NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (05)
Minutes of a Meeting held on
Thursday 29th 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
Mrs Agnes Stewart  Vice-chair
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 Friday 2nd March 2007 PPC[M]2007/03 and Tuesday 6th March 2007 PPC[M]2007/04 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 PHARMACEUTICAL LIST

Case No: PPC/5/2007
Mr Mohammed Ameen – 668 Eglinton Street, Glasgow G5.9

The Committee was asked to consider an application submitted by Mr Mohammed Ameen, to provide general pharmaceutical services from premises situated at 668 Eglinton 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 Mr Ameen, agreed that the application should be considered by oral hearing.

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

The Applicant was represented in person by Mr Mohammed Ameen (“the Applicant”). 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), Ms Alison Irving (Alliance Pharmacy), and Mr Charles Tait (Boots the Chemist) (“the Interested Parties”). The Committee noted that additional written representations had been submitted by Ms Dianne McGroary (Munro Pharmacy) and Mr Mathew Cox (Lloydspharmacy) who were unable to attend the oral hearing.

Prior to the hearing, the Panel had collectively visited the vicinity surrounding 668 Eglinton Street, Glasgow G5.9, the pharmacies, GP surgeries and facilities in the immediate neighbourhood, and the wider area of Gorbals, Pollokshields, Tradeston, Queens Park and Govanhill.

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**

Mr Ameen commenced his presentation by thanking the Committee for giving him the opportunity to present his case.

The Applicant defined the neighbourhood to be served by his proposed pharmacy as bounded by the M8 motorway on the North, bounded by the River Clyde to the East, to the South travelling down Gorbals Street, then down to Cathcart Road, taking a right onto Butterbiggins Road and into Albert Drive, to the West along St Andrews Road, taking a right into Shields Road.

Mr Ameen explained that within this neighbourhood there was a good range of shops including grocers, fast food outlets, petrol stations and other retailers. The number of retailers in the area had increased for varying reasons, including the increase in new build housing and the opening of a 24 hour petrol station. This, the Applicant suggested had caused a new neighbourhood to be created.

The Applicant placed the population within his neighbourhood as being approximately 7,540. 173 new homes had already been built in the area and 335 were currently under construction. The “First Bus” depot was 100 yards from the current premises and the new bus depot was being created alongside the original facility. It was expected that 638 homes would be constructed on the empty site, with building expected to commence within 12 months.

The Applicant claimed that 972 new homes had been built in his defined neighbourhood since 2000, with a further 3,254 new homes being proposed.

Mr Ameen explained that to the south of his neighbourhood there lay the most heavily populated area in Glasgow. He explained that while the average population of Glasgow had been declining, the trend in the South of the city was an increase. There was the highest concentration of black and minority ethnic groups in Scotland in Glasgow, and most of these were resident on the “South Side” particularly in Pollokshields East and Govanhill. Mr Ameen explained that the 2001 census statistics showed that black and minority ethnic groups in Pollokshields East only resided in 30.5% of the housing, yet they represented 49% of the population. This, he claimed, showed evidence of overcrowding and constituted a hidden population, not included in statistics.

Mr Ameen then went on to talk about the viability of the proposed pharmacy, explaining that there were approximately 7,000 patients registered with the two GP practices in the neighbourhood. This, added to the patients attending the dental practice next door to the Applicant’s proposed premises and the passing trade attracted to amenities along Pollokshaws Road, would in his opinion render the pharmacy viable. It
was also his intention to open the pharmacy until 10.00pm seven days per week.

Mr Ameen did not believe that his proposed pharmacy would have an adverse effect on any of the existing pharmacies in the area as he believed that they all served their own distinctive neighbourhoods, with their own sources of prescriptions. The effect of a further pharmacy would therefore be minimal.

Mr Ameen explained that Gajree Pharmacy (617 Pollokshaws Road) provided services to approximately 60 methadone patients. The Applicant advised that while he would provide a supervised methadone service, he did not intend to provide the service to this level.

Mr Ameen illustrated what he considered to be poor access to some of the existing pharmacies in the area: He advised that parking was not good outside Pollokshields Pharmacy, with yellow lines, and the highest number of parking fines in the South Side. The road outside the pharmacy was very congested and the Council had introduced traffic calming measures along the full length of the road. This had rendered parking virtually impossible. He explained that Gajree Pharmacy was also situated on a very busy road, which affected the accessibility. The pharmacies in Gorbals (Alliance Pharmacy and Munro Pharmacy, Crown Street) were difficult to get to on foot, by car or by bus, and were hidden from the main road. The Kinning Park pharmacies (Mehta Pharmacy and Hughes Pharmacy, Admiral Street) were too far away being more than one mile from the proposed premises and were located in a different neighbourhood created by the boundary of the M8 motorway.

The Applicant then went on to set out the services that would be provided from the proposed pharmacy.

Diabetes Testing and other diagnostic testing – he advised that the occurrence of diabetics in the area covered by his neighbourhood was 58% above the national Scottish average. He intended to deliver a diabetes testing service. He also intended to provide cholesterol testing and blood pressure monitoring since diseases like coronary heart disease and cardiovascular disease were the biggest killers in the country.

Methadone and drug abuse – Mr Ameen informed the Committee that Pollokshields Pharmacy had recently been asked to increase the number of methadone patients it could provide services to. At present the pharmacy had capped its numbers at 10. The Applicant further explained that Rowlands Pharmacy (Nithsdale Road) did not provide this service at all, while Gajree Pharmacy provided services to approximately 60 methadone patients. Despite this high number, Pollokshields Pharmacy was still asked to increase its capacity, therefore showing an unmet demand in the area. The Applicant intended to make a contribution to alleviate this situation, by taking part in the service, and also to participate in the needle exchange service.
Communication – the Applicant advised the Committee that he felt it unusual that the two pharmacies in Scotland which serve the biggest ethnic population in Scotland did not have pharmacists that were equipped with the necessary cultural and linguistic knowledge to provide basic services. Mr Ameen advised that he intended to provide information and advice on culturally sensitive issues and would be able to communicate in several languages.

Nicotine Replacement Therapy – the Applicant advised that it would be his intention to provide this service.

The Elderly – Mr Ameen advised that he intended to provide medication reviews for the elderly as he believed the pharmacist to be the best placed to assist in this area. He would focus on specific groups of drugs such as heart failure and blood pressure medications. He advised that from the datazone population estimates there was a sizeable population of elderly people (over 60) in the proposed area who would benefit greatly from such reviews.

The Applicant further advised the Committee that while he was aware that most of the existing pharmacies provided a collection and delivery service, he did not feel that this represented a solution to the lack of other important pharmaceutical services that a pharmacy could provide. He explained that in addition to the services already mentioned, he would also provide: supply and advice to nursing homes, collection and delivery service, repeat collection service, oxygen supply, compliance aids assessment, dosette boxes, head lice, sale of prepayment certificates, pregnancy testing, emergency hormonal contraception.

In summary the Applicant advised that he felt the pharmacy was needed in the neighbourhood because of the increase in population, the further increase that would result from the proposed additional homes being built, and the unmet demand for supervised methadone services in the area.

The Interested Parties’ Question and Applicant

In response to questioning from Mr Sheikh, the Applicant advised that he was aware that a previous application for premises in the same area had been rejected by the National Appeals Panel in November 2006 on the basis that no significant changes had occurred in the area, since a previous application was considered by the PPC in August 2005. The Applicant suggested however, that this should not have any bearing on the outcome of his application. 300 houses had been built in the area since this application had been rejected, and while he could not quantify how many of these had actually been sold, he advised that they were available for purchase and on the market.

On further questioning from Mr Sheikh, the Applicant confirmed that his neighbourhood was encased by the M8 motorway and the River Clyde.
The M8 motorway on the North, bounded by the River Clyde to the East, to the South travelling down Gorbals Street, then down to Cathcart Road, taking a right onto Butterbiggins Road and into Albert Drive, to the West along St Andrews Road, taking a right into Shields Road. The Applicant advised that his neighbourhood was unusual in nature and there was approximately 7 pharmacies currently operating more than one mile away from his proposed premises.

In response to further questioning from Mr Sheikh, the Applicant confirmed that his proposed premises were situated in the G41 postcode area.

On further questioning from Mr Sheikh, the Applicant advised that there was ample car parking around his proposed premises. There was on-street parking across the road, and in the cul de sac to the side of the premises.

In response to questioning from Mr Sheikh around the provision of methadone services, the Applicant advised that he could not quantify the number of patients that he would provide this service to, as he had not yet assessed the specific need in the area. He could not confirm whether he would provide services to more patients than Pollokshields Pharmacy.

In response to further questioning from Mr Sheikh, the Applicant advised that he did not feel he had to have supplementary prescriber status to provide basic diagnostic testing to patients. He also advised that he would liaise with the local GPs and assist perhaps through the use of PGDs (Patient Group Directions) or through the provision of surgeries. He had checked with Dr Chaudhry and he was more than happy with the Applicant's proposals. The Applicant confirmed that he did not have any written evidence to support this assertion, but that this could be produced if required.

In response to questioning from Mr Tait, the Applicant could not elaborate on how he would use PGDs in the provision of services. He explained that this was only one vehicle through which services could be provided; he was not suggesting that it was the only one.

In response to further questioning from Mr Tait, the Applicant confirmed that he chosen Butterbiggins Road and St Andrews Road as boundaries to his neighbourhood through his local knowledge of the area. He was aware of where the neighbourhoods served by the existing pharmacies begun and ended and he had used this knowledge to define is own neighbourhood. He further explained that he had included Laurieston in his neighbourhood and that his population figures did include the proposed new builds that formed the Laurieston Plan.

In response to further questioning from Mr Tait around his boundary of Gorbals Street, and why felt it was easy to travel east from this boundary, and not west, the Applicant advised that the pharmacies in
Gorbals served what was essentially a housing scheme, which was impossible to access with ease. The pharmacies served only that area. He illustrated the ease of access by showing that a resident living in Norfolk Street would need to travel 0.8 miles to Gorbals pharmacies by either car or by foot, while they would only need to travel 0.6 miles to the Applicant’s proposed premises.

In response to final questioning from Mr Tait, the Applicant confirmed that he did not have any plans for his proposed pharmacy.

In response to questioning from Ms Irving, the Applicant confirmed that he did not consider Govanhill to be part of his neighbourhood, as he felt there were enough pharmacies providing services to this area already.

In response to further questioning from Ms Irving, the Applicant explained that he had not yet made any enquiries around funding for the provision of needle exchange services.

In response to further questioning from Ms Irving, the Applicant advised that the existing pharmacies in his neighbourhood were situated in Gorbals and Pollokshields. He further advised that he did not feel there were inadequacies with the services provided by the existing contractors rather that the population within the neighbourhood was not currently being served by these contractors. He confirmed that he would provide services not currently provided by existing pharmacies specifically to the black and minority ethnic groups within the area.

In response to further questioning from Ms Irving, the Applicant confirmed that he would not levy charges for the provision of any additional services. He advised that he would still be viable if no charges were made, as payment would be made through the new pharmacy contract framework. In terms of payment for services to those suffering from diabetes, the Applicant advised that he would attempt to access the new pharmacy contract framework for this funding, or source through the Health Board.

The PPC Question the Applicant

In response to a question from Mrs Roberts as to why he had described the two Gorbals pharmacies as being in his neighbourhood, when they were actually outwith the defined area, the Applicant confirmed that this was an error and that they were in fact the nearest existing pharmacies to his proposed premises, but outwith the neighbourhood as defined.

In response to further questioning from Mrs Roberts, the Applicant confirmed that there would be two pharmacists operating in the pharmacy. In response to Mrs Roberts’ request for confirmation that the pharmacies would have the necessary competencies to provide the range of services described by the Applicant, Mr Ameen advised that he had undertaken a four year degree course, along with a pre-reg year, he felt that he could achieve the necessary competencies in a short space
of time.

In response to questioning from Mr Thomson, the Applicant confirmed that he had not yet made contact with any of the Community groups within the area. He intended to provide services to drug users including methadone services. He would need to convince the community that these services were necessary to help people and that the pharmacy was a health centre from where this help could be provided.

In response to further questioning from Mr Thomson, the Applicant confirmed that he had spoken to one of the GPs in the area about his application.

In response to further questioning from Mr Thomson, the Applicant explained that he had amended his proposed hours of service as he had given this some thought and after considering the hours of service provided by other retailers in the area, and the level of passing trade at different times of the day, he had concluded that there was a need for extended opening hours. He felt this was good for access to services.

In response to final questioning from Mr Thomson, the Applicant confirmed that he was aware that access to some of the services he intended to provide was not automatic and was subject to a separate authorisation process through the Health Board.

In response to questioning from Mr Reid, the Applicant confirmed that he had changed his mind around the hours of opening of the pharmacy once he had researched the area and noticed that several shops and amenities opened late. He further confirmed that he had come to this conclusion after his initial application.

In response to further questioning from Mr Reid, the Applicant advised that had done his best to study all the services provided by the existing contractors in the area, and he did not think that any of them provided diabetes testing at present.

In response to questioning from Mr Dykes, the Applicant advised that he did feel that there should be a pharmacy for every significant minority ethnic group in Glasgow.

In response to further questioning from Mr Dykes, the Applicant confirmed that the services provided from the pharmacy would be continuous and that the second pharmacist would be able to provide all services to the same standard as Mr Ameen.

In response to final questioning from Mr Dykes, the Applicant confirmed that his premises were situated in the G5 post code.

In response to questioning from Professor McKie, the Applicant confirmed that his population figure of 7,540 represented actual people living in the area and that this number was increasing. He further
confirmed that all of the 972 houses that have been built since 2000 are situated in his defined neighbourhood.

In response to further questioning from Professor McKie, the Applicant advised that most patients visiting the two GP practices in the area currently used Pollokshields Pharmacy, Rowlands or Gajree Pharmacy. The Applicant further confirmed that in his view his proposed premises were more convenient for those within this neighbourhood. There was a seachange, with hundreds of houses being built.

In response to final questioning from Professor McKie, the Applicant confirmed that there was a resident population between the River Clyde and Cook Street. He felt that his proposed premises were more accessible for this population than the Paisley Road West pharmacies. This was due to the one-way traffic system in operation in this area.

In response to questioning from Mr MacIntyre, the Applicant advised that the residents within his defined neighbourhood would conduct their shopping in the Eglinton Toll area. He did not agree that they would require to travel to Victoria Road.

In response to final questioning from Mr MacIntyre, the Applicant confirmed that all the services he had described were additional service, but that he would provide all core services.

There were no questions to the Applicant from the Chair.

The Interested Parties agreed that Ms Irving would provide a consolidated case on behalf of all the interested parties, with Mr Sheikh addressing specific points raised about Pollokshields Pharmacy.

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

Ms Irving thanked the Committee for giving Alliance Pharmacy the opportunity to place their case. She advised that the National Appeals Panel had convened an oral hearing on 21st November 2006 to consider an appeal against the PPC’s decision to refuse an application to establish a pharmacy at 672 Eglinton Street. The appeal was not approved. The Applicant had submitted his application for premises situated at 668 Eglinton Street on 30th November 2006. Ms Irving advised that Alliance Pharmacy failed to see what had changed in this period.

She advised the Committee that Alliance Pharmacy agreed with the definition of neighbourhood put forward by the National Appeals Panel. This being:

North: Shields Road, Scotland Street, West Street, Cook Street, Bradford Street and Gorbals Street;
East: Gorbals Street, Cathcart Road and Aikenhead Road to Myrtleview Road;
South: Mount Florida Avenue, Cathcart Road, Queens Drive, regent Park Square to Nithsdale Road;  
West: Nithsdale Road,

Currently there were 8 pharmacies within this neighbourhood, with 15 pharmacies within a one-mile radius. The two Alliance Pharmacy branches within the defined area provided a full complement of services. Both had dedicated consultation rooms and both provided services such as nicotine replacement therapy, head lice, falls project, heart failure project, needle exchange, methadone supervision, MMyM, Not Dispensed, e-MAS and Antabuse. They employed a pharmacist that was fluent in Punjabi.

Ms Irving advised the Committee that the new housing development on Shields Road comprised high specification flats with an average purchase price of £123k. She suggested that these flats were aimed at the young, style conscious professionals, who by definition would not be immobile and would be able to undertake the ten minute walk that was needed to the nearest pharmacy, or to the underground to access amenities further away. Despite the new build within the area, Ms Irving suggested that this would have little effect on the demographic composition of the area.

In conclusion, Ms Irving advised the Committee that the National Appeals Panel had considered in 2006 that there were no inadequacies in the area and therefore asked the Committee to refuse the Applicant’s application.

**The Applicant Questions Ms Irving**

In response to questioning from the Applicant, Ms Irving confirmed that her defined neighbourhood encompassed that defined by the Applicant. The only difference being that the Applicant had used the River Clyde as a boundary where Ms Irving had taken this boundary to be Cook Street as the area between this and the River Clyde was mostly commercial in nature and therefore a different neighbourhood in her opinion.

In response to further questioning from the Applicant, Ms Irving advised that she could not detail the neighbourhoods served by the two Alliance Pharmacies in the area.

**The PPC Question Ms Irving**

In response to questioning from Mr Dykes, Ms Irving advised that car parking was available at both Alliance Pharmacies in the form of on street parking spaces and in metered bays to the side of the pharmacies.

In response to questioning from Professor McKie, Ms Irving advised that there was very little public transport operating from east to west in
the area. Most buses in the area travelled along Victoria Road and Cathcart Road. The two pharmacies outwith the Applicant’s defined neighbourhood could be accessed by a number 66 bus. Further more there were crossing points along the trunk roads which would allow access to the pharmacies.

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

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

Mr Sheikh advised the Committee that there had been no real change in the area since the National Appeals Panel had considered the previous application in November 2006. Within one mile of the Applicant’s proposed premise there were 15 pharmacies. There was 0.3 miles between Pollokshields Pharmacy and the Applicant’s proposed premises. It would take the average person seven minutes to walk, eight minutes for an elderly person.

The Applicant had not provided plans for the pharmacy, which would cause Mr Sheikh to doubt whether the pharmacy would be ready in the timescale required by the Regulations.

Mr Sheikh advised that Pollokshields Pharmacy had previously only provided methadone services to four patients. This number had increased to 14 and would increase further.

Pollokshields Pharmacy was working closely with one of the Prescribing Support Pharmacists from the Health Board to provide a medication review clinic where patients’ medicines could be changed.

Mr Sheikh confirmed that parking spaces were limited within the Albert Drive area, however he suggested that this was the same situation at most pharmacies. Pollokshields Pharmacy employed the services of a full time driver who provided a delivery service to a wide area.

There were no questions to Mr Sheikh from the Applicant.

The Committee Question Mr Sheikh

In response to questioning from Mr Dykes, Mr Sheikh advised that there were around six instances per day where a patient required the services of a multi-lingual pharmacist. He further confirmed that most would not travel to another pharmacy specifically to access this service. Most would muddle through.

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

The Interested Parties Sum Up
Ms Irving advised the Committee that there was no evidence of change from the National Appeals Panel decision in November 2006. She asked that the application be rejected.

Mr Sheikh advised the Committee that Pollokshields Pharmacy offered a full range of services to the area. There was no need for a further pharmacy.

Mr Tait advised the Committee that there was no reason to grant the Applicant’s request for a further contract.

The Applicant Sums Up

Mr Ameen advised the Committee:

- the surrounding pharmacies all served their own area;

- the defined neighbourhood was not served by any of the existing pharmacies, despite the services provided by these pharmacies being adequate;

- Collection and delivery services were not the answer to or a substitute for the provision of pharmaceutical services;

- There was too much scope for a practices pharmacist to contend with. A permanent pharmacist with defined competencies and skills could serve the population better;

- Housing had increased in the area. In 12 months an additional 750 homes would be built;

- Public transport was good, as the area was a hub for people to travel north and south.

- public transport was not so good east and west;

- He intended to provide services unique for the resident population i.e. black and minority ethnic groups including communication.

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, G41.2 and G41.7;

f) Patterns of public transport; and

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

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, 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: Scotland Street from it’s junction with Shields Road, West Street, Cook Street and Bedford Street to its junction with Gorbals Street;

West: Nithsdale Road and Shields Road;

East: Gorbals Street, Cathcart Road and Aikenhead Road to its junction with Myrtleview Road;

South: Myrtleview Road, Mount Florida Avenue, Cathcart Road, queen’s Drive and to Caledonia Road to it’s junction with Nithsdale Road.
The Committee agreed that Cathcart Road and Aikenhead Road were major trunk roads separating a principally residential area from a more commercial/industrial tract of land, and therefore formed a natural barrier. This view was also applicable to the land to the north of the northern boundary. Queens Park formed a natural boundary to the south and Shields Road to the west marked a clear change in neighbourhood with different communities and housing.

**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 eight 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 noted that the Applicant himself had agreed that the existing services in the area were adequate; albeit that he had suggested that the existing contractors did not serve the population around his proposed premises. Given the Committee’s agreement with the neighbourhood defined by the National Appeals Panel, it was their assertion that those residents (whether elderly, black minority ethnic, the disabled or mothers with young children) around the Applicant’s proposed premises currently had access to adequate pharmaceutical services.

The Committee agreed that development both current and future in the area may have an effect on the demand for pharmaceutical services. They considered however that the Applicant had not provided sufficiently detailed or precise evidence to allow the Committee to determine the impact of these developments within the area or to conclude that the adequacy of services would be adversely affected by any of these developments.

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.

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

5. **NATIONAL APPEALS PANEL DETERMINATION**

The Committee having previously been circulated with paper 2007/12 noted the contents which gave details of the National Appeals Panel's determination of appeals lodged against the Committee’s decision in the following cases:

**Mr Asgher Mohammed – Unit 4, 170 High Street, Glasgow G1.1**

The Committee noted that the National Appeals Panel had dismissed the Appeal submitted against the PPC’s decision to grant Mr Mohammed’s application to establish a pharmacy at the above address. The Chair of the Appeals Panel found that the Appellant had given no basis for appeal and so the appeal was dismissed. As such Mr Mohammed’s name was included in the Board’s Provisional Pharmaceutical List, and services were due to commence from the pharmacy later this year.

6. **DATE OF NEXT MEETING**

Scheduled for Tuesday 10th April 2007 at 12.30pm at Glasgow Homoeopathic Hospital.

The Meeting ended at 4.20p.m.
NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (06)
Minutes of a Meeting held on
Tuesday 10th April 2007
Seminar Room, Glasgow Homoeopathic Hospital, Great Western Road
Glasgow, G12

PRESENT:  Andrew Robertson  Chairman
          Alan Fraser  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
                Janine Glen  Contracts Manager – Community Pharmacy
                              Development
                Mrs Agnes Stewart  Vice-chair
                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

Apologies were received on behalf of Alasdair MacIntyre, Mr William
Reid and Robert Gillespie.

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/06/2007
Ms Farzana Rasool & Mr Aziz Rasool, 111 Cambridge Street,
Glasgow G3.6
The Committee was asked to consider an application submitted by Ms Farzana Rasool and Mr Aziz Rasool, to provide general pharmaceutical services from premises situated at 111 Cambridge Street, Glasgow G3.6 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 Ms Rasool and Mr Rasool, 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 Ms Farzana Rasool (“the Applicant”) assisted by Ms Sameara Rasool. The interested party who had submitted written representations during the consultation period, and who had chosen to attend the oral hearing was Ms Diane McGroary (Woodside Health Centre). The Committee noted that additional written representations had been submitted by Mr Charles Tait (Boots the Chemist) who was unable to attend the oral hearing.

Prior to the hearing, the Panel had collectively visited the vicinity surrounding 111 Cambridge Street, Glasgow G3.6, the pharmacies, GP surgeries and facilities in the immediate neighbourhood, and the wider areas of Woodside, Napiershall, Garnethill, Dundasvale and St George’s Cross.

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

**The Applicant’s Case**

Ms Rasool commenced her presentation by thanking the Committee for giving her the opportunity to present her case.
She explained to the Committee that her application had come about because of comments made by members of the public to her husband, who operated a newsagents in the Dundasvale area. Many of these comments related to the perceived inadequate level of pharmaceutical services offered by the existing network in the area. Amongst the comments made were concerns around the absence of a collection and delivery service in the area. These comments prompted the Applicant to undertake research around the issues to ascertain whether the comments had any basis. The outcome of her research was the application for inclusion in the pharmaceutical list as she felt an additional pharmacy was needed in the area.

The Applicant advised the Committee that when she had initially commenced her research she had defined her neighbourhood as being the areas commonly known as Cowcaddens and Garnethill. Her boundaries were defined as:

- North – the M8 motorway and New City Road
- South – Newton Street, North Hanover Street and Bath Street
- East – North Hanover Street to Dobbies Loan
- West – M8 motorway

After further research the Applicant had come to the conclusion that the areas of Cowcaddens and Garnethill were significantly different from one another. Cowcaddens had a higher than average percentage of elderly residents, had a higher than average deprivation rating according to the Scottish Index of Multiple Deprivation. It had more council housing and a higher percentage of households with no car. By contrast Garnethill was a more multicultural area which included several educational establishments which meant a higher than average number of students. In addition there were several facilities which were dedicated to providing services to those with special needs, and this population could reasonably be expected to have a greater need for pharmaceutical services.

The Applicant suggested that the neighbourhood she had defined was not a typical neighbourhood. Within the neighbourhood there were 4 major educational establishments including Stow College and Glasgow Caledonian University, there were various hotels and bed & breakfast establishments. The neighbourhood covered a significant part of the business district within Glasgow City Centre which resulted in a higher than average existence of commuters and non-residential footfall. There were approximately 13 car parks, offering around 5,000 spaces. These were unusual characteristics for a neighbourhood, and when taken into consideration along with potential new developments which would see an increase in the residential element of the neighbourhood, resulted in a significant neighbourhood population.

The Applicant explained that in her opinion, the current pharmaceutical network did not provide adequate services to the neighbourhood as a
whole. Within the area defined by the Applicant Boots the Chemist operated three pharmacies. According to the AA route map the Applicant’s proposed premises were the following distances from these pharmacies:

- Boots the Chemist – 200 Sauchiehall Street – 0.3 miles
- Boots the Chemist – 494 Sauchiehall Street – 0.8 miles
- Boots the Chemist – Buchanan Galleries – 0.7 miles

The Applicant suggested that the resident population within the defined neighbourhood would be more likely to use the pharmacy at 200 Sauchiehall Street as this was the nearest by foot, and also close to other amenities that the residents may have to access. The other two pharmacies were situated to the far east and the far west (respectively) of the defined neighbourhood, and it would be unlikely in the Applicant’s opinion that residents within the neighbourhood would access these facilities.

The Applicant suggested that there were deficiencies in the services provided by Boots the Chemist, 200 Sauchiehall Street in that while they provided a significant level of service to the neighbourhood there were difficulties in gaining access. The actual access point most likely to be used by residents in the area was difficult for those with mobility problems and the elderly. Access was therefore easier from the front entrance, which required residents to walk further than was necessary. The Applicant also suggested that the layout of many of the large multiple pharmacies was geared more towards non-pharmacy items, necessitating those wishing to use the pharmacy to walk the full length of the shop to access the dispensary.

There also appeared to be a lack of personal service. As the pharmacy was situated within a busy city centre shopping area, it was difficult for the pharmacy staff to provide a personal level of service to those resident within the area. Often pharmacists in large branches spent most of their time dispensing. This coupled with the high turnover of staff made the provision of a personal service difficult. The Applicant advised that the new pharmaceutical contract was based on a framework of personal service. Pharmacists were expected to take a more primary position and their work was becoming more focussed on the provision of advice and services other than dispensing. Through the new contract, the pharmacist’s role was being extended and developed and the minor ailment service would increasingly remove the need for patients to visit their GPs for these conditions. This would move the focus of care towards the pharmacist and the Applicant questioned Boots’ ability to fully embrace this new role, given that most of their customers were not drawn from residents within the area, but from commuters and those working in the area.

The Applicant advised the Committee that none of the contractors within the area provided a delivery service. Local opinion had expressed strong views over this, and while the Applicant accepted that this was not
part of the new contract, she nevertheless felt that it was an important and vital service for some elements of the population. Due to the absence of a delivery service, some residents would need to take a taxi to Renfrew Street to access pharmacy services. While the Applicant accepted that face to face contact with a pharmacist was always best, there were some elements of the population who relied on delivery services. The Applicant pointed out the potential effects that the lack of a delivery service could have on patient compliance. It was known that many patients relied on family members and neighbours to obtain their medication for them. There was a potential that some elements of the population would not get their prescription dispensed if there was no delivery service available. The Applicant was aware that the city centre branches of Boots were not the only pharmacies that did not provide a delivery service, but suggested that patients in other areas would have a choice of contractors they could access and would be able to have their prescription dispensed by another pharmacy in the area that did provide this service. This was not possible in the neighbourhood as defined by the Applicant as Boots was the only contractor operating within the area.

The Applicant advised that if her application were granted, she would provide cholesterol checking, blood pressure checks, and diabetes checks from the pharmacy. She understood that these were not core services under the new contract, but suggested that they could be anticipated under the chronic medication service role. She was aware that some pharmacies were already providing these services and she was keen to be involved.

She also intended to provide compliance aids as she was aware from her research of a lack of spaces for compliance aids and the difficulty some patients had in accessing services. She reiterated her point around how the provision of services could aid compliance, especially amongst those elements of the population who regularly took more than five medications.

The Applicant advised that she would provide the following additional services from the pharmacy: collection and delivery, repeat medication, head lice, emergency hormonal contraception, pregnancy testing, nicotine replacement therapy, mobility products, dosette boxes and medication reviews. The pharmacy would be a family run concern operating with two pharmacists in a modern, well equipped facility.

In conclusion, the Applicant asked the Committee to consider three points: the neighbourhood – there were two distinct communities within the neighbourhood with differing pharmaceutical needs, the nature of the area – it was not typical of a neighbourhood, given its unique characteristics, and the inadequacy of the current provision – the Boots branch closest to the residents provided most of its services to the vast amount of commuters and workers in the area, thus limiting it from providing a personal service to the residents.

The Applicant’s final comments were around the strong support
expressed by the community for the proposed pharmacy. Garnethill Community Council and Cowcaddens Community Council both supported the proposal and had commented that it would help to develop and integrate the communities, not only in the specific area of health, but also around the social well-being of the communities.

The Interested Parties’ Question and Applicant

In response to questioning from Ms McGroary, the Applicant advised that she had drawn her south border from her knowledge of the area. She was aware that Sainsbury’s supermarket situated at the end of Bath Street would be the facility that many of the residents in the area would use for their weekly shopping needs. There would be little reason for residents in the area to travel past this point for their weekly shopping. She therefore felt this was an appropriate boundary to the neighbourhood. The Applicant did not agree that the boundary should be the River Clyde, as she did not think that residents in her defined community would need to travel to this area for any of their day to day needs.

In response to further questioning from Ms McGroary, the Applicant confirmed that she was not aware of any delivery service operating within the Garnethill or Cowcaddens area. She was aware that existing contractors provided a collection service, but not a delivery service.

The Applicant responded to Ms McGroary’s question around the location of her premises by advising that the premises were actually situated in the ward area of Anderston, although it would serve the areas commonly known as Garnethill and Cowcaddens.

In response to final questioning from Ms McGroary, the Applicant advised that her proposed premises were 500sq ft in size. The ground floor was 280 sq ft and the lower floor was 220 sq foot. It was not intended that the public would access the lower floor as this would be set aside for toilets, store room etc. The consulting room would be 43 sq foot, the dispensary would be 161 sq foot and the public area would be 75 sq foot in size.

The PPC Question the Applicant

In response to a question from Mrs Roberts as to how she had distributed her questionnaire, the Applicant advised that 200 questionnaires had been distributed – 100 had been distributed through her husband’s shop in Dundasvale, by delivery to residences in the Dundasvale area, or from the Community Centre. 100 had been distributed in Garnethill, through the local newsagents and door to door. Residents in Garnethill had been asked to return completed questionnaires to the Community Council meeting in the Community Centre. Residents in Dundasvale had been asked to return completed questionnaires to the newsagents. The Applicant could identify which areas the responses had originated by reference the number of returns.
picked up from each of the return points. The Applicant confirmed that the comments from each of the areas had been different. The responses received from Dundasvale had highlighted concerns over access, whereas the responses from Garnethill highlighted the lack of personal service. The Applicant advised that she had initially tried to secure premises in the Dundasvale area; however there had been no suitable premises available. She had chosen the proposed premises, as she was aware that the residents of Dundasvale needed to travel through Garnethill to access local amenities as part of their everyday lives, and therefore the location of the premises was suitable.

In response to further questioning from Mrs Roberts, the Applicant accepted that the rear entrance to the Boots branch at 200 Sauchiehall Street may be closer to the proposed premises than the 0.3 miles suggested by the AA route map. She reiterated however that the new pharmacy would give patients the choice of a smaller pharmacy, offering a personal service. She reiterated that large retail pharmacies struggled to offer this service to patients, and given the customer base the Boots branch would find this impossible to provide. The establishment of a personal and individual relationship was useful for many elements of the population and this would be provided from the proposed pharmacy.

In response to questioning from Mr Fraser, the Applicant reiterated that she felt the existing pharmacies in the area to be overloaded. She pointed to the location of the nearest Boots branch at 200 Sauchiehall Street and the nature of the customer base, which was not drawn from the resident population within the area, but rather from commuters, shoppers and those working there. She therefore felt that the resident population within the neighbourhood was not being adequately catered for.

In response to further questioning from Mr Fraser, the Applicant advised that she was in negotiation with the landlord of the premises to secure the lease. She had been issued with a timescale of July 2007 to finalise arrangements, and she was aware that the premises continued to be advertised as being available. She reassured the Committee that this was merely a contingency arrangement put in place by the Landlord in case her application was not successful.

In response to questioning from Mr Dykes, the Applicant advised that she would have liked to obtain larger premises, however there were none available in the area. She advised that she would make best use of the space available by not stocking cosmetic and toiletry items but concentrating on dispensary and over the counter medicines services. The consulting room would allow discussion of sensitive issues and there would be a discreet area beside the dispensary. The Applicant advised that she had undertaken locum work for nearly two years in pharmacies of a similar size where the standard of service provided was very good. She did not accept that size was an indicator of quality of service. She agreed to provide the Committee with a copy of the plans for the premises, although she did not have these with her at the
moment.

In response to further questioning from Mr Dykes, the Applicant advised that she did know at this point how many methadone patients the pharmacy would provide services to. She was aware that Boots the Chemist provided services to nearly 80 patients. She felt she could comfortably cope with between 10 and 25. In relation to compliance aids, she advised that her provision of service would be dictated by demand from patients. She was aware that similar premises did around 50 boxes.

In response to questioning from Mr Thomson around the pharmaceutical needs of the “special needs” population within the neighbourhood, the Applicant suggested that this element of the population would benefit from the personal and individual service that the pharmacy could provide. The pharmacy would be able to develop personal contact with their patients getting to know their individual needs. The pharmacy would provide an environment for discussion and would provide patient medication reviews, which would be of benefit to these patients. The Applicant did not believe these services were being provided at the moment. While she was aware that Boots employed a pharmacist to undertake patient medication reviews, this appeared to be by appointment only, which was not ideal for all elements of the population.

In response to questioning from Professor McKie, the Applicant confirmed that the resident population of her defined neighbourhood was approximately 5,500. This figure had been obtained from the general register datazone estimates. She could not quantify the transient daytime population and agreed that she was basing much of her application on the level of residential population. She reiterated however that the proposed pharmacy would provide services to all elements of the population regardless of where they originated.

In response to further questioning from Professor McKie the Applicant advised that the population residing in the Garnethill and Cowcaddens area would need to pass the proposed premises to access other pharmaceutical services. She agreed that those in Garnethill could travel to Charing Cross to access services, but suggested that this was unlikely given the steep gradients leading from Garnethill to the Charing Cross area.

The Applicant advised Professor McKie that the layout of the Boots pharmacy was a design feature that supported retail business rather than the provision of pharmaceutical advice and services. She suggested that the pharmacy should be primary focus, and this was not the case in the Boots branches. She further advised that there were parking spaces to the south of the proposed premises in Buccleuch Street. These spaces were very often available due to the existence of resident parking permits in the area. The spaces could also be used for delivery access to the pharmacy. She expected most of her customers to come on foot. She agreed that she would be expected to comply with
the provisions of the Disability Discrimination Act in terms of providing access to the lower level of the pharmacy for staff. All aspects were being looked at and any layout would be reflective of these requirements.

There were no questions to the Applicant from the Chair.

**The Interested Parties’ Case – Ms Diane McGroary (Woodside Health Centre)**

**Ms McGroary** thanked the Committee for the opportunity to put forward her comments around the application. She advised that when she had first looked at the area on a map she had noticed that the M8 motorway encircled the area. She had therefore defined her neighbourhood as being: to the South, the River Clyde, to the West and North, the M8 motorway and to the East, High Street. Ms McGroary suggested that the area defined by the Applicant was not a neighbourhood in itself, but rather a pocket within a wider neighbourhood.

Ms McGroary advised the Committee that those living in the city centre would reasonably expect to have to access day to day amenities on foot given the level of traffic and the road layout.

She responded to Point 15 of the Applicant’s initial submission (Page 14 of the Committee’s papers) by advising the Committee that the proposed additional housing was not yet built. In response to Point 17, she advised that Munro pharmacy at St George’s Cross and Woodside Health Centre Pharmacy provided services to the area. Both pharmacies mentioned by Ms McGroary operated with two pharmacists.

She also disagreed with the Applicant’s view that large prescription intensive pharmacies were unable to provide patients with a personal service. Woodside Health Centre Pharmacy dispensed approximately 16,000 items per month, and was certainly able to foster a personal relationship with many of its patients. She also disagreed with the Applicant’s assertion that large pharmacies could be intimidating to the elderly population.

She advised that Munro pharmacy delivered dosette boxes and prescriptions into the Garnethill area. The pharmacy had vacant spaces for patients requiring compliance aids and also had vacant spaces for methadone patients as did Woodside Health Centre Pharmacy. Munro Pharmacy also provided mobility aids.

She advised that within the Garnethill and Dundasvale area there were 806 elderly people. This number did not require an additional pharmacy in the area, and this had been borne out by the fact that previous applications for additional pharmacies had failed.

She suggested that the Applicant’s proposed premises were too small to accommodate all requirements for the provision of pharmaceutical
services. She was not aware of any complaints being lodged to the Health Board around the inadequacy of the current level of provision. She had personally visited Boots Charing Cross branch to have a prescription dispensed, and had only waited eight minutes. While she accepted that the branch at 200 Sauchiehall Street may be busier she disputed that the service would be diluted by the need to wait to have a prescription dispensed.

**The Applicant Questions Ms McGroary**

In response to questioning by the Applicant, Ms McGroary advised that she did not have any details around previous applications in the area. She was aware that there had been more than one, but could not say when these had been submitted.

She confirmed her point that she felt the Applicant’s proposed premises to be too small. She agreed that the Munro Pharmacy branch at 147 Great Western Road was of similar size and agreed that size did not necessarily affect the level of service. In response to a question around the Munro Pharmacy branch at 693 Great Western Road, she confirmed that the premises did not have a toilet on the first floor, but reiterated that all other aspects of the premises had received the necessary planning permissions.

In response to further questioning from the Applicant, Ms McGroary agreed that there was no delivery service based in the area defined by the Applicant, but reiterated that other contractors within her own defined area provided delivery services.

In response to the Applicant’s question around whether busy Health Centre pharmacies could provide a personal face to face service to patients, Ms McGroary suggested this was entirely possible if the pharmacy provided two pharmacists. She did not agree that residents in the Applicant’s defined area would only travel to the St George’s Cross area solely to visit their GP, although she could not offer any other reasons why people would travel to the area. She did not agree that the limited opening times of the Health Centre would restrict patients. There were other providers in the area.

**The PPC Question Ms McGroary**

In response to questioning from Mrs Roberts, Ms McGroary advised that if she was opening a new pharmacy at the present time, she would not have premises less than 1,000 sq ft.

In response to further questioning from Mrs Roberts, Ms McGroary advised that in her opinion patients normally visited the pharmacy nearest where they lived. They were not concerned over post-codes, or ward areas.

In response to questioning from Mr Dykes, Ms McGroary confirmed her
neighbourhood boundaries as being: to the South, the River Clyde, to the West and North, the M8 motorway and to the East, High Street.

In response to questioning from Mr Thomson, Ms McGroary advised that she was not sure which contractor she was representing. She had responded on behalf of Woodside Health Centre Pharmacy, of which she was a director through Munro Pharmacy’s shares in the consortium.

There were no questions to Ms McGroary from Mr Fraser, Professor McKie or the Chair.

**The Interested Parties Sum Up**

Ms McGroary advised the Committee that the area defined by the Applicant was not a neighbourhood, but rather a pocket within a neighbourhood. The population was well served by the three Boots branches, and Munro pharmacy, St George’s Cross. The application was therefore not necessary or desirable.

**The Applicant Sums Up**

Ms Rasool advised the Committee that she was personally committed to the establishment of a pharmacy at the proposed premises to provide services to the entire population within the defined neighbourhood. She had undertaken a great deal of work and research into the issue, and through this, along with her husband’s knowledge of the area, had come to the conclusion that there was a lack of pharmaceutical services. Access to existing services was difficult. The existing contractors did not provide a collection and delivery service, and were unable to meet the demands of all elements of the population. The increased elderly population and the unique nature of the neighbourhood suggested that a smaller pharmacy, offering a more personal service was required in the neighbourhood. The Applicant was confident that such a facility would help integrate the community and provide much needed services in line with the vision offered by the new pharmacy contract. A new contract was necessary.

**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 G1.2, G2.3 and G3.6;

f) Patterns of public transport; and

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

h) Additional representation from Mr Charles Tait, Boots the Chemists

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

The Committee considered the differing neighbourhoods put forward by the Applicant, and the Interested Parties. The Committee noted that Ms McGroary had placed her west boundary at the M8 motorway, although throughout her presentation and questioning had promoted the services of two pharmacies that were actually beyond this boundary. Taking all information into consideration, the Committee considered that the neighbourhood should be defined as follows:

North – the M8 motorway and New City Road
South – Newton Street, North Hanover Street and Bath Street
East – North Hanover Street to Dobbies Loan
West – M8 motorway

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 three existing pharmacies. Mr Thomson advised the Committee that the Health Board had in the past received concerns around the unscheduled closure of Boots branch at Charing Cross (494 Sauchiehall Street). On investigation it had become apparent that a business decision had been taken to transfer staff to the larger Boots branch at 200 Sauchiehall Street due to staff shortages. This had occurred on more than one occasion. Mr Thomson also had concerns over the branch’s apparent failure to fully engage in the provision of additional services. He did not feel the branch provided a consistent service.

Having undertaken the site visit, the Committee agreed that those resident in the Garnethill area would be less likely to travel to facilities in Charing Cross due to the steep gradients and availability of other amenities within the area of Renfrew Street.

The Committee recognised that the Applicant had challenged the existing provision as inadequate to meet the needs of the entire population. The Committee were mindful that within the neighbourhood there were two clear elements of population; a higher than average commuter population and an entrenched resident population. In the Committee’s opinion the current network was organised more to serve the commuter population which was drawn to the significant shopping facilities around the city centre and the existing pharmacies in the area. This focus on one part of the population was to the detriment of the residents within the area. The Committee agreed that the area was unusual in that it provided an example on the emphasis of commuter and consumer needs, rather than the needs of the resident population. The Committee asserted that the resident element of the population did not enjoy access to adequate pharmaceutical services.

Having come to this conclusion, the Committee agreed that an additional contract in the area was desirable to secure the adequate provision of pharmaceutical services for the entire population within the defined neighbourhood.

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

The Chemist Contractor Member of the Committee Gordon Dykes and Board Officers rejoined the meeting at this stage.

4. CHANGE OF OWNERSHIP

The Committee having previously been circulated with Paper 2007/14 noted the contents which gave details of Changes of Ownership which had taken place in the following cases:

Case No: PPC/CO10/2007 – A A Hagan Ltd, 115 Grieve Road, Greenock, PA16 7AW

The Board had received an application from John Hagan for inclusion in the Board’s Pharmaceutical List at a pharmacy previously listed as AA Hagan Pharmacy the address given above. The change of ownership was effective from 1st July 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.

5. AMENDMENT TO MODEL HOURS OF SERVICE

i) Case No: PPC/ALT01/2007 – Blackwoods Pharmacy, Blackwoods Crescent, Moodiesburn, Glasgow G69.0

The Committee were asked to consider an application submitted by Mr William Wood, seeking an alteration to the hours of service recorded in the Pharmaceutical List for the pharmacy situated at Blackwoods Crescent, Moodiesburn, Glasgow G69.0.

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

The Committee noted that this application had been considered previously in 2006 at which time the Committee had refused the request for the contractor to amend the hours of service. The Committee noted the Applicant’s most recent comments and reiterated their point that the provision of pharmaceutical services involved more than dispensing prescriptions. There was an expectation amongst patients and with the
advent of the minor ailment service, that pharmacies would be open on most days. The Applicant had commented that the Saturday opening had been to address the needs of patients attending the local surgery. Again, the Committee commented that the framework envisaged by the new pharmacy contract was not dependent upon services provided by GPs and in fact focussed attention more to the pharmacy as a point of advice and supply rather than the GP surgery. For this reason the Committee agreed that the Applicant be requested to operate within the parameters of the current Model Hours of Service Scheme.

DECIDED/-

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

ii) Case No: PPC/ALT02/2007 – M Farren Ltd (Pharmacies), 133 Main Street, Lennoxtown, Glasgow G66.7

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

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

The Committee noted that this application had been considered previously in 2006 at which time the Committee had refused the request for the contractor to amend the hours of service. The Committee noted the Applicant’s most recent comments and reiterated their point that the provision of pharmaceutical services involved more than dispensing prescriptions. There was an expectation amongst patients and with the advent of the minor ailment service that pharmacies would not close for more than one hour at lunchtime. While the Committee accepted that the current hours of service had probably been entered into with the best interest of patients in mind, they were nevertheless mindful that the framework of the new pharmacy contract had caused a shift in the focus of care, with patients increasingly relying on the pharmacist as a point of advice. The Committee did not feel it appropriate for pharmacies to be closed for longer than one hour at lunchtime, and agreed that the Applicant be requested to operate within the parameters of the current Model Hours of Service Scheme.

DECIDED/-

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

The Committee having previously been circulated with paper 2007/17 noted the contents which gave details of the National Appeals Panel's determination of appeals lodged against the Committee’s decision in the following cases:

**Boots the Chemist – 50 Crow Road, Glasgow G11.7 (Case No: PPC/INCL04/2006)**

The Committee noted that the National Appeals Panel had dismissed the Appeal submitted against the PPC’s decision to refuse Boots the Chemist’s application to establish a pharmacy at the above address. As such Boots the Chemists’ name was not included in the Board’s Provisional Pharmaceutical List, and the file on the application had been closed.

7. DATE OF NEXT MEETING

Scheduled for Wednesday 2nd May 2007 at 12.30pm in the Seminar Room, Townhead Health Centre.

The Meeting ended at 4.20p.m.
NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (07)
Minutes of a Meeting held on
Wednesday 2nd May 2007
Seminar Room, Townhead Health Centre, Phase 1 16 Alexandra Parade,
Glasgow G31

PRESENT:  Andrew Robertson  Chairman
Mr W 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  Dale Cochran  GPS Contracts Assistant
Robert Gillespie  Interim Lead Pharmacist – Community Pharmacy
Development
Janine Glen  Contracts Manager – Community Pharmacy
Development
Mrs Agnes Stewart  Vice-chair

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

Apologies were received on behalf of Alasdair MacIntyre, Dr James
Johnson and David Thomson.

2. MINUTES

The Minutes of the meeting held on Thursday 29th March 2007
PPC[M]2007/05 and Tuesday 10th April 2007 PPC[M]2007/06 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
The Committee was asked to consider an application submitted by Mrs Lisa Christie, to provide general pharmaceutical services from premises situated at Unit 12 19 Kennedy Path, Townhead, Glasgow G4.0 under Regulation 5(2) of the National Health Service (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 Mrs Christie, 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 (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 Mrs Lisa Christie (“the Applicant”) assisted by Mr Michael Christie. The interested parties who had submitted written representations during the consultation period, and who had chosen to attend the oral hearing were Mr Asgher Mohammed (Abbey Chemist), Mr Paul Martin (Townhead Health Centre Pharmacy) assisted by Ms Gillian Tarbet and Mr Charles Tait (Boots the Chemist) (“the Interested Parties”.

Prior to the hearing, the Panel had collectively visited the vicinity surrounding 19 Kennedy Path, Glasgow G4.0, the pharmacies, GP surgeries and facilities in the immediate neighbourhood, and the wider areas of Duke Street, Alexandra Parade, Port Dundas and the City Centre.

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 and the Applicant were then given the opportunity to sum up.
The Applicant's Case

Mrs Christie commenced her presentation by thanking the Committee for inviting her to the hearing to put forward her case.

She advised that she was confident that the area of Townhead 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 described what she had defined as the neighbourhood that would be served by the new pharmacy, if granted. She pointed out that this was also the neighbourhood as defined by the Greater Glasgow Area Pharmaceutical GP Sub-committee. This was:

- East side – High Street
- West side – Port Dundas Road
- North side – M8 Motorway
- South side – George Street

Mrs Christie asserted that there was only one contractor currently within the defined neighbourhood, namely Boots the Chemist, Buchanan Galleries. This pharmacy was situated in the busy shopping area of Buchanan Galleries and did not directly serve the specific population of Townhead. The location of the Boots pharmacy did not allow for easy access to the local community as it was situated up on the first floor of the busy Buchanan Galleries shopping centre.

Townhead was a discreet neighbourhood similar to Royston, Anderston or Sighthill which all had their own community pharmacies. The population of the defined area was some 7,082 people (taken from the 2001 census), with 78% of the population not owning a car and 20% being over the age of 60. The area was bordered by the busy M8 motorway and congested town streets making access to nearby pharmacies extremely difficult for the elderly, who amounted to 20% of the defined population or disabled, which amounted to 6% of the defined population. In the Applicant’s opinion this made it necessary to have adequate pharmaceutical services available on their doorstep, including Saturday and Sunday when Townhead Health Centre Pharmacy was closed.

Mrs Christie then advised the Committee that the local Councillor (Gordon Mathieson) had met with Townhead Community Council and the Property Division of Glasgow City Council, of whom all three were supportive of the proposals of a pharmacy. Councillor Mathieson had stated that the range of services offered by a modern community pharmacy would widely benefit the community in Townhead, and that the service would be in keeping with the thrust of the Community Planning Partnership (CPP) policy in relation to Townhead. The area was already under the spotlight as part of the groundbreaking new health study called
“Go Well” which was aiming to improve and regenerate the area over the next 10 years. Councillor Mathieson believed that a new pharmacy in the heart of the local community would only add to this initiative.

Mrs Christie advised that the current services available to the residents within the defined neighbourhood were inadequate as the residents had to travel to Townhead Pharmacy or Boots to access the current network. Using the Google maps webpage, the four pharmacies in opposition were 0.6 mile (Boots, Buchanan Galleries), 1.0 miles (Townhead Health centre Pharmacy and Abbey Chemists), and 1.1 miles (Lloyds Pharmacy, Huntingdon Square) from the proposed site. She pointed out that three of the four pharmacies were outwith her defined neighbourhood. By definition, as Lloydspharmacy was more than one mile from the proposed premises, outwith the defined neighbourhood, and across the busy M8 motorway, it was not viably accessible by the Townhead community and therefore the granting of a new contract would not affect their business.

In the Applicant’s opinion, Townhead Health Centre Pharmacy also fell outwith the neighbourhood as defined. The access to the pharmacy was around 1.0 miles and was again across the busy M8 motorway. It therefore did not lend itself to easy access to the Townhead community. In addition, the pharmacy was not visible from the street, and was, the Applicant suggested closer in proximity to the community along Alexandra Parade than it was to the Townhead community.

The Applicant proposed opening on a Saturday and Sunday which would be of benefit to the local community who could have greater local access to pharmacy services if her application was granted. This again was borne out by comments from Councillor Mathieson who advised the Community Planning partnership (CPP) policy sees the need for local facilities and services and that the application was in keeping with their vision.

The Applicant suggested that Boots the Chemist, Buchanan Galleries was situated in a busy thoroughfare and the fact that 20% of the Townhead population were over 60 meant that they would have the arduous trip to access this pharmacy. Councillor Mathieson had suggested that the Townhead Community needed to have facilities and services fir its use based in the community itself and the granting of this contract would provide this.

With regard to Abbey Chemist, the Applicant suggested that this pharmacy was not in alignment with the GP Subcommittee’s definition of the neighbourhood. Being approximately 1.0 mile from the proposed premises, and being situated across the busy town centre and steep incline, the Applicant suggested that it was not viably accessible by the local Townhead community. The granting of a new contract would not adversely affect this contractor.

The Applicant was aware that Mr Mohammed was opposing this
application for new contract from Abbey Chemists at 144 Trongate and, as such suggested that his new premises at 140 High Street (which were due to open later this year) should not be considered in this application as they were outwith the neighbourhood defined by the Applicant.

All the existing pharmacies (apart from Boots in Buchanan Galleries) offered a full collection and delivery service to the area. The Applicant intended to offer the same service with the key difference being that she would see it as imperative that the patient had face to face contact with the pharmacist. It was her intention to conduct the deliveries in person on at least the first visit to the patient. 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 illustrated that the new contract advocated that patients should be able to readily access their pharmacist in the pharmacy for advice. She believed this focus on local care was reinforced by the Scottish Executive’s “Delivering for Health” 10 year plan, which stressed the importance of preventative health care based in local communities, with community pharmacists as key members of the primary care team. It is the Scottish Executive’s drive to use pharmacies as healthy living walk-in centres and to get healthy lifestyle messages across to local communities like Townhead. The Applicant suggested that for these reasons, this application was both necessary and desirable.

The Applicant advised that she was experienced in and would be keen to provide a supervised methadone and buprenorphine service, having been advised by Duncan Hill (Addictions Service) that spaces were tight outwith the city centre for supervised methadone services. She 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 through the busy shopping centre to Boots and across the M8 motorway to Townhead 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. There was no pharmacy providing a needle exchange within the defined neighbourhood and the Applicant was willing to provide this service.

The Applicant advised that the proposed pharmacy would have three consultation rooms, two of which would be available to other health and social care professionals. The proposed plan shows the unit to be 850 square feet which is sufficient to meet the needs of the population. The Applicant’s intention was to provide a wide range of services which would include but would not be limited to: smoking cessation, head lice project, blood pressure testing, cholesterol testing, diabetes testing, emergency hormonal contraception, pregnancy testing, minor ailments, methadone and needle exchange and also other health board led model
scheme initiatives.

She intended to open from 8.30am – 6.00pm on weekdays, 9.00am – 5.00pm on Saturdays and 12.00pm – 2.00pm on Sundays. She expected there to be a high demand for services, particularly with the level of student accommodation in the area. She noted that Townhead Health Centre Pharmacy was closed on a Saturday and Sunday, Abbey Chemists at 144 Trongate was open from 9.00am – 5.30pm on weekdays and closed on a Sunday and Lloydspharmacy, Huntingdon Square was closed at 1.00pm on a Saturday and all day on a Sunday. The Applicant felt that her proposed hours of service would provide an increased service to the neighbourhood than was available at present.

Strathclyde University had more than 22,000 full and part time students, 3,200 staff and 1,840 students living on campus in the neighbourhood. Glasgow Caledonian University presently had approximately 15,000 students, 1,500 staff and 660 students living on campus in the neighbourhood. Currently the needs of the student population were being underprovided and this could be demonstrated by the significant numbers of EHC encounters being undertaken by the pharmacies within the city centre. It would be useful to have increased provision in the area to ensure ease of access to the current population.

The Applicant concluded by advising 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 the Townhead neighbourhood and help to contribute to the continuing development of a community spirit. Mrs Christie reiterated that it had been recognised that a community pharmacy was one of the core services which help stimulate the development of a community. She asked the Committee to consider that the existing community of Townhead, which is to be developed extensively over the next few years by government initiatives, has been deprived of adequate, accessible, patient centred pharmaceutical care.

The Applicant asked the Committee to confirm its acceptance of the defined neighbourhood boundaries. She advised that she was personally committed to the project. She felt that with the experience and dedication that would bring to the project, the new contract and enhanced services she could bring about a positive health change to the community. She thanked the Committee for allowing her to present her application and trusted it would be given due consideration and be viewed within the context of the requirements of the new pharmacy contract and the Scottish Executive guidelines.

**The Interested Parties’ Question and Applicant**

In response to questioning from Mr Martin, the Applicant advised that she had not included Townhead Health Centre Pharmacy in her defined neighbourhood, as she felt that it was outwith the area. She felt the
eastern boundary to be High Street. On further questioning from Mr Martin, the Applicant advised that she would define a neighbourhood by the existence of natural boundaries. She listed the amenities existent in her defined neighbourhood and these included churches, a citizen’s advice bureau and shops. She advised that some of the amenities had been depleted because of the close proximity to the city centre, and pointed to the plans to develop amenities in the area. She reiterated that her defined neighbourhood was one for all purposes.

In response to further questioning from Mr Martin, the Applicant agreed that she did not have any firm evidence of deficiencies in the current service, but had formed this view through personal viewpoint. She did not have any evidence that the current network could not meet current demand. She did not believe that the quality of service provided by the current network could be challenged. She believed her’s to be the first application for an additional contract in this area.

In response to further questioning from Mr Martin, the Applicant suggested that while some may agree that access to Townhead Health Centre Pharmacy and Boots, Buchanan Galleries was easy for those resident in the Townhead area, she would point out that Townhead Health Centre Pharmacy was closed on Saturdays and Sundays, and that on these days, the population would need to travel further afield to access services. In response to Mr Martin’s question as to whether it was acceptable for patients to have a 5-10 minute walk to access services, the Applicant suggested that the walk to Townhead Health Centre Pharmacy was more around the 12-15 minute mark and while the length of time taken to walk to the nearest pharmacy may be accepted, the route to the pharmacy from Townhead was not acceptable for pensioners and young mothers. This was also true of Boots in Buchanan Galleries. She also accepted that the population of Townhead could access public transport within a 3-4 minute walk, but asserted that they should not need to travel outwith their community to access essential services.

On further questioning from Mr Martin, the Applicant asserted that a best case scenario would be for services to be accessed by a walk across flat ground. This was especially true where significant elements of the population were either elderly or disabled.

In response to further questioning from Mr Martin, the Applicant advised that she may not be able to improve on the delivery service provided by Townhead Health Centre Pharmacy, as they already offered a face to face pharmacist service, but she was confident that she could improve on the service provided by Boots.

In response to final questioning from Mr Martin, the Applicant did not agree that patients on the lists of the GP practices who had recently moved to Petershill Road were well looked after by the current pharmacy network who provided a collection and delivery service. The Applicant asserted that there should be a healthcare presence within the
community in which the patients lived.

In response to questioning from Mr Mohammed, the Applicant agreed that her defined neighbourhood and the population statistics quoted had included Glasgow Caledonian University. She had included this as the University had the same post-code as Townhead and she saw Port Dundas Road as a natural boundary to the area.

In response to further questioning from Mr Mohammed, the Applicant advised that she had reconsidered her initial plan not to open on a Sunday. She felt that the potential demand from the student population at Strathclyde and Glasgow Caledonian Universities required a pharmaceutical service on a Sunday, and therefore she had decided to open for two hours on Sundays.

The Applicant responded to Mr Mohammed’s question around the percentage of the population over 60 years, by advising the Committee that approximately 1,840 people within the Townhead area were over 60. The Applicant also advised the Committee that she was aware that specific authorisation was needed from the Health Board in order for her to provide some of the additional services mentioned in her submission.

The Applicant disagreed with Mr Mohammed’s assertion that there was some overlap between the population covered by her application and that which would be served by Mr Mohammed’s new pharmacy at 140 High Street. She felt that Mr Mohammed’s new premises would ostensibly serve the tourist population and the homeless units in the area, rather than the resident population of Townhead. The Applicant also felt that the viability issue should not be the first consideration for the Committee in their determination of the new application. She was confident that the new application, if granted would not adversely affect any other contractor in the area. She suggested, however that the needs of the patients in the area should come first. She agreed with Mr Mohammed’s assertion that there was an importance for rational distribution of pharmacy services, and suggested that this was not present in the Townhead area.

In response to questioning from Mr Tait, the Applicant confirmed that the distances provided by the Google mapping site were calculated by car. She was aware that there were paths through the Townhead area leading to the City Centre, however she disputed that the shortest route to Boots the Chemist at Buchanan Galleries would take only 5 minutes.

**The PPC Question the Applicant**

In response to questioning from Mr Reid, the Applicant confirmed that she would provide patients with her mobile telephone number so that they could make contact with her. She had done this for patients attending her pharmacy in Anderston, and felt it had worked well.

In response to further questioning from Mr Reid, the Applicant confirmed
that she considered the proposed new pharmacy at High Street to be outwith her defined neighbourhood. She was confident that if her application was not granted, that the resident population of Townhead would not travel to the pharmacy at High Street for services related to minor ailments.

In response to questioning from Professor McKie, the Applicant considered that the resident population of Townhead would be registered with GP practices in Townhead Health Centre, Springburn Health Centre, Woodside Health Centre and the new GP practice in Petershill Road. She was confident that the population’s registration would be spread amongst several practices in different areas.

In response to further questioning from Professor McKie, the Applicant confirmed that the new developments mentioned in her initial application would be situated within the area defined. She confirmed that there would be a mixture of replacement housing, and new housing. She further confirmed that she had chosen George Street as her southern boundary because of the student and staff population of Strathclyde University. She advised that she could have chosen Cathedral Street, but considered George Street to be more appropriate.

In response to questioning from Mrs Roberts, the Applicant confirmed that she intended to provide face to face contact for at least the first delivery visit to patients using the new pharmacy. She provided this service at the moment for her pharmacy in Anderston and considered this to work well. She intended to transfer the employment of her pharmacist currently working in the Anderston pharmacy to the new pharmacy. She would work there also, providing a delivery service in the evening, thus allowing her to provide the service personally.

In response to Mrs Roberts’ assertion that she seemed to be unsure as to what the local community wanted in terms of services, the Applicant reiterated that Councillor Mathieson had canvassed opinion from the local community around their support for a pharmacy in the area. He had spoken to the Housing Department and the local community council, before agreeing to meet the applicant and before he had agreed to lend his support to the proposal.

In response to questioning from Mr Dykes, the Applicant asserted that in her experience students wishing to access EHC services wished to do so as soon as possible, and while she accepted that the medication was effective up to 72 hours after the episode of unprotected sex, she was of the opinion that the sooner the service could be accessed the better.

In response to further questioning from Mr Dykes, the Applicant asserted that mothers with pushchairs would be reluctant to travel to Boots in Buchanan Galleries to access services around minor ailments. The route was difficult to navigate for the elderly and the disabled population and she was confident that these elements of the population would be better served by the provision of services within the area in which they
lived.

In response to questioning from Mr MacIntyre, the Applicant confirmed that she was aware that she would require authorisation from the Health Board before she could undertake some of the services specified in her application. She advised that she would honour her commitment to open on Sundays even if she was not successful in securing authorisation to provide some of the services.

There were no questions to the Applicant from the Chair or Mr Gillespie.

**The Interested Parties’ Case – Mr Paul Martin (Townhead Health Centre Pharmacy)**

Mr Martin commenced his presentation by advising the Committee that Townhead Health Centre Pharmacy considered the application should be rejected. In terms of the legal test set out in the current pharmaceutical regulations, the Committee had to take into consideration factors present within the neighbourhood, and only if they considered the existing services to be inadequate could they then give consideration to the issue of necessity or desirability.

Mr Martin reminded the Committee that the 1995 regulations did not define a neighbourhood, and that indeed the justiciary had shied away from placing a definition on this. Judicial guidance had, however been handed down in the form of judicial reviews. Lord Nimmo-Smith had suggested that the work “neighbourhood” within the regulations should have an ordinary interpretation applied to it, i.e. vicinity or nearness. It should be an area for all purposes. The National Appeals Panel had considered a neighbourhood to include a wide range of services including GP practices, Post Office, banks, and libraries. Bearing this definition in mind, Mr Martin disputed that the area defined by the Applicant could be considered to be a neighbourhood, given that it included only a few of the services mentioned previously.

Mr Martin put forward an alternative neighbourhood, namely: to the north, the M8 motorway and Baird Street, to the west, Port Dundas Road, Aitken Road, West Nile Street, to the south, Cathedral Street along Cathedral Square, and to the east, Wishart Street and Alexandra Parade, including Glasgow Royal Infirmary.

Mr Martin suggested that within this defined neighbourhood, the current services were entirely adequate. There were two contractors providing readily accessible, high quality services. Boots in Buchanan Galleries was open seven days per week. An additional contract in the area could only be considered on the grounds of convenience; however Mr Martin suggested that this was not appropriate as it would dilute an already adequate service.

Mr Martin reiterated that the population within his defined neighbourhood currently enjoyed access to adequate services and that once this test
was applied to the redefined neighbourhood, the application should be rejected.

**The Applicant Questions Mr Martin**

In response to questioning from the Applicant, Mr Martin advised that patients using Townhead Health Centre Pharmacy would need to access other pharmacies for minor ailments services on Saturdays and Sundays.

In response to further questioning from the Applicant, Mr Martin advised that he did not consider the journey between the Townhead area and Townhead Health Centre Pharmacy to be difficult for the elderly or disabled. He disagreed with the Applicant's description of the journey as “torturous”. He agreed that Townhead Health Centre Pharmacy was not visible from the street, but did not consider this to be an issue.

In response to final questioning from the Applicant, Mr Martin did not have any firm details around the numbers of students registered with practices within Townhead Health Centre. He suggested that numbers would not be significant as many would access services provided by the Student Advisory Service.

There were no questions to Mr Martin from Mr Mohammed or Mr Tait

**The PPC Question Mr Martin**

In response to questioning from Professor McKie, Mr Martin advised that there would be no question of Townhead Health Centre Pharmacy closing if the application were granted, but it would suffer a reasonable loss of business.

In response to questioning from Mrs Roberts, Mr Martin advised that most elements of the population would welcome a pharmacy situated “on their doorstep”; however he considered this to be a question of convenience rather than desirability. Mr Martin was confident that Townhead Health Centre Pharmacy provided ready access to services to those elements of the population who might find it difficult to visit the pharmacy in person, via their collection and delivery service.

In response to further questioning from Mrs Roberts, Mr Martin advised that minor ailments services could not be provided through a collection and delivery service.

In response to questioning from Mr Dykes, Mr Martin advised that many students registered with GPs as temporary residents. They were a transient population, and would register with a GP recommended by the Student Advisory Service. He couldn't quantify the numbers of students registered with practices within Townhead Health Centre.
In response to questioning from Mr MacIntyre, Mr Martin confirmed that the granting of a new contract would not affect Townhead Health Centre Pharmacy’s capacity to invest in pharmaceutical services. He had advised that the pharmacy had always been proactive in looking at the services they provide and that this would continue.

There were no questions to Mr Martin from Mr Reid, or the Chair.

The Interested Parties’ Case – Mr Asgher Mohammed (Abbey Chemist)

Mr Mohammed advised the Committee that in his opinion the defined neighbourhood should not include Glasgow Caledonian University. Most students and staff attending this university would access services in Boots the Chemist, Buchanan Galleries. They were therefore adequately served by the existing network. Those students at Strathclyde University would be served by Mr Mohammed’s new pharmacy which would be situated at 140 High Street. This, Mr Mohammed suggested left a small population in Townhead who at present accessed services which were spread across the locality. The current pharmacies were not difficult to get to. For those elements of the population that may find it difficult to travel to the pharmacy on foot, there was ready access to public transport links.

Mr Mohammed suggested that the services proposed by the Applicant were similar to those which would be offered from his new pharmacy in High Street. This was a clear overlap. Mr Mohammed advised the Committee that the opening of his new pharmacy would have an effect on the population of Townhead, but accepted that some pockets of the population would continue to find it difficult to access services.

The Applicant Questions Mr Mohammed

In response to questioning from the Applicant, Mr Mohammed advised that he could not quantify how many patients from the Townhead area visited his pharmacy at 144 Trongate.

The Interested Parties Question Mr Mohammed

In response to questioning from Mr Martin, Mr Mohammed advised that his new pharmacy at High Street would serve some elements of the population in Townhead. He suggested that it was difficult to ensure easy access to services for 100% of the population, but that a substantial amount would be served.

There were no questions to Mr Mohammed from Mr Tait.

There were no questions to Mr Mohammed from the Committee.

The Interested Parties’ Case – Mr Charles Tait (Boots the Chemist)
Mr Tait advised the Committee that it was extremely difficult to define neighbourhoods in city centre areas. He considered that most of the boundaries around the area could be crossed except to the north, the M8 motorway. The Townhead area was encapsulated by the city centre, and was one of a small population around 3,000 (according to the 2001 Census statistics).

He considered that Townhead Health Centre Pharmacy should be included in the defined neighbourhood as it provided services to the residents of Townhead. It was easily accessible via a walkway. Patients could access the other pharmacies in the area within 10 mins travelling time. The current network provided adequate services, including emergency hormonal contraception which was provided from Boots the Chemist, Queen Street Station, which was busy due its location.

Mr Tait concluded that the services currently available in the area were adequate and therefore the application should fail.

The Applicant Questions Mr Tait

In response to questioning from the Applicant, Mr Tait confirmed that Boots the Chemist currently did not provide a delivery service from its pharmacies. This may change in the future.

The Interested Parties Question Mr Tait

In response to Mr Martin, Mr Tait advised that he had had no indication that patients experienced difficulty in accessing services provided by Boots in the city centre. There was no effort in accessing the Boots pharmacy in Buchanan Galleries, due to the availability of escalators and lifts.

In response to questioning from Mr Mohammed, Mr Tait confirmed that Boots did not provide needle exchange services from the two pharmacies closest to the Applicant’s proposed premises. Boots had consulted with the Health Board around this service, and the Health Board had expressed a preference that this service be provided by the Charing Cross branch.

The Committee Question Mr Tait

In response to questioning from Mr Reid, Mr Tait advised that the current network of services was easily accessible for those who were able to travel normal distances. For those with severe disabilities the access to the current pharmacies would prove no more difficult than the access to the proposed pharmacy, given the lack of mobility.

In response to further questioning from Mr Reid, Mr Tait advised that he could not quantify how many patients from Townhead visited the
Boots branches. He knew there was a steady stream, but not exact numbers.

In response to questioning from Professor McKie, Mr Tait advised that the viability of the Boots branch in Buchanan Galleries would not be affected. The branch in Queen Street station dispensed a low number of prescriptions and relied heavily on income from NHS dispensing. He considered that this branch would be affected if the application were granted.

In response to questioning from Mrs Roberts, Mr Tait agreed that a neighbourhood should have access to at least one healthcare professional. He contended however that the population of Townhead already had adequate access to such services from GP practices at Woodside and Townhead Health Centres.

In response to questioning from Mr Dykes, Mr Tait advised that he thought the Boots branch at Queen Street station provided a high level of EHC services, due to the anonymity afforded to patients visiting the pharmacy and the convenience of the locality.

There were no questions to Mr Tait from Mr MacIntyre or the Chair.

In response to follow up questioning from Professor McKie, Mr Tait advised that Queen Street station was a popular choice for people accessing EHC services as it was busy, and was outwith many patients area of residence. This was attractive to patients. He did not have any personal knowledge of numbers visiting from outside the area, but was aware that the branch attracted patients from all over Glasgow.

**The Interested Parties Sum Up**

**Mr Martin** advised the Committee that the neighbourhood defined by the Applicant was a settlement and not a neighbourhood in terms of the regulations. There was no suggestion that the currently services were less than adequate and reminded the Committee not to confuse convenience with desirability.

**Mr Mohammed** advised the Committee that the Applicant’s defined neighbourhood was very small. There was access to services close by. His pharmacy in Trongate already provided services to this population, and his new pharmacy in High Street would increase the choice. Overall the application was not necessary or desirable.

**Mr Tait** advised the Committee that he had little to add. There was no need for an additional contract. Access to current services was good.

**The Applicant Sums Up**

**Ms Christie** advised that she often thought as a student attending
Strathclyde University that there should have been a pharmacy in the heart of the Townhead community. A great deal of thought, effort and passion had gone into her application and she believed that an additional pharmacy with a broad range of service was both necessary and desirable in the area she had defined. The area required another pharmacy offering methadone and needle exchange services. The student needs were currently being underprovided and a pharmacy offering EHC and other services would be necessary to meet the student population requirements. A further pharmacy would provide improved access, and would offer the population choice, thus addressing the changing demands of the new contract. The idea of the Public Health agenda was to use the pharmacy network to provide healthy lifestyle messages to local communities like Townhead. The Scottish Executive’s drive was to use pharmacies as health living walk-in centres and this would be exactly like the pharmacy the Applicant proposed to run. The proposal had support from the local councillor and Townhead Community Council who stressed the importance of services to the area. The granting of the contract would breathe life into Townhead and continue the regeneration that was currently underway. The proposed layout provided for three consultation rooms, which meant the Applicant could liaise with the Health Board and other social care professionals to provide extra health services for the community. Finally, the Applicant felt that patients should have access to core services in their area and not have to travel across natural boundaries such as motorways, busy roads or high density shopping areas.

**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 G1.2, G4.0, G21.2 and G31.2;

f) Patterns of public transport; and

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

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

The Committee considered the differing neighbourhoods put forward by the Applicant, and the Interested Parties. Taking all information into consideration, the Committee considered that the neighbourhood should be defined as follows:

North – the M8 motorway and Baird Street
South – Cathedral Street (north side)
East – Castle Street (west side), to its meeting with Cathedral Street
West – North Hanover Street to its meeting with Baird Street

The Committee noted that the area of Townhead was bound on all four sides by particular physical boundaries. It was in the Committee’s opinion a discreet neighbourhood.

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 no existing pharmacies. The nearest pharmacies lay outwith the area defined by the Committee. The Committee considered the views expressed by the Interested Parties that the current pharmaceutical network was easily accessible. The Committee did not agree entirely with these assertions. The area defined by the Committee was a clearly defined residential area, and as such had its own demography, which did not currently enjoy access to adequate pharmaceutical services.
Having come to this conclusion, the Committee agreed that an additional contract in the area was desirable to secure the adequate provision of pharmaceutical services for the entire population within the defined neighbourhood.

In accordance with the statutory procedure the Chemist Contractor Member of the Committee Gordon Dykes, 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 desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises were located by persons whose names were included in the Pharmaceutical List and in the circumstances, it was the unanimous decision of the PPC that the application be granted.

The Chemist Contractor Member of the Committee Gordon Dykes, Alasdair MacIntyre and Board Officers rejoined the meeting at this stage.

5. NATIONAL APPEALS PANEL DETERMINATION

The Committee having previously been circulated with paper 2007/19 noted the contents which gave details of the National Appeals Panel’s determination of appeals lodged against the Committee’s decision in the following cases:

Mr Mohammed Rashid – 641 hawthorn Street, Glasgow G22.6 (Case No: PPC/INCL06/2006)

The Committee noted that the National Appeals Panel had dismissed the Appeal submitted against the PPC’s decision to refuse Boots the Chemist’s application to establish a pharmacy at the above address. As such Boots the Chemists’ name was not included in the Board’s Provisional Pharmaceutical List, and the file on the application had been closed.

6. DATE OF NEXT MEETING

Scheduled for Tuesday 8th May 2007 at 12.30pm in LMC Offices, 40 New City Road, Glasgow.

The Meeting ended at 4.15p.m.
Prior to the consideration of business, the Chairperson asked members if they had an interest in any of the applications to be discussed or if they were associated with a person who had a personal interest in the applications to be considered by the Committee.

Gordon Dykes declared an interest in Item 3 (i) – Mr Mohammed Rashid, 641 Hawthorn Street, Glasgow G22.6.

1. APOLOGIES

Apologies were received on behalf of Robert Gillespie.

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

As Mr Dykes had expressed an interest in this application, he removed himself from the meeting while consideration of the application was taking place.

Case No: PPC/INCL08/2007
Mr Mohammed Rashid – 641 Hawthorn Street, Glasgow G22 6AZ

The Committee was asked to consider an application submitted by Mr Mohammed Rashid, to provide general pharmaceutical services from premises situated at 641 Hawthorn Street, Glasgow G22.6 under Regulation 5(10) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 1995 as amended.

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

The Committee, having previously been circulated with all the papers regarding the application from Mr Rashid, agreed that the application could be considered based on the written representations received, and that an oral hearing was not required. The Committee came to this decision taking into consideration the short time that had elapsed since a similar application, from the same applicant, for the same premises had been determined both by the PPC and the NAP.

Prior to the meeting, the Panel had visited the vicinity surrounding 641 Hawthorn Street, Glasgow G22.6, the pharmacies, GP surgeries and facilities in the immediate neighbourhood, and the wider area.

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 G21.1 and G22.6;

f) Patterns of public transport; and

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

**DECISION**

The Committee noted that they had previously considered two previous applications submitted by the Applicant for the same premises in October 2005 and June 2006. On both occasions, the Committee had considered that the existing network ensured satisfactory access to pharmaceutical services for the neighbourhood. While the Committee's June 2006 decision had been appealed by the Applicant, the National Appeals Panel had concurred with the Committee's decision, and the Appeal had been refused in December 2006.

The Committee noted that the Applicant had not provided any further information other than that submitted at the time of the initial application (October 2005). The Committee did not consider that the Applicant had provided evidence that the situation in the neighbourhood had changed to the extent that it would overturn its previous decision.

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

The Committee noted the neighbourhood previously defined, and agreed that this remained relevant. Taking all information into consideration, the Committee considered that the neighbourhood should be defined as follows:

North: the railway line.
West: along Keppochill Road to Craighall Road leading onto Saracen Street and Balmore Road, to its meeting with the railway line to the north.
East: the railway line, across Chestnut Street to Carrisdale Street and Springburn Road.
South: along Springburn Road to its junction with Keppochill Road.

**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 four
pharmacies. The Committee considered that the level of existing
services ensured that satisfactory access to pharmaceutical services
existed to the identified neighbourhood. The Committee therefore
considered that the existing pharmaceutical services in the
neighbourhood were adequate.

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 Member of the Committee 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.

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

Case No: PPC/INCL09/2007
Apple Healthcare Group Ltd – 2b Monreith Avenue, Glasgow G61
1NJ

The Committee was asked to consider an application submitted by Apple
Healthcare Group Ltd, to provide general pharmaceutical services from
premises situated at 2b Monreith Avenue, Glasgow G61.1 under
Regulation 5(10) of the National Health Service (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 Apple Healthcare Group Ltd, agreed that
the application should be considered by oral hearing.

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

The Applicant was represented in person by Mr Harminder Shergill (“the Applicant”), assisted by Mr Neeraj Salwan. The interested party who had submitted written representations during the consultation period, and who had chosen to attend the oral hearing was Mr Jim Rae (Sinclair Pharmacy), assisted by Mr Kenny Irvine (“the Interested Party”).

Prior to the hearing, the Panel had collectively visited the vicinity surrounding 2b Monreith Avenue, Glasgow G61.1, the pharmacies, GP surgeries and facilities in the immediate neighbourhood, and the wider area of Bearsden, Canniesburn and Drumchapel.

The procedure adopted by the PPC at the hearing was that the Chairman asked the Applicant to make his submission. There followed the opportunity for the Interested Party and the PPC to ask questions. The Interested Party and the Applicant were then given the opportunity to sum up.

**The Applicant's Case**

**Mr Shergill** commenced his presentation by thanking the Committee for giving him the opportunity to present his case. He advised the Committee that he would clarify his neighbourhood, highlight the importance of a new development in the heart of the neighbourhood, and the importance of having a pharmacy for the community in the area.

He asserted that the neighbourhood to be served by the proposed pharmacy was that commonly known as Westerton and followed the natural boundaries found on the outskirts of the area. From the North where the railway line crossed Drymen Road, South along Drymen Road, crossing Canniesburn Toll. Along Maryhill Road to the River Kelvin. Following the river south to the vet school, crossing Bearsden Road to the railway track, northwest along the railway track, crossing Canniesburn Road and travelling north east along the railway track to meet Drymen Road again. The Applicant considered these to be the edges to the neighbourhood as they were natural or real boundaries already in place. The Applicant had taken guidance from Lord Justice Banks on the issue of boundary clarification. Lord Justice Banks had said "physical conditions may determine the boundary or boundaries of a
neighbourhood, as, for instance, a range of hills, a river, a railway, or a line which separates a high class residential district from a district of workmen’s dwellings."

The Applicant advised that the community of Westerton sat within the much larger district of Bearsden, but that it was important to consider Westerton as a distinct community. This was because it was a self contained village which had all the amenities other neighbourhoods enjoyed; its own purpose built school, church, nursery, library, local businesses, community hall, train station, post box, hairdresser, scout hall and bowling green. As such the residents of the community should have little or no need to travel outwith the village and accordingly Westerton constituted a neighbourhood whatever test was applied. It sat within the walls of natural or real boundaries, and also satisfied Lord Nimmo-Smith’s definition of vicinity or nearness.

The Applicant advised the Committee that the population of Westerton was approximately 4,616 according to the Ward Profile 2003 update for Ward 8. This was an increase from 1991. In addition 16% of the population was over 65, and around 25% of the homes were occupied by pensioners. 30% of the population were economically inactive, and therefore not bringing in any income. In the Applicant’s opinion this created a social divide between Westerton and the rest of Bearsden, a further boundary. 13% of the population had no car. The area of Westerton had a higher than average % of over 80s than that for the whole of East Dunbartonshire, along with a higher population density. East Dunbartonshire was expected to have the highest rate of increase in its older population in all Scotland. The over 75s group was expected to increase by 68% in Westerton.

The Applicant described the major housing development being built on the old Canniesburn Hospital site, which he described as being situated in the centre of his defined neighbourhood. The joint building venture was a 227 apartment and housing development which would be fully complete and occupied by early 2007. To date, one block was complete and occupied, two other blocks were half occupied, and five blocks were nearing completion. The town houses were complete and fully occupied. The houses would be sold to families, couples and the elderly.

The Applicant advised that the developers had noticed an influx of purchasers of all ages, and had provided a children’s play area within the site. They had also noticed a lot of elderly showing particular interest as a way of downsizing their existing properties in Bearsden, with children away and not being able to manage gardens etc.

In addition, there was a further single development site being initiated in the area, as the initial development came to completion. This comprised 12 four and five bed roomed houses. When this site was complete the estimated population was expected to increase by at least 660 people.

In terms of the Judicial Review – Lloyds Pharmacy Limited v The
National Appeal Panel in 2004, the court advised the Panel that it should have regard to future probable developments. The degree of adequacy of pharmaceutical provision in a neighbourhood would change through time. Accordingly, the Applicant suggested that the construction of new housing and the change in pharmaceutical practice would require to be considered. The major housing developments within the area, would, according to the Applicant undoubtedly create a change in the pharmaceutical provision in his defined neighbourhood.

The Applicant advised that the developers had confirmed that the shops on Monreith Avenue would be considered “the local shops” for the development, as they would have direct access using the lit path from the estate. The Monreith Avenue shops were seen as one of the pillars of the community. The Post Office was previously sited in Monreith Avenue before it was closed down by a Royal mail decision; however the post box for the area continued to be sited in Monreith Avenue.

The Applicant then went on to describe the concerns around the accessibility from Westerton to the existing pharmacies. The geography of the boundaries made this difficult given the steep hills in the neighbourhood and the lack of public transport provision. The Applicant suggested that there were many factors that would make the journey to Bearsden Cross or Spey Road difficult.

The lack of bus service – there was no bus service along Maxwell Avenue, which was considered the artery of the village. The closest bus stops were at Switchback Road and Canniesburn Road. The number 40 bus, which was convenient for Spey Road, could only be accessed by climbing a steep hill and making a risky and hazardous crossing of a busy “T” junction. In addition, there was no direct bus service to Bearsden Cross or Milngavie Road.

Traffic and parking problems – there was inadequate parking facilities at Spey Road and Roman Road, and according to the Applicant, it was almost impossible to park due to the amount of vehicles. The opening of a new Marks and Spencer store with no corresponding increase in parking provision at Bearsden Cross had recently placed further pressure on parking. The Applicant had spoken to the owner of one of the businesses around Bearsden Cross who had noticed that customers were staying away from the shops because of the resultant traffic problems.

Distance – the Applicant considered that the existing pharmacies were too distant from Westerton for residents to access on foot. This was especially the case for the elderly and young mothers.

The Committee learned that Westerton Community Council had heard of the Applicant’s intention to open a pharmacy and had consequently invited the Applicant to attend their meeting to discuss the company’s proposal. The Council questioned why a pharmacy had not opened in the community previously. The Applicant had been questioned by
members of the public around the services to be provided from the proposed premises. These had been welcomed in the context of the new pharmacy contract. The public and members of the Community Council had indicated that there was a need now for a pharmacy in Westerton as the company had undertaken to provide a rounded healthcare service and initiatives which would make a significant difference to peoples lives e.g. diabetes screening, blood pressure monitoring, smoking cessation, medicine management. For these reasons the Community Council had written a letter of support for the proposed pharmacy (this was not tabled by the Applicant or made available to the interested parties during the consultation period).

In the G61 (Bearsden) area there were five contractors and approximately 110 supervised methadone clients, with only seven spaces available. According to information gained by the Applicant, three of the existing pharmacies participated in the supervised methadone administration scheme. Of these three, JH Suttie had reached a maximum of two clients. This left the other two existing contractors to provide services to more than 100 methadone patients. The Applicant pointed out that these two contractors were located at opposite edges of the G61 area, with Sinclair Pharmacy at the bottom end (bordering the G15 post code sector), with Alliance Pharmacy some three miles away at the very top of the G61 postcode. The Applicant suggested that this demonstrated the need for a further pharmacy providing supervised methadone as patients in the neighbourhood were either having to travel outwith the area, or were not being accepted on to the programme.

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

**The Interested Party Questions and Applicant**

In response to questioning from Mr Rae, the Applicant advised that his premises were 630 sq ft. He had commissioned basic plans drawn up for the premises, but at this stage he did not have detailed plans.

On further questioning from Mr Rae, the Applicant advised that the Community Council had broadly been in favour of him providing harm reduction services. While they were not keen on seeing clients availing themselves of the supervised methadone scheme, or welcomed the idea of those with a drug dependence congregating around the local area, they were mindful that such services were necessary.

In response to Mr Rae’s question around why he had excluded Spey Road from his definition of neighbourhood, the Applicant confirmed that the existence of natural boundaries within the area, along with the class
distinction evident in the area, caused him to exclude Spey Road from his neighbourhood. When further questioned by Mr Rae around this issue, the Applicant advised that he did not consider the housing type around Spey Road and Allander Road to be different from that around Monreith Road, but rather that the residents living in the houses were different. The Applicant identified Spey Road as more a part of Drumchapel rather than Westerton, and pointed to the difference in the social status of the residents. He confirmed that this was a personal opinion and not based on any firm evidence. The Applicant confirmed that there was access between Allander Road and Deepdeen Road. He did not agree that the pathway could be considered to be well lit.

In response to further questioning from Mr Rae, the Applicant described the best way for residents living in Ravelston Road to travel to the proposed site as being along the walkway behind Ravelston Road. For residents living in Henderland Road, they would most probably walk down Moorfield Drive or utilise the pathway next to the school. The Applicant advised that those living in these streets would be closer both distance wise and time wise to his proposed premises. He conceded that these residents would still encounter steep gradients if travelling to his proposed premises.

**The PPC Question the Applicant**

In response to questioning from Professor McKie, the Applicant agreed that residents along the Switchback and Ravelston Road would in all likelihood travel around the area by car. He further confirmed that the population statistics produced in his presentation related to the entire area known as Westerton and not a pocket.

In response to further questioning from Professor McKie, the applicant advised that he had not included the area west of the railway line as being in his defined neighbourhood due to the physical boundary, what he perceived to be the social divide, and its proximity to Drumchapel.

In response to questioning from Ms Lynch, the Applicant confirmed that the new housing development described in his presentation was a phased development. The flatted accommodation was now complete with residents living in the development. The other types of houses were nearing completion. He confirmed that approximately 50% of the 667 extra residents were in place. He could not confirm what % of these residents would have cars.

In response to questioning from Mr MacIntyre, the Applicant confirmed that the 4,416 population statistic quoted in his presentation did include those living on Allander Street. It did not include any residents north of Canniesburn Road. It included residents on Spey Road.

In response to questioning from Mr Dykes, the Applicant clarified that when he described those living in Allander Road as being similar to those living in Drumchapel; he was measuring this similarity in terms of
their requirements for pharmaceutical services, and not in terms of post-code.

The Applicant responded to questioning from Mr Dykes around the size of the proposed premises, by advising that the size was broadly similar to the company’s premises on Argyle Street. He further confirmed that the company was seeking to relocate from these premises into larger premises, and advised that the decision to move was not based on space considerations alone. There were many reasons in seeking to relocate the premises including issues around disability access.

In response to final questioning from Mr Dykes, the Applicant could not confirm what % of the economically inactive statistic for the area comprised residents who could be considered to be financially comfortable as opposed to those who came into the category due to illness.

In response to questioning from Dr Johnson, the Applicant confirmed that he had used different criteria other than post-codes when identifying his neighbourhood. Despite Monreith Avenue and Spey Road being in the same post-code sector of G61.1, the Applicant suggested that the existence of the natural boundaries of Maryhill Road and the River Kelvin lent themselves to the identification of his neighbourhood.

In response to questioning from Mr Fraser, the Applicant suggested that those living on Balmoral Drive and Ballater Drive would travel to the Asda Store in Bearsden for their bulk grocery shopping. He was of the opinion that these residents would only travel to the Morrison’s store in Anniesland if they were travelling in to Glasgow.

In response to further questioning from Mr Fraser, the Applicant confirmed that the main access to the new housing development on the old Canniesburn Hospital site was via an entrance on Switchback Road. The Applicant further confirmed that it was opinion that these residents would be more likely not to use this access to travel to other pharmacies in the area, but would be more inclined to travel to his proposed premises if the sole reason for their journey was to access pharmaceutical services.

In response to questioning from Mr Thomson, the Applicant expanded on his comments around the current provision of methadone services in the area. He advised that of the pharmacies who currently provided the service, only two of these were recorded as having spaces.

There were no questions to the Applicant from the Chair.

**The Interested Party’s Case – Mr Jim Rae (Sinclair Pharmacy)**

**Mr Rae** thanked the Committee for giving him the opportunity to put his case, and advised that this was the third application by Apple Healthcare for a pharmacy at this site in the last 13-14 months. He noted that the
application had previously been fully considered by the PPC twice, the last time by a full oral hearing in December 2006. He contended that there had been no significant changes in the neighbourhood since then.

Mr Rae contended that he agreed with the neighbourhood identified by the PPC in December 2006. This being:

North: Drumchapel Road at its junction with Spey Road, along Canniesburn Road to Canniesburn Toll.
West: Spey Road to the railway line.
South: Following the railway line adjacent to Maxwell Avenue.
East: Ravelston Road, north to the development of old Canniesburn Hospital site and its meeting with Canniesburn Road.

The neighbourhood was appropriate due to the existence of steep gradients and the existence of natural boundaries. Residents within the vicinity of Monreith Avenue could easily access the pharmacy at Spey Road by foot as it was on the same level. Mr Rae asserted that the neighbourhood was entirely in the council ward of Westerton.

Within the neighbourhood there was a pharmacy at Spey Road which was open Monday to Friday 9.00am – 9.00pm and Saturday 9.00am – 6.00pm. The pharmacy provided a full and comprehensive pharmaceutical service to the community and actively participated in all new contract and NHS Board initiatives including: oxygen service, methadone supervision, needle exchange, smoking cessation, head lice programme, subutex supervision, emergency hormonal contraception and collection and delivery of prescriptions.

To assist in delivery these initiatives the pharmacy had a dedicated private and enclosed consultation room and a private advice area. The pharmacy was committed to providing an innovative model that supplied a high standard of patient centred pharmaceutical care within a community setting and actively develop a greater role of pharmacy recognised by the Scottish Executive in The Right Medicine – a strategy for pharmaceutical care in Scotland.

He advised that the population of Westerton is a particularly healthy and mobile population. Mr Rae went on to provide the Committee with comparisons between Greater Glasgow Health Board figures and national statistics obtained from the 2001 census, East Dunbartonshire Council 2003 Ward Update, and the Scottish Executive.

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<th><strong>Westerton</strong></th>
<th><strong>GGHB</strong></th>
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<tr>
<td>Limiting Long Term Illness</td>
<td>12.40%</td>
<td>23.75%</td>
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<tr>
<td>In good health</td>
<td>77.16%</td>
<td>63.43%</td>
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<tr>
<td>Fairly good health</td>
<td>16.20%</td>
<td>22.92%</td>
</tr>
<tr>
<td>Not good health</td>
<td>6.62%</td>
<td>13.66%</td>
</tr>
<tr>
<td>Households – no car</td>
<td>12.64%</td>
<td>47.89%</td>
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Mr Rae advised that the Applicant correctly stated that there was a number of apartment type housing being built at the old Canniesburn hospital but failed to reveal that the builders design aim was to provide relatively exclusive housing with a starting price of £185,000. Publicity material provided by the developer describes the area of Bearsden “with its fine restaurants and exclusive little designer shops”. This was totally contrary to the applicant’s statement in December 2006 that the developer was claiming that the local shops for the new development would be on Monreith Avenue. Mr Rae contended that the population within the new development would have access to their own transport and could easily access the wider area of Bearsden and Glasgow for all their services.

Mr Rae asserted that the Applicant had also made claims of inadequate public transport in the area. In Mr Rae’s opinion this was inaccurate. Examination of the rail timetables for Westerton station showed train availability eight times per hour. These trains would take residents to either Anniesland or Bearsden with a journey time of approximately three minutes. Both of these areas were major shopping centres. There were two pharmacies in Bearsden and three pharmacies in Anniesland adjacent to the railway station.

Mr Rae advised that the site at Monreith Avenue did not increase accessibility to services due to the lack of access routes and extremely steep gradients that represent a difficult and treacherous foot journey.
Furthermore, Mr Rae asserted that there was no evidence to support any claim that pharmaceutical provision in the neighbourhood and to the population of the greater area was inadequate. The PPC had come to a similar conclusion in December 2006.

Mr Rae advised the Committee that the application failed the legal test of Regulation 5(10) that put the onus on the Applicant to provide evidence of inadequacy. The application at the site on Monreith Avenue was not necessary or desirable to secure adequate provision of pharmaceutical services in the neighbourhood. The measure of adequacy of provision to this neighbourhood had been measured twice in the last year and on both occasions it had been shown to be more than adequate. Mr Rae reminded the Committee that the current regulations had been drawn up and designed to control distribution and allow health boards to better plan service provision according to the needs of the population. With the introduction of the new contract this ability of the Health Board to rationally plan the provision of pharmaceutical care was more important than ever. Mr Rae contended that the application sought to undermine the main principle of the regulations. It appeared to be more of a map reading exercise selectively seeking boundaries to exclude existing contractors then creating an imaginary neighbourhood rather than a consideration of adequacy of pharmaceutical provision to the population within the area.

Mr Rae advised that there had been no changes to the area, the application, or the regulations since the PPC gave full consideration in an oral hearing to an identical application by the same company at the same site less than six months ago. The application failed the legal test as it was neither necessary nor desirable to secure adequate provision and Mr Rae respectfully asked the Committee to reject the application.

**The Applicant Questions the Interested Party**

In response to questioning from the Applicant, Mr Rae advised that he considered the pharmacy at Spey Road to be within the same neighbourhood as the proposed premises at Monreith Avenue. Mr Rae confirmed that his definition of neighbourhood was the same as that defined by the PPC in December 2006.

In response to final questioning from the Applicant, Mr Rae advised that the statistics presented to the committee related to the health needs of the population as it was possible to draw clear parallels between health and demand for services. In his opinion, the healthier the population, the less demand for services, and therefore adequacy was easier to determine.

**The PPC Question Mr Rae**

In response to questioning from Professor McKie, Mr Rae confirmed that the pharmacy in Spey Road provided a collection and delivery
service. He made deliveries to very few patients around the high
ground of Westerton and only occasionally to patients along Ravelston
and Switchback Roads. He confirmed that some patients crossed to
Spey Road from beyond the underpass. This information had been
confirmed via his Patient Medication Record system.

In response to questioning from Ms Lynch, Mr Rae confirmed that he
was not aware of any issues being raised by patients or their
representative groups around inadequacy of services within the area.
He was also unaware of any complaints being made to the Health
Board.

In response to questioning from Mr MacIntyre, Mr Rae confirmed that he
did not consider there to be much of a social divide between
Deepdeen Avenue and Allander Road. He considered the housing to
be of similar types and considered the only difference to be in the
conservation protected area.

In response to questioning from Mr Dykes, Mr Rae confirmed that he
had no intention to cut back on the provision of any services from his
pharmacy in Spey Road. He would work with the Health Board to
expand services where needed. He further advised that he had spare
capacity for methadone services at Spey Road.

In response to Dr Johnson’s question around why there was a
pharmacy in Spey Road if the population was healthy and mobile, Mr
Rae advised that every area needed a pharmacy regardless of its
health status. Even healthy people required pharmaceutical services
at some stage, and while the demands of less health populations were
greater a pharmacy was a much needed resource in any area.

In response to further questioning from Dr Johnson, Mr Rae confirmed
that he had drawn his boundaries taking into consideration the
difference in local authorities and the types of housing. He confirmed
that some residents from Drumchapel travelled to the pharmacy at
Spey Road; however Mr Rae had chosen to draw his boundary to the
east of this area for the reasons given.

In response to final questioning from Dr Johnson, Mr Rae advised that
there was on-street car parking outside the pharmacy at Spey Road.

There were no questions to Mr Rae from Mr Fraser, Mr Thomson, or
the Chair.

**The Interested Parties Sum Up**

Mr Rae advised the Committee that he hoped he had shown the
population to be adequately served by current pharmaceutical
provision. The population was healthy and mobile and the current
provision in the neighbourhood and surrounding area met their needs.
Another pharmacy in the neighbourhood was superfluous and not
necessary or desirable in the context of the current regulations. He respectfully asked the PPC to refuse the application.

**The Applicant Sums Up**

Mr Shergill advised the Committee that he believed he had satisfied the application of the legal test required by Regulation 5 (10) to secure adequate provision of pharmaceutical services in the neighbourhood.

- The neighbourhood had been denied using Lord Nimmo-Smith’s opinion.

- It had been shown that the pharmaceutical services available to the residents of this neighbourhood were inadequate.

- The necessity of granting a new contract to fulfil the requirements of an adequate provision of services for all in the neighbourhood had been shown, taking guidance from Sir Louis Blom-Cooper QC in the Queens Division of the High Court. He said that if the current provision of pharmaceutical services was inadequate, then it would be necessary to secure services.

- The desirability for a new contract had been shown by the evidence presented and the overwhelming suggestions and support from the community in the neighbourhood.

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.

The PPC was required and id 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-
The Committee also considered:-

d) The location of the nearest existing pharmaceutical services;

e) Demographic information regarding post code sectors G13.2, G15.7 and G61.1;

f) Patterns of public transport; and

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

**DECISION**

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 and the Interested Party. It was mindful that it had previously considered a similar application in December 2006, and agreed that the neighbourhood identified on that occasion remained appropriate. Taking all information into consideration, the Committee considered that the neighbourhood should be defined as follows:

North: Drumchapel Road at its junction with Spey Road, along Canniesburn Road to Canniesburn Toll;

West: Spey Road to the railway line:

East: Ravelston Road, north to development on old Canniesburn Hospital site to its meeting with Canniesburn Road.

South: following the railway line adjacent to Maxwell Avenue.

The Committee concluded this neighbourhood as being appropriate due to the existence of steep gradients and the existence of natural boundaries. Residents within the vicinity of Monreith Avenue could access the pharmacy at Spey Road by foot, as this was at the same level. The population had been shown to be one which was relatively healthy and mobile, and while there were minor services provided in the area e.g. off-license, hairdressers, residents would be required to travel outwith the area to access other services.

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

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

The Committee noted comments made by Mr Matt Cox in his representation and Board officers clarified that the letter of consultation was dated 2\textsuperscript{nd} February 2007 and not 14\textsuperscript{th} February 2007 as suggested by Mr Cox\textquoteright;s letter.

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.

\textit{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:}

\textbf{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.

\textbf{The Chemist Contractor Members of the Committee Gordon Dykes and Alasdair MacIntyre and Board Officers rejoined the meeting at this stage.}

4. \textbf{MATTERS CONSIDERED BY THE CHAIR SINCE THE DATE OF THE LAST MEETING}

The Committee having previously been circulated with Paper 2007/24...
noted the contents which gave details of matters considered by the Chair since the date of the last meeting:

**Change of Ownership**

**Case No: PPC/COO11/2007 – J A Hogarth Chemists Ltd, 1399 Dumbarton Road, Glasgow G14.9**

The Board had received an application from Mr Brian Dunnet for inclusion in the Board’s Pharmaceutical List at a pharmacy previously listed as J A Hogarth Chemists Ltd T/A C H Bell (Chemists) at the address given above. The change of ownership was effective from 3rd May 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. **CHANGE OF OWNERSHIP**

The Committee having previously been circulated with Paper 2007/25 noted the contents which gave details of Changes of Ownership which had taken place in the following cases:

**Case No: PPC/CO12/2007 – Lloydspharmacy Ltd, 15 Fenwick Road, Glasgow G46.6**

The Board had received an application from Lloydspharmacy Ltd for inclusion in the Board’s Pharmaceutical List at a pharmacy previously listed as David & Karen Aitken T/A Merryvale Pharmacy at the address given above. The change of ownership was effective from 1st June 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.

6. **NATIONAL APPEALS PANEL DETERMINATION**

The Committee having previously been circulated with paper 2007/22 noted the contents which gave details of the National Appeals Panel’s determination of appeals lodged against the Committee’s decision in the following cases:
Dr Saduf Riaz, Premichem Pharmacy Ltd – 343 Nitshill Road, Glasgow G53.7 (Case No: PPC/INCL01/2007)

The Committee noted that the National Appeals Panel had dismissed the Appeal submitted against the PPC’s decision to refuse Dr Riaz’s application to establish a pharmacy at the above address. As such Dr Riaz’s name was not included in the Board’s Provisional Pharmaceutical List, and the file on the application had been closed.

7. FEEDBACK FROM PHARMACEUTICAL SERVICES CARE PLANNING EVENT

Mr Thomson advised the Committee that an event had taken place, organised by the Scottish Executive to update Boards around progress on the Pharmaceutical Services Care Planning Regulations.

The event had been somewhat of a disappointment in that the Executive had been unable to provide Boards with any further information around timescales for the implementation of the new arrangements. They had confirmed that the current PPC process would be in place for at least another two years pending.

Members of the Committee expressed their disappointment at the lack of progress and after further discussion, it was agreed that the Chair suggest that a letter be sent to the Executive expressing the Board’s frustration and disappointment over the lack of progress and seeking an indication of when implementation may take place.

8. ANY OTHER COMPETENT BUSINESS

There was no other competent business.

9. DATE OF NEXT MEETING

Scheduled for Monday 18th June 2007 at 12.30pm. Venue to be confirmed.

The Meeting ended at 4.20p.m.