling along the four sides of a square.

Mr Hughes did not agree with the Applicant’s estimation of the footfall within the area. He believed most of the business to be secondary shop fronts which did not attract people wishing to purchase multiple items. Most were specialist providers which customers would require to travel to specifically for the items that the shop sold. Mr Hughes suggested that this was borne out by the list of businesses read out by the Applicant.

Mr Hughes did not feel the application would succeed.

The Applicant Questions Mr Hughes

In response to questioning from the Applicant, Mr Hughes disagreed that there was currently no pharmaceutical provision in the Laurieston area.

In response to further questioning from the Applicant, Mr Hughes confirmed that by accepting his assertion that the railway line was not a boundary, then the Tradeston area would be included in the Applicant’s neighbourhood. He further agreed that the shop fronts were different to those found on Paisley Road West.
In response to final questioning from the Applicant, Mr Hughes continued to disagree that the rate of footfall within the neighbourhood was as significant as the Applicant suggested, even though he accepted that there was clearly sufficient footfall to keep the shops in the area open.

**The PPC Question Mr Hughes**

In response to questioning from Mr Dykes, Mr Hughes advised that he dispensed few prescriptions from the Laurieston area in his pharmacy in Admiral Street. He speculated that patients in the Laurieston area were currently accessing their services via pharmacies in the city centre.

There were no questions to Mr Hughes from Mr Reid, Mrs Roberts, Mr MacIntyre, Mr Thomson, Professor McKie or the Chair.

**The Interested Parties’ Case – Ms Dianne McGroary (Munro Pharmacy)**

Ms McGroary advised the Committee that she did not consider the Applicant’s defined neighbourhood to be a neighbourhood in its own right, but rather a pocket in a neighbourhood. The Applicant had provided no evidence to suggest an internal split and it was her assertion that people within the area moved freely.

Munro Pharmacy provided various services from their premises in Crown Street including a collection and delivery service, palliative care, head lice, supervised methadone, smoking cessation and they had registered 1,000 patients for the minor ailment service. She considered this to be a comprehensive range of services. She was not aware that the Health Board had received any complaints over the lack of services within the area. She further asserted that Munro Pharmacy were looking to expand their premises.

Ms McGroary asserted that the drawings provided by the Applicant constituted a “wish list”, and there was no guarantee that the plans could come to fruition. She questioned their basis in reality. Ms McGroary did not feel there were any issues around addiction services; indeed Munro Pharmacy had vacant spaces.

In finishing, Ms McGroary advised the Committee that Munro pharmacy was about to engage a bilingual pharmacist.

**The Applicant Questions Ms McGroary**

In response to questioning from the Applicant, Ms McGroary advised that head lice services were provided in Munro Pharmacy in the consultation area which was situated straight ahead from the entrance to the pharmacy and slightly to the left.
In response to further questioning from the Applicant, Ms McGroary confirmed that Munro Pharmacy would in all probability not have to close if a further contract were granted, however she questioned why patients would need to walk to the Crown Street pharmacies if there was pharmacy closer to them. This would have an adverse effect on the existing pharmacies.

**The PPC Question Ms McGroary**

In response to questioning from Mr Dykes, Ms McGroary advised that Munro pharmacy dispensed very few prescriptions from the Laurieston area, but she was unable to estimate how many.

In response to questioning from Professor McKie, Ms McGroary confirmed that the consultation area in Munro Pharmacy was not partitioned, but rather an area screened off from the public.

There were no questions to Ms McGroary from Mr Reid, Mrs Roberts, Mr MacIntyre, Mr Thomson, or the Chair.

**The Interested Parties’ Case – Ms Alison Irving (Alliance Pharmacy)**

Ms Irving advised the Committee that Alliance Pharmacy believed the neighbourhood to be that previously described by the National Appeals Panel in June 2005, in consideration of an application for Bridge Street. This being:

- North by River Clyde
- West by Bridge Street and Eglinton Street
- East by bend of River Clyde as it turns South then Eastwards
- South by Eglinton Toll along the line of Railway to Cathcart Road north to Caledonia Road to its junction with the River Clyde.

Ms Irving advised that in this neighbourhood Alliance Pharmacy had one pharmacy at 155 Crown Street, 0.73km from the Applicant’s proposed premises.

Alliance Pharmacy provided all services as would be expected under the contract, as it currently exists plus additional non-core services. They were also ready to embrace the next core services to be introduced under the new contract. They had a consultation area and healthy living centre and run various health awareness campaigns with Greater Glasgow and Clyde. She did not consider there to be any inadequacy of pharmaceutical services in this neighbourhood.

In terms of the population, Ms Irving advised that it was on the decline as could be demonstrated by the demolition of Laurieston flats at Stirlingfauld Court and the planned demolition of Norfolk Court. These multi-storey flats were 23 floors high and any future development in
this area would not be such high density housing. She claimed that the population figures given by the Applicant were relevant to before the flats had been emptied, and therefore the true population level was considerably less than that claimed by the Applicant. Furthermore she suggested that the majority of the developments mentioned by the Applicant were actually situated outwith the Applicant’s defined neighbourhood.

The pharmacies in the neighbourhood and in the adjacent neighbourhood provided adequate pharmaceutical cover and therefore this application should be rejected.

The Applicant Questions Ms Irving

In response to questioning from the Applicant, Ms Irving advised that she could not be specific over the number of prescriptions dispensed from Alliance Pharmacy that were generated from patients in the Laurieston area.

In response to further questioning from the Applicant, Ms Irving confirmed that the developments earmarked for the Laurieston area were firm planned developments. She qualified this by suggesting that the developments comprised low density housing unlike the high density housing which had previously existed in the 4 multi-storey developments, two of which are already emptied and awaiting demolition and two of which would be demolished at a later date.

In response to further questioning from the Applicant, Ms Irving agreed that the pharmacies in Crown Street may not be visible from some points on Laurieston Road. They could be described as being hidden behind flats; however she did not agree that they were not accessible.

The PPC Question Ms Irving

In response to questioning from Mrs Roberts, Ms Irving agreed that the pharmacies on Crown Street had been visible until the establishment of the Library.

In response to questioning from Mr MacIntyre, Ms Irving confirmed that the positioning of the pharmacies had not stopped patients accessing the services.

In response to questioning from Mr Thomson, Ms Irving confirmed that she was representing Alliance Pharmacy only.

There were no questions to Ms Irving from Mr Reid, Mr Dykes, Professor McKie, or the Chair.

The Interested Parties Sum Up

Mr Sheikh advised the Committee that there were no ifs, buts or
maybe in this case, the granting of a further contract was not necessary or desirable. The Applicant had not provided any justification for the granting of a further contract, and had indeed provided unclear information around GP practices, the premises, and the definition of the neighbourhood. The application was not warranted.

**Mr Hughes** advised the Committee that the area surrounding the Applicant’s proposed premises was situated in an area which was an economic desert.

**Ms McGroary** advised the Committee that there was no need or desirability for an additional contract. The current provision of services was acceptable.

**Ms Irving** had nothing further to add.

**The Applicant Sums Up**

**Dr Riaz** advised the Committee:

- Laurieston should be regarded as a neighbourhood for the reasons previously mentioned.

- If it were accepted as a neighbourhood then there was no pharmacy within the neighbourhood and this would point to the desirability of granting this license.

- Ward 66 Hutchesontown was a very deprived area with higher than average pharmaceutical needs, a higher than average elderly population, 18.1% of households had children and there was a very low care ownership.

- The current pharmacies did not provide an adequate pharmaceutical service to those that work or visit Laurieston.

- The Laurieston and Tradeston plans were probably and when complete would lead to a substantial increase in population.

- There was poor accessibility to the current pharmacies due to crossing two “A” roads as well as underneath a railway bridge. The pharmacies were poorly visible from the main road. There was no direct bus service.

- Services could be improved and were therefore not wholly adequate.

- Services could be improved by providing consulting rooms, treatment rooms, waiting areas, improved hours of dispensing, out of hours service, needle exchange, supervised methadone, frail elderly falls project, mental health project and space for other care providers to use premises to see patients and the provision of modern pharmacies.
- Importance of patient choice in neighbourhood when wanting to speak to a pharmacist in a consulting room.

- The new contract would not threaten the viability of the existing contractors.

Before the Applicant and the Interested Parties left the hearing, the Chair asked them to confirm that they had had a full and fair hearing. All confirmed that they had.

**DECISION**

The PPC was required and did take into account all relevant factors concerning the issue 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 all 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 G5.9 and G1.4;

f) Patterns of public transport;

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

h) Additional information provided by the Applicant in the form of plans for future developments in the area, and plans showing the layout of the proposed pharmacy.
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 various neighbourhoods put forward by the Applicant, the Interested Parties, the GP Sub-Committee and the National Appeals Panel in similar applications. Taking all information into consideration, the Committee considered that the neighbourhood should be defined as follows:

North: the River Clyde  
West: Bridge Street and Eglinton Street  
East: by bend of River Clyde, south and east  
South: Eglinton Toll along the line of railway to Cathcart Road and north to Caledonia Road to it’s junction with the River Clyde.

The Committee felt that this was distinct neighbourhood. The River Clyde to the north formed a significant physical boundary separating the main shopping area in Glasgow. Bridge Street and Eglinton Street were main trunk roads which acted as a natural division, beyond which lay the more commercial area of Tradeston. The railway to the South again acted as a physical boundary. The area within these boundaries was, in the Committee’s opinion a neighbourhood for all purposes. It contained schools, business, churches and residential areas.

**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 there were two existing pharmacies. These pharmacies provided the full range of pharmaceutical services including supervised methadone and domiciliary oxygen. The Committee considered that the level of existing services ensured that satisfactory access to pharmaceutical services existed within the defined neighbourhood. The Committee therefore considered that the existing pharmaceutical services in the neighbourhood were adequate.

The Committee considered the Applicant’s comments around the existence of a GP in Wallace Street. Board officers confirmed that the GP was Dr Kerry Milligan who was included in the Board’s Medical List as a restricted list principle, providing services to a discreet patient list within the facility at the Hamish Allan Centre. This was not a GP
surgery in the sense that most people would recognise. The Committee therefore did not feel this was a factor relevant to the Applicant’s case.

The Committee also gave consideration to the Applicant’s population figures. The Committee consulted the demographic information provided by the 2001 census statistics. This information showed a reduction in population in the post-code in which the Applicant’s proposed premises were situated. The population served per pharmacy was considerably lower than expected. The Committee noted that four of the multi-storey complexes within the area were earmarked for demolition. Two of the complexes had already been emptied of residents who had been rehoused. The other two complexes would be emptied and demolished at a future date. While the Committee accepted the Applicant’s assertion that redevelopment in the area would result in an increase to the current population, they were satisfied that any new developments would be of lower density housing, the occupants of would easily access services from the existing network.

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

In accordance with the statutory procedure the Chemist Contractor Members of the Committee Gordon Dykes and Alasdair MacIntyre 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 not necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises were located by persons whose names are included in the Pharmaceutical List and in the circumstances, it was the unanimous decision of the PPC that the application be refused.

Te Chemist Contractor Members of the Committee Gordon Dykes and Alasdair MacIntyre and Board Officers rejoined the meeting at this stage.

4. CHANGE OF OWNERSHIP

The Committee having previously been circulated with Paper 2007/10 noted the contents which gave details of Changes of Ownership which had taken place in the following cases:
Case No: PPC/COO7/2007 - TLC Gourock Pharmacy – 2a Cowal View, Gourock PA19.1

The Board had received an application from TLC Gourock Pharmacy for inclusion in the Board’s Pharmaceutical List at a pharmacy previously listed as Gourock Pharmacy at the address given above. The change of ownership was effective from 28th November 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 of Great Britain.

Given the above, the Committee agreed that the application could be granted in terms of Regulation 4 of the current Pharmaceutical Regulations.

Case No: PPC/COO8/2007 – TLC Inverkip Pharmacy – Kip Londis Store, 1 Kip Park, Main Street, Inverkip, PA16.0

The Board had received an application from TLC Inverkip Pharmacy for inclusion in the Board’s Pharmaceutical List at a pharmacy previously listed as Inverkip Pharmacy at the address given above. The change of ownership was effective from 28th November 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 of Great Britain.

Given the above, the Committee agreed that the application could be granted in terms of Regulation 4 of the current Pharmaceutical Regulations.


The Board had received an application from TLC Inverkip Pharmacy for inclusion in the Board’s Pharmaceutical List at a pharmacy previously listed as Alliance Pharmacy at the address given above. The change of ownership was effective from 5th March 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 of Great Britain.

Given the above, the Committee agreed that the application could be granted in terms of Regulation 4 of the current Pharmaceutical Regulations.

5. ANY OTHER COMPETENT BUSINESS

The Committee asked Board officers to develop a set of guidelines which
would incorporate robust checking mechanisms to ensure the relevance and appropriateness of applications received.

6. **DATE OF NEXT MEETING**

Scheduled for Thursday 29\textsuperscript{th} March 2007 at 12.30pm. Venue to be confirmed.

The Meeting ended at 4.40p.m.