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 Robert Gillespie and Alasdair MacIntyre.

2. MINUTES

The Minutes of the meetings held on Monday 18th June 2007 PPC[M]2007/09 and Wednesday 4th July 2007 PPC[M]2007/10 were approved as a correct record with the following amendment:

18th June – Sederunt should be amended to reflect Kay Roberts’ designation as Deputy Non Contractor Pharmacist Member.

3. ANY OTHER BUSINESS NOT INCLUDED IN AGENDA

i) PPC and National Appeals Panel Training

Janine advised the Committee that the National Appeals Panel (NAP) had organised training for PPC members. The event would take place on 11th October 2007. At the moment only Contracts Manager
declarations of interest were being sought. Janine undertook to provide each member of the Committee with a copy of the letter and to ascertain declarations of interest.

ii) Temporary Suspension of Contract – Lloydspharmacy, 1626 Great Western Road

Janine advised the Committee that Lloydspharmacy had applied for approval in principle to temporarily suspend the contract held at the above address.

The company were experiencing issues with their landlord and were unsure whether their lease would be renewed. The lease expired on 30th September 2007 and while negotiations were on-going and the company were confident of a positive outcome, there nevertheless remained the possibility that the contract would need to be suspended to allow the company to move to alternative premises if the lease was not extended.

Both Joint Leads had recommended approval of the application.

DECIDED/-

That Lloydspharmacy’s application for a potential suspension of contract at 1626 Great Western Road is approved.

Section 1 – Applications Under Regulation 5 (10)

4. Application for Inclusion in the Board’s Pharmaceutical List

i) Case No: PPC/INCL12/2007
Mr A Manzoor and Ms Amina Al-Adhami, 5/7 Kennedy Path, Townhead, Glasgow G4 0PP

The Committee was asked to consider an application submitted by Mr A Manzoor and Ms Amina Al-Adhami, to provide pharmaceutical services from premises situated at 5/7 Kennedy Path, Townhead, Glasgow G4.0 under Regulation 5(10) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 1995 as amended.

DECISION

The Committee noted that they had previously considered an application for premises in this area in May 2007 (Case No: PPC/INCL**/07 - LG Pharmacy Ltd – Unit 2, 19 Kennedy Path, Glasgow G4). The application was approved and several of those who had submitted written representations had appealed against the Committee’s decision. The appeals had been referred to the National Appeals Panel, who had informed the Board in a letter dated 16th July 2007 that they considered that an oral hearing was required to
consider the appeals. Currently a date for the hearing was awaited.

The Committee agreed that it was unable to make a determination on this application until the outcome of LG Pharmacy’s application was known.

**DECIDED/-**

The PPC agreed to postpone consideration of the application from Mr A Manzoor and Ms Amina al-Adhami until the National Appeals Panel had made a determination on LG Pharmacy Ltd’s application.

**ii) Case No: PPC/INCL11/2007**

Dr S Riaz, Premichem Pharmacy Ltd, Unit E, Kingston Quay, Morrison Street, Glasgow G5.8

The Committee was asked to consider an application submitted by Premichem Pharmacy Ltd, to provide general pharmaceutical services from premises situated at Unit E, Kingston Quay, Morrison Street, Glasgow G5.8 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 Premichem Pharmacy 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 (Pharmaceutical Services) (Scotland) Regulations 1995 as amended (“the Regulations”). In terms of this paragraph, the PPC “shall determine an application in such a manner as it thinks fit”. In terms of Regulation 5(10) of the Regulations, the question for the PPC is whether “the provision of pharmaceutical services at the premises named in the application is necessary or desirable to secure adequate provision of pharmaceutical service in the neighbourhood in which the premises are located by persons whose names are included in the Pharmaceutical List.”

The Applicant was represented in person by Dr Saduf Riaz (“the Applicant”). The interested parties who had submitted written representations during the consultation period, and who had chosen to attend the oral hearing were Ms Dianne McGroary, (Munro Pharmacy), Ms Lisa Christie (LG Pharmacy), Mr Ian McDowall (Gilbride’s) and Mr Gerry Hughes (Greater Glasgow & Clyde Area Pharmaceutical General Practitioner Subcommittee) (“the Interested Parties”).

Prior to the hearing, the Panel had collectively visited the vicinity
surrounding Morrison Street, Glasgow G5.8, the pharmacies, GP surgeries and facilities in the immediate neighbourhood, and the wider areas of Cessnock, Kinning Park, Pollokshields and Gorbals.

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

**The Applicant's Case**

Dr Riaz thanked the Committee for giving him the opportunity to present his case orally. He advised that he would attempt to make his case in a simple and logical fashion using the guidelines contained in the National Appeal Panel training document “The Legal Test”. Dr Riaz added that before he applied the test he would spend some time giving the Committee information about Premichem Pharmacy Ltd’s plans for the pharmacy in Tradeston.

The Applicant advised that the pharmacy would occupy a space of 1142 square feet. The company would provide a consultation room, a quiet area and a health information area. He intended to provide the full range of services required under the new contract: AMS (Acute Medication Service), CMS (Chronic Medication Service), PHS (Public Health Service) and eMAS (Minor Ailment Service). He would offer glucose monitoring, blood pressure monitoring, weight/BMI monitoring and any other additional services that would be commissioned by the Health Board. This would also include extra treatment rooms or consultation rooms. The company would also be willing to take part in any pilot schemes.

The Applicant advised that he had initially hoped to open the pharmacy for 24 hours per day, however after careful consideration and learned advice; he had felt this to be impractical from the outset. He did intend to increase the hours of service to 24 hours per day, 7 days a week, once the pharmacy was established. The Applicant hoped there would be no objection to his initial opening hours being amended to 8.00am – 8.00pm Monday to Friday; 12.00pm – 9.00pm Saturday and 10.00am – 4.00pm Sunday.

The Applicant advised that he would now move on to apply the legal test in the accepted order: beginning with his proposed definition of the neighbourhood. Dr Riaz advised that before he defined the neighbourhood he would like to remind the Committee of the following two famous judgements:

Lord Nimmo-Smith, Judicial Review Petition of Boots the Chemist Ltd 1999 - “[Neighbourhood] is not defined in the Regulations and must therefore be given the meaning which would normally be attributed to it
as an ordinary word of the English language. As the word is ordinarily understood, it has connotations of vicinity or nearness, the word “neighbourhood” in regulation 5(10) of the 1995 Regulations means an area which is relatively near to the premises in question, which need not have any residents, and which can be regarded as a neighbourhood for all purposes.”

Lord Justice Banks – Alliance Economic Investment Co. V Berton (1932), 92 LJKB “I pass now to consider what is indicated by the expression “neighbourhood”. In this connection it is impossible to lay down any general rule. In country districts people are said to be neighbours, that is to live in the same neighbourhood, who live many miles apart. The same cannot be said of dwellers in a town where a single street or a single square may constitute a neighbourhood….Again, 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 consisting only of artisans’ or workmen’s dwellings.”

The Applicant went on to explain the importance of these two judgements, Firstly, Lord Nimmo Smith defined a neighbourhood as being a ‘place’ which has the meaning normally attributed to it in the English language. In other words, a place where the residents all call each other neighbour. The Applicant advised that Justice Banks had taken this argument a little further. Banks had explained that a neighbourhood isn’t simply defined by size, and its dimensions would differ depending on where it was. One of the main factors that would influence who people considered themselves to be neighbours was geography, but the Applicant advised, there were other factors. Applying these two quotes to his application, the Applicant defined his neighbourhood as:

North – River Clyde (a geographic boundary);
West – south from the River to the junction of Paisley Road and Seaward Street, then following Seward Street to the M8 motorway, then on the south side of the motorway along Shields Road to the point where it crossed the railway (a geographic boundary and demographic boundary);
South – from the point where Shields Road crossed the railway in a direct line across the industrial area to Eglinton Toll (a geographic boundary and demographic boundary); and
East – the A77 from Eglinton Toll to the River (a geographic boundary and demographic boundary).

The Applicant advised that when considering a previous application for Oxford Street, the PPC defined the northern boundary as the River Clyde and the Western boundary as Bridge Street and Eglinton Street. The PPC and the NAP therefore agreed that the adjacent neighbourhood (Gorbals) extends to the A77. The Applicant also drew the Committee’s attention that the GP Sub-committee had defined a similar neighbourhood to his own.
Taking these points into consideration, the Applicant advised that the neighbourhood was:

- distinct from the neighbourhood to the north on the other side of the River Clyde (defined as a boundary in numerous PPC and NAP cases);
- distinct from the neighbourhood to the east (Gorbals – boundary defined on numerous occasions by PPC and NAP);
- distinct from the neighbourhood to the south (Pollokshields); and
- distinct from the neighbourhood to the West – the Applicant advised that this should be the case as to the west of his defined boundary were the neighbourhoods of Kinning Park and Cessnock, past the industrial/retail area that forms a clear geographic boundary between the two. The Applicant advised that these were mature neighbourhoods, with a distinctive demography which was very different from that of Tradeston.

The Applicant suggested that no-one living in one of the new flatted accommodating in Kingston Quay would consider themselves a ‘neighbour’ of an old-age pensioner living in Kinning Park. There was also a vast difference in house prices. A four bedroom flat in the Paisley Road West area was priced in the same region as a one bedroom flat in Tradeston. The Applicant reminded the Committee that a neighbourhood was a place where all the residents considered themselves to be ‘neighbours’. This was the considered legal opinion of the Court of Session, and suggested the Applicant, made sound sense.

The Applicant then moved on to describe the adequacy of existing services, advising the Committee that there was no pharmaceutical service currently in the neighbourhood. There were pharmacies in adjacent neighbourhoods: Munro and Alliance in Gorbals, and Hughes, Mehta and Gilbride in Kinning Park. Whilst the Applicant had no doubt that these pharmacies provided excellent services to the residents of the neighbourhoods in which they were located, he believed that these pharmacies provided negligible services to the neighbourhood in which his premises were located. The Applicant suspected that the majority of residents accessed pharmaceutical service at a wide range of locations across the city and as the population grew they would continue to be forced to do so. They would not be inclined to access services in Kinning Park or Gorbals. The demography of the neighbourhood was such that it was highly unlikely residents used these pharmacies currently closes to the neighbourhood.

The Applicant advised that this was not an application which would have been made five years ago. If the status quo were to remain it was not an application the Applicant would have made today. The current resident population of around 1,500 was not sufficient to support a pharmacy in the long term. The application was about the future. The Applicant advised that there were vast amounts of redevelopment occurring throughout Tradeston which was going to lead to a significant increase in population:
- Tradeston (Clyde and Waterfront) – 2004/2008 – budget £150million – preferred developer appointed – 955 residential dwellings – projected residential population will be over 3,000 by 2008;  
- Tradeston Master Plan – 2003/2024 – developing the remaining 12 blocks in association with the proposed new pedestrian bridge between Broomielaw and Tradeston.

Other developments: The SAAB garage had been sold and is earmarked for residential dwellings, the building across from the Applicant’s premises had been sold and was also to be developed into housing, and the cash and carry premise adjacent to the proposed premises had negotiated the sale of its land and was also going to be developed into housing.

At this point in his presentation Dr Riaz produced two letters of support which he asked to read out to the Committee and interested parties. The Chair drew the Applicant’s attention to the Guidance issued to Applicants and Interested Parties attending oral hearings and also to the invitation letter sent to all parties, and pointed out that any new evidence produced on the day could only be accepted with the Committee’s agreement. The oral hearing process clearly advised that all evidence should be submitted at least ten days prior to the oral hearing. The Applicant advised that the letters were from the local Councillor and would validate information relating to new developments in the area. The Chair advised that he was not inclined to accept the late information as he did not consider it would strengthen the Applicant’s case. The Committee agreed and the Applicant was asked not to read the letters.

The Applicant advised that the development in the area would encompass a limited supply of retail units that would no doubt be in demand. It would therefore be difficult to obtain a lease for a pharmacy in the future. There had been considerable demand for the lease of the proposed premise and numerous companies such as Subway and Dominoes had approached the landlord for the lease.

The Applicant advised that the PPC should not simply base its decision on what was needed today. It must take into account what will be required tomorrow. This principle had been tested at Judicial Review. With this in mind, the Applicant advised that the existing services were not adequate for a projected population by 2008/2009 and not adequate for a projected population of over 7,000 by the end of the project.

The pharmacies in the surrounding neighbourhoods were a considerable distance on foot.  
Parking was difficult at all of them  
During rush hour the A8 road was heavily congested making access
difficult; On foot pedestrians have to cross at least 5 roads to access a pharmacy; and They were located in very different demographic areas, and this would inevitably influence the likelihood of their being used by residents of Tradeston. The simple fact was that they wouldn’t so, for the purposes of this application, the Applicant suggested they should be discounted.

The 3,500 residents of Tradeston would not use Gorbals or Kinning Park to access a pharmacy because they wouldn’t want to park their BMWs outside pharmacies that spend a large part of the day supervising methadone consumption. The Applicant reiterated that these were not his prejudices, but those of a large part of the resident population of the new Tradeston.

The Applicant advised that some may consider this to be a well-off, young, healthy population, but would question whether this meant there was no need for a pharmaceutical service. He questioned whether there was no-one in the area with heart disease, or diabetes, or asthma. He reiterated that any population of this size, rich or poor, had a right to a pharmaceutical service in their neighbourhood.

The Applicant contended that services were clearly inadequate and that it was necessary and desirable to grant this application in order to secure pharmaceutical services which were fit for the present and the future.

**The Interested Parties’ Question and Applicant**

In response to questioning from Ms Christie, the Applicant advised that he was not aware if any complaints had been lodged about the lack of services in the Tradeston area. He reiterated that the absence of complaints did not indicate that services were adequate.

On further questioning from Ms Christie, the Applicant advised that he would not necessarily provide different services to those provided by the other contractors, but that he would provide the services within the neighbourhood.

In response to further questioning from Ms Christie, the Applicant disputed that those residents in Tradeston would normally access pharmaceutical services in Cessnock or Kinning Park. The Applicant asserted that these areas were “rougher” than Tradeston and residents would not normally be inclined to travel to these areas to access services.

In response to questioning from Ms McGroary, the Applicant confirmed that his proposed premises would be 1,142 square feet, and that there would be room for a consultation room, a quiet area and health information area. The Applicant also confirmed that access to the dispensary would be by means of an elevator which would be fully DDA compliant.
In response to Ms McGroary’s clarification around difficulty in parking at other pharmacies, the Applicant advised that he had made a sweeping statement about parking difficulties and that this comments was directed more to the pharmacies on Paisley Road West, and not those in Gorbals.

In response to further questioning from Ms McGroary, the Applicant advised that he intended to provide all services associated with the new pharmacy contract. He asserted that the elderly, those with heart disease and younger children would utilise the chronic medication element of the service. He was not surprised to learn that the area had a lower than average number of residents over 65 and asserted that many other residents would avail themselves of the service.

In response to final questioning from Mr McGroary, the Applicant advised that he would draw his prescriptions from the GP surgeries where the residents of Tradeston were registered.

In response to questioning from Mr McDowall, the Applicant advised that he would raise the profile of services by undertaking a leaflet drop and also within public health messages and campaigns which would be undertaken as part of a wider strategy raising the profile of the company as a brand. The leaflet drop would be restricted to the immediate area.

In response to further questioning from Mr McDowall, the Applicant advised that he would publicise services to those resident in the area, it would then be a matter of personal choice, whether those residents chose to access services in the neighbourhood or continue to access services at the pharmacy where they normally accessed services.

In response to a question from Mr McDowall around methadone dispensing, the Applicant advised that he did not think there would be a significant methadone using population around the proposed premises, but that he was willing to provide the service if needed. He did not agree that a small number of clients would act as a deterrent to other patients using the premises.

In response to final questioning from Mr McDowall the Applicant advised that previous applications had been approved for populations of as little as 1,000 specifically in rural areas. He was confident that the proposed pharmacy would be cost effective.

In response to questioning from Mr Hughes, the Applicant confirmed that his southern boundary was not the railway which was the main Central Station/Gourock line.

In response to further questioning from Mr Hughes, the Applicant confirmed that he had reconsidered the proposed hours of service, and did not now intend to provide 24 hour cover from the outset. The Applicant did not agree with Mr Hughes that the amended hours of
service were outwith the Model Hours of Service.

In response to further questioning from Mr Hughes, the Applicant reiterated that he considered the neighbourhood defined by the Area Pharmaceutical Committee GP Sub-committee to be similar to that defined by him. He did not accept Mr Hughes distinction between an active and an inactive railway line. He considered any railway line to be a physical boundary. He did not accept Mr Hughes suggestion that his reference to a “railway line” implied one that was used.

In response to further questioning from Mr Hughes, the Applicant estimated the resident population within the triangular area to the south of his neighbourhood as being 1,690. In response to further questioning from Mr Hughes around residential developments within the area, the Applicant asserted that the information he had presented around the increase in residential units within the neighbourhood had been obtained from Glasgow City Council Planning Department. The information represented known firm plans for development which would result in a significant increase to the resident population within the neighbourhood by 2009. The Applicant reiterated the information about the development known as the “Waterfront” and explained that residential provision was being built across from the Casino. The Cash and Carry and the Saab car dealership adjacent to the Applicant’s proposed premise were also due to be sold for residential development. The Applicant projected that the population would increase to approximately 7,000 at the end of the project in 2024.

In response to further questioning from Mr Hughes, the Applicant confirmed that when he made his point about patients needing to cross five roads to access the nearest pharmacy, he was specifically meaning towards Kinning Park and the pharmacies in Admiral Street.

In response to a question from Mr Hughes around car parking near the proposed premises, the Applicant advised that there was on-street parking outside the premises.

In response to final questioning from Mr Hughes, the Applicant confirmed that any publicity exercise would of course be in line with the RPSGB’s regulatory framework around retail pharmacy advertising.

**The PPC Question the Applicant**

In response to questioning from Mr Reid, the Applicant confirmed that he had decided to amend his proposed hours of service approximately one week before the oral hearing. He had decided to take this course of action after taking advice. He had been advised that providing 24hour service may not be economic as soon as the pharmacy was established. He advised that it remained his intention to provide 24 hour service, however this would be offered once the pharmacy was established and not from the outset.

In response to further questioning from Mr Reid, the Applicant confirmed
that he considered his proposed premises to be ideally placed to provide services to the current resident population and the potential increase in population expected from the new developments in the area.

In response to further questioning from Mr Reid, the Applicant advised that access to the upstairs dispensary would be by means of an elevator, which would be big enough to accommodate a wheelchair, and would be fully DDA compliant. The Applicant considered that there would be sufficient space within the pharmacy to accommodate this, and did not mind compromising on retail stock to ensure DDA compliance.

In response to questioning from Professor McKie, the Applicant reiterated that he was not committed to purchase the same elevator as the newsagents/grocers at the other end of the block, which had been visited by the PPC. He advised that he would shop around to find the most effective elevator for the premises.

In response to further questioning from Professor McKie, the Applicant advised that he had decided to change the initial hours of opening as he felt there needed to be time to establish the business. Once the contract was granted there would be a need to take time to build a relationship with the clientele.

In response to further questioning from Professor McKie, the Applicant advised that his defined neighbourhood needed a pharmacy as it was different in demographics to surrounding areas. Delivery services into the area were not adequate and the resident population would be better served by having services provided within the neighbourhood.

In response to final questioning from Professor McKie, the Applicant advised that he had chosen Seaward Street as a boundary as the area beyond this was a different environment to Tradeston. He did not consider that the population within his defined neighbourhood would travel towards Seaward Street to access services, preferring rather to travel to the east or north.

In response to questioning from Mr Thomson, the Applicant confirmed that the proposed premises were currently in shell form, and that he would have scope to fit-out the premises as he preferred.

In response to questioning from Mr Dykes, the Applicant advised that he would be paying only cost price for the rental of the premises. While overheads in the country might be less than that in the city, rural areas didn’t have access to much business from a transient population. The Applicant pointed out that there were over 200 businesses within the area.

In response to questioning from Mr Fergusson, the Applicant advised that he thought the double yellow lines were not on the same side of the road as his proposed premises.
In response to questioning from Mrs Roberts, the Applicant advised that he was aware of the Glasgow Drug Problem Service facility situated on West Street.

In response to further questioning from Mrs Roberts, the Applicant advised that there would be other retail units for occupancy within the “Waterfront” development underneath the residential development.

In response to a question from Mrs Roberts around his comparison with the granting of contracts in rural areas, the Applicant advised that he was not familiar with the Essential Small Pharmacy concept.

In response to final questioning from Mrs Roberts, the Applicant reiterated his comments around the long term aspect of the application. He accepted that at present there was approximately only 1,500 of a resident population, but pointed to the development underway which would result in a significant increase in population. He saw no merit in opening a pharmacy without an NHS contract and asserted that it would take approximately 12 months to establish the new pharmacy, by which time the various developments within the area would be complete and new populations would have moved into the area.

In response to questions from the Chair, the Applicant advised that on the lower floor of the premises there would be a stairwell, elevator and toilets. All other facilities would be situated on the first floor. There were no stairs in the premises at the moment.

The Interested Parties’ Case – Ms Diane McGroary (Munro Chemists)

Ms McGroary thanked the Committee for allowing Munro Chemists to be represented today. She explained that in the view of Munro’s the Applicant had defined a pocket within a neighbourhood and not a neighbourhood in itself. Ms McGroary suggested that the neighbourhood should be defined as:

North: River Clyde;
East: Rutherglen Road to Polmadie;
West: Paisley Road West to Commerce Street; and
South: Calder Street, Darnley Road and Dumbreck Road

Ms McGroary advised that the Applicant’s figures of a current population of 1,500 was not sufficient to sustain a pharmacy, where an average figure would be more in the region of 4,000. She therefore considered that for the Applicant’s premises to be viable, he would need to draw business away from the existing network, thus jeopardising the quality of service currently provided.

Ms McGroary pointed to the comments made by the Applicant around precedent set in the granting of contracts in rural areas, and suggested that in these cases there would be an absence of services in the areas
surrounding the proposed premises. She suggested that this was not the case in this application, with the nearest pharmacies being only .05 miles away.

Ms McGroary advised the Committee that there was a lack of parking outside the Applicant’s proposed premises. Munro Chemist’s branch at Crown Street provided all services required by the contract and in addition provided a collection and delivery service, supervised methadone, nicotine replacement therapy, e-mas, chronic and acute services. The branch was due for a refit which would improve the public’s access to services. There was a reliable public transport network within the area.

Ms McGroary advised that numerous applications for premises within the wider area had been rejected as not necessary or desirable. She considered the area to be mainly commercial and did not consider the Applicant to be offering any services that were not already provided by the current network. She did not consider the application to be necessary or desirable.

There were no questions to Ms McGroary from the Applicant or the other Interested Parties.

**The PPC Questions Ms McGroary**

In response to a question from Mr Reid, Ms McGroary advised that if granted, the contract would have an effect on other pharmacies in the area. She considered that the Applicant would draw prescription income from GP surgeries which were already served by existing contractors and that this would result in a decrease in business and therefore jeopardise services.

In response to questioning from Mr Thomson, Ms McGroary did not agree that a further contract would assist in coping with the demand for methadone services in the Laurieston area. Ms McGroary was confident that the current clinic could cope with more demand.

In response to questioning from Mr Dykes, Ms McGroary advised that Munro Chemists did not provide a 24 hour service as they were not confident that there was a demand for such. She advised that some Munro branches operated to 11.00pm and could say that the footfall within the branches decreased significantly after 10.00pm. Ms McGroary advised that Munro’s would look to provide a 24hour service if demand became apparent however she felt there were difficulties to address with such a service e.g. availability of locums.

In response to questioning from Mrs Roberts, Ms McGroary advised that Munro’s were planning to undertake a refit at their Crown Street branch which would improve access for the current population and prepare the branch for any demand from the potential increased population emanating from the new developments.
There were no questions to Ms McGroary from Mr Reid, Professor McKie, Mr Fergusson or the Chair.

**The Interested Parties’ Case – Ms Lisa Christie (LG Pharmacy)**

Ms Christie thanked the Committee for the opportunity for LG Pharmacy to have representation at the hearing.

She advised the Committee that the Applicant and not defined a distinct neighbourhood. The resident population within the area needed to move outwith on a day to day basis.

She did not consider the application to be necessary as the existing network provided a more than adequate service including all core elements and additional services. LG Pharmacy provided a collection and delivery service after 6.00pm where at least the first delivery was made by a pharmacist.

She did not consider that a 24 hour facility was necessary at these premises. The premises was difficult to drive to, there was no parking outside. She did not consider the area to be safe.

There were no questions to Ms Christie from the Applicant or the other Interested Parties.

**The PPC Questions Ms Christie**

In response to questioning from Mrs Roberts, Ms Christie advised that LG Pharmacy would not be appreciably affected if the application was granted. She advised that she had objected to the application on the specific ground of the 24 hour service concept. She did not feel that such a service at these premises was appropriate.

**The Interested Parties’ Case – Mr Ian McDowall (Gilbride’s Chemists)**

Mr McDowall advised the Committee that in his opinion a neighbourhood was a cluster of people living in a community spirit. He suggested that the resident population around the Applicant’s proposed premises could not be said to be living in a community spirit. They were a mobile population who were able to travel outwith the area to access services they required.

He advised that the Gilbride’s branch at 40 Paisley Road West was marginal and that it relied on the prescription business from the surgeries at Admiral Street. The granting of a further contract in the area would have a significant impact on their provision of services.

There were no questions to Mr McDowall from the Applicant or the other Interested Parties.
The PPC Questions Mr McDowall

In response to questioning from Mr Reid, Mr McDowall clarified his point around Gilbride’s branch at 40 Paisley Road West. Mr McDowall had not implied that the branch was in danger of losing viability but rather that they operated with small margins which could be affected if another contract were awarded. Mr McDowall was confident that the branch had adequate scope to deal with any increase in demand from potential increases in population as a result of the developments in the area.

In response to questioning from Mrs Roberts, Mr McDowall agreed that bringing another pharmacy into the equation could have an appreciable effect on the three pharmacies situated around the Admiral Street surgeries. He agreed that the present number of pharmacies in the neighbourhood was adequate, but that the location could perhaps be more effective.

There were no questions to Mr McDowall from Professor McKie, Mr Thomson, Mr Dykes, Mr Fergusson or the Chair.

The Interested Parties’ Case – Mr Gerry Hughes (Greater Glasgow & Clyde Area Pharmaceutical General Practitioner Sub-Committee)

Mr Hughes advised that the GP Sub-committee had used the information available to it at the time of consideration and had recommended that the application was not necessary or desirable.

There were currently 14 pharmacies within a one mile radius of the Applicant’s proposed premises.

The application was not necessary or desirable.

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

There were no questions to Mr Hughes from Mr Reid, Mr Thomson, Mr Dykes, Mr Fergusson, Mrs Roberts or the Chair.

The Interested Parties Sum Up

Ms McGroary advised the Committee that there was no need or desirability for a pharmacy in this area.

Ms Christie invited the Committee to reject the application as another pharmacy would result in an over provision in the area. There was no need for a further pharmacy, and certainly not one which would provide a 24 hours service.

Mr McDowall advised the Committee that there was no need or
desirability for an additional contract.

**Mr Hughes** advised the Committee that there was no need for a pharmacy. The current services were adequate.

**The Applicant Sums Up**

**The Applicant** advised the Committee that the defined neighbourhood had clearly identified demographic and geographic boundaries. The building structures and functions were also completely different from the surrounding neighbourhoods. The PPC had previously granted licences for rural pharmacies with a population of 1,000 and the Applicant’s neighbourhood had a current population of 1,500. The Tradeston regeneration was definitely progressing and would yield a huge new residential population which would require pharmacy services. This population did not include the visiting population to the area and this must also be considered by the PPC. Currently there were approximately 200 businesses in the neighbourhood.

The Applicant contended that he felt the provision of pharmaceutical services at the premises was necessary and desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises were located. He would also amend the Saturday hours of opening of the pharmacy to 8.00am – 8.00pm.

He asked the Committee to grant the application.

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 Interested Parties confirmed they had.

The Applicant advised that he did not feel that he had had a full and fair hearing as he had been precluded from presenting information at the oral hearing. The Chair advised Dr Riaz that the processes around oral hearings stated that any information presented on the day of the hearing would only be admitted with the Committee’s agreement. Dr Riaz advised that he was not aware of this process as he had been allowed to present information at previous oral hearings and he had not read the guidance provided to Applicants and interested parties around oral hearings. The Chair advised that the information was also contained in the letter of invitation which had been sent to the Applicant 21 days before the oral hearing. Dr Riaz advised the Committee that he had not received the letter in this timescale and was therefore unaware that all information had to be submitted at least 10 days in advance of the hearing. The Chair thanked Dr Riaz for his comments and advised that these would be taken into consideration by the Committee during their determination.

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 & Clyde Area Pharmaceutical General Practitioner Sub-Committee;

c) The Greater Glasgow & Clyde 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 areas G1.4, G5.8 and G41.1;

f) Patterns of public transport; and

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

DECISION

Prior to the consideration of the application the Committee discussed Dr Riaz’s comments around the process. Mrs Glen advised the Committee that the invitation letter and guidelines for those attending oral hearings had been sent by Recorded Delivery letter to the Applicant’s business address on 18th July 2007. The letter had been returned to Mrs Cawley marked “addressee gone away” on 24th July 2007. Mrs Cawley checked with Dr Riaz and ascertained that the address was out of date and the Board had not been informed. A further Recorded Delivery letter was organised to be posted on 25th July 2007. Dr Riaz however came in to the office in person on 25th July 2007 on another matter, and the letter was hand delivered to him on this date.

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 various neighbourhoods put forward by the Applicant, and the Interested Parties. The Committee defined the neighbourhood as being:

North: the River Clyde:
South: from Cook Street, along the railway line to Shields Road;
East: Bridge Street to Eglinton Street;
West: Shields Road, under M8 motorway, Seaward Street to River Clyde.

The Committee felt that this was a distinct neighbourhood. The area was bound by the physical barriers created by the river and the rail network. The area within these boundaries was distinct in that it was mainly commercial with a small residential element, which may increase over time due to new development. The Committee considered that the area as defined challenged the status of neighbourhood given that the current population was urban, professional, highly mobile and somewhat itinerant. The residents travelled freely outwith the area as part of the normal fabric of their every day lives, and accessed essential services outwith the area despite the existence of physical barriers. The Committee did not consider there to be a sense of community within the area or that the residents within the area would define themselves as being near to others or neighbours with those only a short distance away. This was due to the types, price and quantity of residences within the area.

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 currently no pharmacies. The resident population currently accessed services outwith the area adjacent to the nearby GP practices.

The Committee noted that within the neighbourhood as defined by the Committee there were no pharmacies. The Committee however did not agree that this in itself was justification to approve the application. It was agreed that the residents within the defined area would have made a conscious decision to move there in the full knowledge that they would need to travel outwith the area for most of their daily needs e.g. work, GP, church, shops etc. The Committee believed that development within the area was not complete, nor was there sufficient information around projected population increases to determine that there would be any
significant increase in demand for pharmaceutical services. The Committee therefore did not consider that the granting of the application was necessary.

The Committee considered the potential effect that the planned residential/retail development may have on the area. They were aware that the Waterfront development had commenced. The Committee considered how this would affect the topography of the area, and agreed that the opening of the development would offer less of an opportunity of joining the Tradeston area with others in the vicinity due to the nature of the development. The area would in all probability continue to be mainly commercial for a considerable period of time with any residents travelling outwith the area to access services and amenities.

In accordance with the statutory procedure the Chemist Contractor Members of the Committee Gordon Dykes, Colin Fergusson 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, Colin Fergusson and Board Officers rejoined the meeting at this stage.

4. APPLICATIONS STILL TO BE CONSIDERED

The Committee having previously been circulated with Paper 2007/35 noted the contents which gave details of applications received by the Board and which had still to be considered. The Committee agreed the following applications should be considered by means of an oral hearing:

New Age Healthcare Ltd – 37 Glenkirk Drive, Glasgow G15.6; New Age Healthcare Ltd – 24 Quarrywood Avenue, Glasgow G21.3; and Premichem Pharmacy Ltd, 1 Freelands Road, Old Kilpatrick, Glasgow G60.5.

The Committee agreed the following application/s should be considered by means of written representations:

Mr Mohammed Rashid, 668 Eglinton Street, Glasgow G5.9
4. CHANGE OF OWNERSHIP

The Committee having previously been circulated with Paper 2007/36 noted the contents which gave details of Changes of Ownership which had taken place in the following cases:

Case No: PPC/CO16/2007 – Central Pharmacy UK Ltd – 172 Main Street, Renton, Dumbarton G82.4

The Board had received an application from Central Pharmacy UK Ltd for inclusion in the Board’s Pharmaceutical List at a pharmacy previously listed as Mrs Marion Marchbanks at the address given above. The change of ownership was effective from 1st July 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. MATTERS CONSIDERED BY THE CHAIR SINCE THE DATE OF THE LAST MEETING

The Committee having previously been circulated with Paper 2007/37 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/COO17/2007 – Boots the Chemist, Unit 38 Pollok Centre, Glasgow G53.6

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

NOTED/-

6. NATIONAL APPEALS PANEL DETERMINATION
The Committee having previously been circulated with paper 2007/38 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:

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

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

NOTED/-

7. **PPC PROCESSES**

Mrs Glen asked the Committee to agree, as part of the on-going integration process, to Appendix 3 of the Committee’s papers being made up of photocopies of the representations received during the consultation period.

After comprehensive discussion, the Committee agreed that the process should be standardised, but asked that the preferred process be the production of transcripts of the letters and not photocopies. The Committee agreed by unanimous decision that transcripts were easier to read and allowed standardisation of presentation.

8. **DATE OF NEXT MEETING**

Scheduled for Wednesday 22\textsuperscript{nd} August 2007 at 12.30pm. Venue to be confirmed.

The Meeting ended at 4.40p.m.
NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (12)
Minutes of a Meeting held on
Wednesday 22\textsuperscript{nd} August 2007
The Den, The Bridge, 1000 Westerhouse Road
Easterhouse, Glasgow, G34 9JW

PRESENT:  
Mrs Agnes Stewart  Chair
Mrs Maura Lynch  Lay Member
Mr W Reid  Lay Member
Prof J McKie  Deputy Lay Member
Dr James Johnson  Non Contractor Pharmacist Member
Gordon Dykes  Contractor Pharmacist Member
Alasdair MacIntyre  Contractor Pharmacist Member

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

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

No declarations of interest were made.

1. **APOLOGIES**

No apologies received.

2. **MATTERS ARISING NOT INCLUDED IN AGENDA**

No matters discussed.

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

Case No: PPC/INCL12/2007
Ms Elizabeth Blair & Ms Angela Mackie, 3 Budhill Avenue, Springboig, Glasgow G32 0PW

The Committee was asked to consider an application submitted by Ms Elizabeth Blair & Ms Angela Mackie, to provide general pharmaceutical services from premises situated at 3 Budhill Avenue, Springboig, Glasgow G32 0PW 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 Ms Elizabeth Blair & Ms Angela Mackie, 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 Ms Angela Mackie (“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 Paul Nightingale (National Co-op), Mr David Henry (Lloyds Pharmacy), Ms Alison Irving (Alliance Pharmacy), Ms Lynn Duthie (Lightburn Pharmacy), Mr Douglas Miller (Observer – Lightburn Pharmacy) and Mr David Robertson (Robertsons Chemist & Shettleston Health Centre Pharmacy) (“the Interested Parties”).

Prior to the hearing, the Panel had collectively visited the vicinity surrounding Budhill Avenue, Glasgow G32 0PW, the pharmacies, GP surgeries and facilities in the immediate neighbourhood, and the wider areas of Barlanark, Springboig, Shettleston and Carmynne.

The procedure adopted by the PPC at the hearing was that the Chairman asked the Applicant to make her submission. There followed the opportunity for the Interested Parties and the PPC to ask questions. The Interested Parties then made their presentations with the Applicant and the PPC having the opportunity to ask questions. The Interested Parties and the Applicant were then given the opportunity to sum up. The Chair requested the Interested Parties make their presentations and questioning succinct and not to labour points previously made unless deemed appropriate.

**The Applicant’s Case**

Ms Mackie thanked the Committee for giving her the opportunity to present her case orally and apologised for the non attendance of her business partner, Ms Blair who was currently overseas. She advised that she was a pre-registration pharmacist who would be sitting her pre-registration exam on 28 September, with the results being known on 21 October. Her partner
had been working as a community pharmacist for the last 10 years, and it was through her pre-registration training that she met Ms Blair. Both partners believed in the ‘importance of pharmacy being at the heart of the community’, which was the basis of their application.

The Applicant advised the need for a pharmacy was brought to her attention by a friends grandmother, who had required a taxi when visiting a pharmacy. In discussion with her relative she learned that Springboig was considered as ‘a village within the East End of Glasgow’. She investigated further, talking to many residents of the area on different occasions. She finally came to the conclusion there was an inadequate provision of pharmaceutical services within the area and therefore explored premises availability. The Applicant subsequently signed a lease for the premises at 3 Budhill Avenue.

The Applicant defined the neighbourhood as:
North – Carnytne Road;
East – Springboig Road
South – Railway line
West – Carnytnehall Road to Cardowan Road
She stated that there was one pharmacy in the neighbourhood but this was one mile away from the site of the proposed pharmacy thus requiring patients within the Budhill area to undertake a 15 minute uphill walk to visit the pharmacy. She pointed out that 46% of residents within the neighbourhood relied on foot or public transport.

The Applicant stated the neighbourhood population as 7,180 with 66% claiming incapacity allowance. The neighbourhood included a bowling green, two primary schools and a day care centre. She indicated that the demographic statistics were generally higher than the Scottish average e.g. numbers of over 65's, 5%; deaths,17% & hospital admissions, 30 to 40%.

She advised that it was her intention for the new pharmacy to undertake a ‘pamphlet drop’ to the households in the neighbourhood, detailing the services offered. The Applicant’s main priority was to provide pharmaceutical services to these residents but was hopeful that she could extend these services in the future. The Applicant planned for disabled access to the premises. After further considering the proposed pharmacies opening hours since making the application, the Applicant asked the Committee to note that she now intended to extend opening hours until 7pm, Monday to Friday.

‘Starting Fresh’ was one of the additional services the new pharmacy wished to offer. The Applicant advised that discussions had already been held with a telephone company whose system could send texts to the service’s registered patient’s mobile phones alerting them of then a need for advice on medication.

Drug related deaths were high in the area and the Applicant had met with members of the East Community Addiction Team who advised there was a demand for more methadone supervision places in the area. She had been
advised that Lightburn Pharmacy (pharmacy in the neighbourhood) was currently working to full capacity. The new pharmacy wished to offer this service along with needle exchange although the Applicant did recognise that the Board was unable to extend the needle exchange services due to funding limitations at the moment. The East Community Addiction Team were hopeful to receive new funding in the near future.

The Applicant finished her presentation saying that she believed that she had demonstrated there was an inadequacy of services in the neighbourhood and therefore her application was both necessary and desirable.

The Interested Parties’ Question and Applicant

In response to questioning from Ms Duthie, the Applicant advised that the East Community Addiction Team had advised her of the number of methadone places Lightburn Pharmacy offered. Additionally, she confirmed that Ms Blair had been a registered pharmacist for 7 years and they were in partnership.

On further questioning from Ms Duthie, the Applicant advised that the lease had been signed by her brother on behalf of the partnership with SPAR, the owner of the premises. Ms Duthie subsequently disputed that SPAR owned the premises stating this was in fact a sub lease, which had only 4 years to run.

In response to further questioning from Ms Duthie, the Applicant advised that: ‘needle exchange’; free ‘blood pressure’ testing and a ‘home visit’ service would be new services provided in the area. Ms Duthie disagreed saying these services were already provided.

On further questioning from Ms Duthie, the Applicant stated that she considered the railway a natural barrier to residents of the neighbourhood accessing pharmaceutical services. The walking time to Shettleston Road from this area was estimated to be 15 minutes, a journey time that the high numbers of incapacitated patients could not make. Ms Duthie suggested that in reality, pharmaceutical services from the proposed pharmacy would be to ‘only a few streets’ around Budhill This was rejected by the Applicant as she said the pharmacy would provide services to the whole neighbourhood.

Following final questioning from Ms Duthie, the Applicant confirmed that she did not have any written evidence to support patient interest in a pharmacy in Budhill Avenue but could obtain it. Lastly, she confirmed the population stated was for post code area G32.0 and did reflect the population of the application’s identified neighbourhood.

In response to questioning from Ms Irving, the Applicant confirmed: she had spoken to approximately 100 residents after 10 to 15 visits to the neighbourhood; East Community Addiction Team had not provided the Applicant with a timescale when the Board might receive new funding for
additional needle exchange contracts however, they had expressed a desire to establish further contracts within the East End of Glasgow; statistical information provided in the application had been obtained from ISD Scotland. In respect of households in the area she agreed: 72.1% were owner occupied; 100% were within a 5 minute drive of a GP; 158% deaths above the Scottish average related to 86 over a 5 year period and the over 65’s statistics originated from G32.0, Post Code Sector Information.

Following further questioning from Ms Irving, the Applicant: was not sure which GP Practice residents of the neighbourhood might use. She did however believe that someone living on Eskbank Street would access the GP Practice on Budhill Avenue.

In response to final questioning from Ms Irving, the Applicant advised that she had plans for the conversion of 3 Budhill Avenue from a video shop to a pharmacy that did not require planning permission or a building warrant.

Mr Henry noted that only one of the partners was a registered pharmacist. He sought assurance from the Committee that this was acceptable and suggested that both partners needed registration. Mr Thomson responded saying that in accordance with Medicines Act 1968, a partnership may operate a pharmacy as long as one member of the partnership included a registered pharmacist.

In response to questioning from Mr Henry, the Applicant advised that the size of the proposed pharmacy unit was 70 sq meters. The Applicant had been assured by a shop fitter specialising in pharmacies that this would provide adequate space after taking into consideration normal layout and the introduction of a consultation room.

In response to questioning from Mr Nightingale, the Applicant advised that she had failed her recent exam and was re-sitting the exam on 28 September.

Mr Nightingale questioned the applicant’s ability to amend the proposed opening hours stated within her application. Mr Thomson confirmed that the hours could not be changed whilst the application was being considered. Opening hours could be increased if the application was successful.

In response to further questioning from Mr Nightingale, the Applicant stated that she was not sure how long the housing had existed within the neighbourhood but assumed a long time. She accepted residents had been able to access services but added that this did not mean that adequate service existed. She acknowledged that under the New Pharmacy Contract, that community pharmacies will be required to provide all the core services.

There were no questions to the Applicant from Mr Robertson.
The PPC Question the Applicant

In response to questioning from Mrs Lynch, the Applicant said she did not know if it was at a weekend when her friends grandmother needed a taxi to obtain a prescription or if the patient could have used a ‘collection & delivery service’.

In response to questioning from Mr Johnson, the Applicant confirmed that the proposed pharmacy would offer a compliance aids service to individual patients but they would need to assess what the potential demand might be from nursing homes.

In response to questioning from Mr Reid, the Applicant clarified: the ‘home visit service’ would be for housebound patients; the proposal to extend opening hours was based on her belief that services were needed later and she also advised that the pharmacy would not close for lunch.

After further questioning from Mr Reid, the applicant advised that it was during her conversations with residents that she identified there was a patient need for local pharmaceutical services. She added that she had arranged to meet with the Community Councillor and the local GP Practice Manager and visit the Day Care Centre the following week. It was during these meetings that she was hopeful to seek letters of support.

In response to questioning from Professor McKie about the westerly extent of the neighbourhood and residents accessing services at the proposed pharmacy, the Applicant confirmed her belief that residents in the defined neighbourhood would use the pharmacy.

In response to further questioning from Professor McKie, the Applicant, having previously spoken with local residents, disagreed that it would be quicker for some residents in the neighbourhood to use the services at Shettleston Road. She also stated that she believed it was unreasonable for patients to have to walk more than 5 minutes to access pharmaceutical services.

In response to final questioning from Professor McKie about other services within the neighbourhood, the Applicant advised that: she did not know how many residents lived in the flats above the shops in Budhill Avenue; there was a Post Office but it was never open; there was a Community Centre attached to the Day Car Centre on Budhill Avenue and there was no other shops in the neighbourhood other than those in the immediate vicinity of the proposed premises.

In response to questioning from Mr MacIntyre, the Applicant confirmed that the application for inclusion within the Board’s Pharmaceutical List was made following her discussions with local residents.

There were no questions to the Applicant from Mr Thomson and Mr Dykes.
The Interested Parties’ Case – Mr Paul Nightingale (National Co-op)

Mr Nightingale disagreed with the Applicant that the railway provided a significant barrier to residents stating that there were currently 10 to 12 pharmacies within a 1 mile radius of the proposed site.

Mr Nightingale advised that National Co-op had two pharmacies within the general area; Shettleston Road and Baillieston Road. Both pharmacies opened between 9am to 6pm – Monday to Friday and 9am to 5pm on Saturday. Baillieston Road had been opened on a Sunday until 3 years ago when it was considered to be no longer economically viable to continue the service. Both pharmacies provided the full range of pharmaceutical services, which include: a dedicated collection & delivery (trained drivers); free telephone advice; care & addiction (methadone, with spare capacity) and home visits, on request. The pharmacies had previously applied to offer ‘needle exchange’ services but had not been successful due to the Board’s funding position.

Mr Nightingale summarised saying the National Co-op pharmacies were already providing the full range of services to residents identified within the stated neighbourhood and therefore did not consider the Applicant to be offering any services that were not already provided. Furthermore, additional methadone capacity was available in both pharmacies. He therefore believed that he did not consider the application to be necessary or desirable.

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

The PPC Questions Mr Nightingale

In response to a question from Mr Dykes, Mr Nightingale explained that delivery driver training covered: a 13 week induction period incorporating; medicines assistant to NVQ level 2.

In response to questioning from Mr Thomson, Mr Nightingale advised that low prescription dispensing and over-the-counter sales had resulted in the withdrawal of the Sunday services in the Baillieston Road. He also said the Shettleston Road pharmacy only opened as a supermarket on Sunday.

In response to questioning from Professor McKie, Mr Nightingale defined his Shettleston Road pharmacy neighbourhood as extending westerly and easterly:
West – Westmuir Street
East – Killin Street
In respect of the Baillieston Road Pharmacy he defined this pharmacy’s neighbourhood as the same as the Applicants with the exception of the north and eastern boundaries as:
North – Edinburgh Road
East – Baillieston Health Centre
In response to further questioning from Professor McKie, Mr Nightingale advised that National Co-op’s Shettleston Road pharmacy had relocated, about 18 months ago, from stand alone premises further along the road into the food store. He accepted there was now a cluster of pharmacies within the Shettleston Road but had not considered relocating the pharmacy anywhere else.

Following final questioning from Professor McKie, Mr Nightingale advised that the Shettleston Road pharmacy was not busy and if this application was approved it might put this contract’s continued viability at risk.

In response to Mr Reid’s question on confirmation whether the Baillieston Road pharmacy was in Baillieston or Barrachnie, Mr Nightingale confirmed that it was in Baillieston.

In response to questioning from Dr Johnson, Mr Nightingale said he did not believe that patients were experiencing problems accessing services in Shettleston Road. There were two or three routes they could use. Furthermore, for patients who were unable to travel, the pharmacy provided a ‘collection & delivery’ service. He added that he did not believe patients experienced any problems accessing the Tesco Store or the other shops within this area.

In response to questioning from Mrs Lynch, Mr Nightingale advised that the Tesco Store had been opened before the pharmacy had relocated along the Shettleston Road. He believed that Tesco may have had an affect on food store sales but he did not think the pharmacy had been affected.

There were no questions to Mr Nightingale from Mr MacIntyre.

The Interested Parties’ Case – David Henry (Lloyds Pharmacy)

Mr Henry thanked the Committee on behalf of Lloyds Pharmacy for the opportunity to attend the hearing.

Mr Henry stated that the Lloyds pharmacy offered the full range of pharmaceutical services, which also included: Keeping Well project; delivery & collection services (trained staff) and oxygen to the residents of Budhill and surrounding areas. He said that this pharmacy had been unsuccessful in its application to offer ‘needle exchange’ services but these services were available from the Lloyds pharmacy at Easterhouse. He therefore did not believe that was an inadequacy of this service in the area.

He defined the neighbourhood as going up to Weehouse Road and the general Springboig area.

He disagreed with the Applicant there was a shortfall in the adequacy of services and therefore did not consider the application to be either necessary or desirable. He therefore requested the Committee to reject the application.
The Applicant Questions Mr Henry

In response to the Applicant’s question, Mr Hendry stated that Lloyds had not attempted to take over the lease on 3 Budhill Avenue. He confirmed that Lloyds had simply made enquiries over ownership of the lease.

There were no questions to Mr Henry from the Interested Parties.

The PPC Questions Mr Henry

In response to a request from Professor McKie, Mr Hendry elaborated further on the pharmacy’s neighbourhood.

There were no questions to Mr Henry from Mrs Lynch, Mr Reid, Dr Johnson, Mr Dykes and Mr MacIntyre.

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

Ms Irving advised the Committee that Alliance owned two pharmacies within the area. She defined the neighbourhood as:
North – Edinburgh Road to
West – Carntynehall Road down to Shettleston Road
South – along Shettleston Road to Hallhill Road
East – Hallhill Road until it meets the cemetery.

Ms Irving advised that patients were provided with the full range of pharmaceutical services for ‘all addresses’ including a collection & delivery service. Domiciliary services were also available, on request. Subutex supervision services were offered and she was not aware that the Board was about to extend current needle exchange services. An application for the provision of Levonelle had been made but was unsuccessful. The pharmacies offered services from 9am to 6pm- Monday to Friday and 9am to 5pm on a Saturday. Ms Irving believed that patients could currently gain access to pharmaceutical services within a 15 minute walk. In her opinion she considered the Tesco store to be accessible to all residents north of the railway line.

Finally, Ms Irving totally disagreed with the statistic provided by the Applicant saying that G32.0 covered a much wider area than the neighbourhood she had defined. She also found it difficult to accept the apparent verbal views relayed by the Applicant from 100 residents that services were not adequate, when no evidence had been provided. She believed that current services were adequate and therefore the application was neither necessary or desirable and therefore requested the Committee to reject the application.

There were no questions to Ms Irving from the Applicant or the other Interested Parties.
The PPC Questions Ms Irving

In response to questioning from Mr Dykes, Ms Irving accepted that the take-up for the 'Home Visit' service was low and did not believe this to be a deprived area. She had not researched the numbers of people who walked over the railway bridge and restated that was acceptable to patients to walk 15 minutes to access pharmaceutical services. She added that although it might be ideal for patients to walk 5 minutes for services, she believed this to be unrealistic.

In response to questioning from Mr MacIntyre, Ms Irving confirmed that the Addiction Service is provided with weekly available methadone supervision spaces however, the pharmacy were never asked for information on Subutex capacity.

Following questioning from Mr Thomson, Ms Irving confirmed that the pharmacist in the Shettleston Road pharmacy was a permanent member of staff. Other staff included: a pre-registration student and qualified dispensers.

In response to questioning from Professor McKie, Ms Irving stated that she believed that from the centre of the neighbourhood, the nearest pharmacy was less than 15 minutes away. She added the clustering of pharmacies on Shettleston Road was historic, although there were no degrees of adequacy recognised by the Regulations she believed that services were ‘more than adequate’. After further questioning she agreed that there was probably an over provision of services on Shetlleson Road.

Following questioning from Mr Reid, Ms Irving stated that she believed it to be a 15 minute walk from the site of the proposed pharmacy to Shettleston Road, which was reasonable.

In response to Dr Johnson question asking if more pharmacies were required on Shettleston Road, Ms Irving did not believe more pharmacies were required as no pharmacies had closed.

In response to questioning from Mrs Lynch, Ms Irving agreed this neighbourhood was one of the most deprived communities in the area but the demand for services were being met and there was still under capacity for the addiction services.

The Interested Parties’ Case – Ms Lynn Duthie (Lightburn Pharmacy)

Ms Duthie referred to the Chair’s guidance on keeping case presentations succinct but she apologised in advance to the Committee if here own presentation did in fact restate points previously made. This was because she would be reading from a presentation that had been prepared previously.

She was presenting the Lightburn Pharmacy case in accordance with The
Legal Test to define adequacy of current services and the necessity & desirability of the application under consideration.

She defined her neighbourhood as:
North – Edinburgh Road
West – Carntynehall Road
South – Shettleston Road
East – Gartocher Road and along Springboig Road

Ms Duthie said there were seven pharmacies currently within this neighbourhood. It was a 5 to 7 minute walk to Shettleston Road from the proposed premises and a 10 minute walk to the Lightburn Pharmacy, which was also serviced by very good bus routes. The journey time by car was only minutes with adequate parking available.

Ms Duthie said the Lightburn Pharmacy offered the full range of pharmaceutical services along with: medication reviews; Heart Failure; Keep Well; Falls; Pre registration training; collection & delivery; NRT; Oxygen; Methadone; Subutex; blood pressure measurement; Stoma, Starting Fresh, Head Lice and home visits. Levonelle provision had been applied for but the application had not been successful. The Pharmacy covered an area of 160 square meters, was DDA compliant, had a consultation room and was manned by two pharmacists, one pharmacist being a supplementary prescriber. The pharmacy opening hours were from 8.30am to 6.30pm on Monday to Friday and 9.00am to 12.30pm on a Saturday. There had been a substantial investment in these new premises.

She stated that she believed the Applicant’s proposed pharmacy would probably only serve the immediate area in the vicinity of the premises, which was therefore only a few streets. The remaining part of the neighbourhood was either served by existing pharmacies or covered the Greenfield recreation areas.

She also pointed out that the only Medical Practice in the neighbourhood was a branch practice with the main practice on the Edinburgh Road.

Ms Duthie finished by stating that she believed that there had been no changes in the provision of pharmaceutical services within the neighbourhood since the consideration of previous applications, all of which had been rejected. Ms Duthie therefore urged the Committee to dismiss this application.

**The Applicant Questions Ms Duthie**

Ms Duthie confirmed the pharmacy had not received any complaints from patients in respect of prescription waiting times and the pharmacy closed daily for lunch between 1pm to 2pm.

There were no questions to Ms Duthie from the other Interested Parties.
The PPC Questions Ms Duthie

Following questioning from Mrs Lynch, Ms Duthie estimated it was a 15 minute foot journey from Budhill Medical Surgery to her pharmacy. She acknowledged that this was an uphill journey (unless the patient used Hermiston Road) but added there was a frequent bus services available and the pharmacy also offered a collection & delivery service.

In response to questioning from Dr Johnson, Ms Duthie stated that the proposed premises were closer to the Shettleston Road pharmacies than the Lightburn Pharmacy.

In response to questioning from Professor McKie, Ms Duthie said there were five bus services that patients could use to get to the Lightburn Pharmacy. One or two offered a 12 minute service. Patients generally went to the pharmacy closest to them so patients living on Inveresk Street and above would use this pharmacy.

In response to questioning from Mr Thomson, Ms Duthie explained that closing the pharmacy during lunchtime provided the opportunity to undertake prescription processing. She also added that GPs did not consult at that time and therefore there were no patients and it was generally believed to be good for staff to have this break at this time.

In response to further questioning from Mr Thomson, Ms Duthie confirmed the pharmacy did not have any supplementary prescribing clinics currently established.

Following questioning from Mr MacIntyre, Ms Duthie indicated that the continuation of two pharmacists within the pharmacy may be threatened if this application was approved.

There were no questions to Ms Duthie from Mr Reid and Mr Dykes.

The Interested Parties’ Case – Mr Robertson (Robertsons Chemist & Shettleston Health Centre Pharmacy)

Mr Robertson stated that the area was well provided with pharmaceutical services and the Shettleston Health Centre Pharmacy was involved in providing new pilot projects & services. He pointed out the dispensing of acute & repeat prescription was very different. For repeat prescriptions, patients usually used pharmacies close to where they were shopping. He accepted there were a number of streets in the close proximity to the proposed pharmacy but he added that patients living in this area did not currently have any problems securing services. He said that there were perfectly adequate services within the area and therefore the application should not be approved.

There were no questions to Mr Robertson from the Applicant or the other Interested Parties.
The PPC Questions Mr Robertson

Following questioning from Mr Thomson, Mr Robertson stated the Shettleston Health Centre Pharmacy did not offer methadone services at the request of the GP’s within the Health Centre.

There were no questions to Mr Robertson from Mrs Lynch, Dr Johnson, Mr Reid, Prof McKie, Mr MacIntyre and Mr Dykes.

The Interested Parties Sum Up

Mr Robertson stated to the Committee that he had nothing more to add.

Ms Duthie reiterated to the Committee that the neighbourhood area was relatively small and currently adequately serviced by seven pharmacies.

Ms Irving stated that the Applicant had provided no evidence to the Committee that current pharmaceutical services within the neighbourhood were not adequate.

Mr Henry said that the Applicant had failed to show an inadequacy in current services and therefore asked the Committee to reject the application.

Mr Nightingale advised the Committee there was an abundance of pharmacies within the area providing adequate services under the terms of the Regulations.

The Applicant Sums Up

The Applicant advised the Committee that there was one pharmacy currently within the defined neighbourhood. She emphasised that Springboig was a unique community with its own problems. It saw itself as a separate community and quite distinct from the other communities using the services on the Shettleston Road. She restated that a community pharmacy should be based in the ‘heart of the community’ and therefore it was essential for the people of Budhill to have their own pharmacy. She proposed that the pharmacy would fully engage in the provision of pharmaceutical services including those that would support the public health agenda.

She asked the Committee to support this application for this underprivileged community.

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. The Applicant and all Interested Parties confirmed they had.

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 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 proposed premises;
b) The Greater Glasgow & Clyde Area Pharmaceutical General Practitioner Sub-Committee;
c) The Greater Glasgow & Clyde 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 areas G32.0 and G32.7;
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 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 various neighbourhoods put forward by the Applicant, and the Interested Parties. The Committee defined the neighbourhood as being:

South: along the Shettleston Road to;
East: Gartoche Road along Hallhill Road up Croftspar Gate across the field to Tanfield Street ;
North: the Edinburgh Road:
West: down Cardowan Road, across playing fields opposite Addiewall Street to Torphin Crescent. Down Torphin Crescent across Inveresk Street, down Duror Street, across Old Shettleston Road to Kenmore Street.
The Committee felt that this was a distinct neighbourhood. The area was bound by the physical barriers created by Edinburgh Road and Shettleston Road. The area within these boundaries was primarily residential. The Committee believed there was limited to no future residential development opportunities. The Committee did however, consider there to be a sense of community within this area.

**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.

There were currently six pharmacies within the neighbourhood, as defined by the Committee.

The Committee noted that within this neighbourhood, five pharmacies were clustered in and around the Shettleston Road area. The Committee therefore questioned the adequacy of service provision within the neighbourhood as a whole and in particular the area of the proposed pharmacy, which offered its own local shopping. The Committee were concerned that patients currently had to undertake a 15 to 20 minute walk to reach a pharmacy. In the Committees view, it was believed that this was particularly difficult for the elderly and immobile of the population. For patients accessing the services of Lightburn Pharmacy this resulted in a steep uphill walk, which in itself was a natural barrier and a challenge for residents. The Committee therefore considered that the granting of the application was necessary as current pharmaceutical services within the defined neighbourhood were deemed inadequate.

**In accordance with the statutory procedure the Chemist Contractor Members 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 proposed premises of the Applicant was necessary in order to secure adequate provision of pharmaceutical services within the neighbourhood; it was the unanimous decision of the PPC that the application be approved.

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

4. **ANY OTHER BUSINESS**

No matters discussed.
5. **DATE OF NEXT MEETING**

Scheduled for Tuesday 18 September 2007 at 12.30pm. Venue to be confirmed.

The Meeting ended at 4.50p.m.
NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (13)
Minutes of a Meeting held on
Tuesday 18th September 2007
The Activity Room, The Bridge, 1000 Westerhouse Road, Easterhouse
Glasgow, G34

PRESENT: Andrew Robertson Chair
Prof J McKie Lay Member
Mrs Charlotte McDonald Deputy Lay Member
Dr James Johnson Non Contractor Pharmacist Member
Colin Fergusson Deputy Contractor Pharmacist Member
Scott McCammon Deputy Contractor Pharmacist Member

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

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

No declarations of interest were made.

The Chair welcomed Mrs McDonald and Mr McCammon to their first Pharmacy Practice Committee and thanked them for accepting membership of the Committee.

1. APOLOGIES

Apologies were received on behalf of Robert Gillespie and Mr W Reid.

2. MINUTES

The Minutes of the meetings held on Wednesday 8th August 2007 PPC[M]2007/11 and Wednesday 22nd August 2007 PPC[M]2007/12 were approved as correct records.

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/INCL14/2007
Mr Neeraj Salwan, Apple Pharmacy – 2 Old Gartloch Road, Gartcosh, Glasgow G69 8EU

The Committee was asked to consider an application submitted by Mr Salwan, to provide general pharmaceutical services from premises situated at 2 Old Gartloch Road, Gartcosh, Glasgow G69.8 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 Salwan, 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 Mr Neeraj Salwan (“the Applicant”), assisted by Mr Harminder Shergill. The interested parties who had submitted written representations during the consultation period, and who had chosen to attend the oral hearing were Mr David Sinclair, (Sinclair Shops Ltd), Ms Rafedah Salani (Glenboig Pharmacy), and Mr Douglas Miller (Greater Glasgow & Clyde Area Pharmaceutical General Practitioner Subcommittee) (“the Interested Parties”).

Prior to the hearing, the Panel had collectively visited the vicinity surrounding 2 Old Gartloch Road, Gartcosh, Glasgow G69.8, the immediate neighbourhood and the pharmacies, GP surgeries and facilities in the wider areas of Glenboig, Mount Ellen and Muirhead.

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.
Thereafter each of the interested parties would make their submission with the opportunity for the Applicant and the PPC to ask questions after each submission. The Interested Parties and the Applicant were then given the opportunity to sum up.

The Applicant's Case

The Applicant commenced his presentation by thanking the Committee for giving him the opportunity to present his case. He apologised for not submitting a statement in support with his initial application.

The Applicant advised the Committee that he considered the neighbourhood to be served by the proposed pharmacy to be the area known as Gartcosh. This consisted of the locality of Gartcosh and the settlement of Mount Ellen. The Applicant’s neighbourhood was defined as:

North: the boundary of Mount Ellen golf course bordered by the Bothlin Burn;
East: the M73 Motorway;
South: the Bothlin Burn and Bishop Loch; and
West: the Garnkirk Moss and Heathfield Moss.

Neighbourhood facilities included local schools, a community hall, a church, a Boys Brigade hall, a public house, a social club, children’s park, a toddler’s group, a community bowling green, football ground, cemetery, golf course, a tea house with function room and a train station.

The Applicant advised that he had included Mount Ellen as part of the neighbourhood due to its proximity to Gartcosh. He advised that both areas shared the aforementioned facilities and Mount Ellen residents considered themselves neighbours of residents in Gartcosh and vice versa, with facilities within easy walking distance along well lit pedestrian pavements.

The Applicant advised that the area to be served by his proposed pharmacy was different to the Glenboig area which had its own facilities for its residents. He advised that for at least half a mile along the main access road between Gartcosh and Glenboig, known as Johnston Road, there was no street lighting or proposed pedestrian pavements making it inaccessible by foot especially for the elderly and infirm. There was one local bus service which operated on an hourly basis to Muirhead and Glenboig. Glenboig was not part of Gartcosh and this view was reiterated by the Pharmacy Practice Committee of Lanarkshire Health Board during its oral hearing in September 2006 where it considered an application for an application to establish a pharmacy in Glenboig. The Committee defined the neighbourhoods of Glenboig and Gartcosh as being more than one neighbourhood and that Gartcosh was a distinct neighbourhood in its own right.

The Applicant advised the Committee that there was significant new
development being attracted to the area.

- Heathfield Park; an area of residential development comprising 300 family houses. This build was complete and the Applicant considered with an average occupancy of 4 persons per house, the development had increased the population by 1,200 residents.
- Gartloch Village; a residential development on the site of the former Gartloch Hospital comprising 500 family houses. This build was in progress and with an average occupancy of 4 persons per house, the development, once complete, could result in an increase in population of 1,500 residents.
- Newgate development; this area of residential development was situated directly opposite the Applicant's proposed premises. The development comprised 30 apartments, which with an average occupancy of 3 persons per house had resulted in an increase in population of 186 residents.
- Highfields development (Mount Ellen) – no specific details.

The Applicant advised that the former Gartcosh steelworks site was earmarked for development with a possible 500 residences as part of the Gartcosh Masterplan. This development was to address the 3000 new jobs being created at the Gartcosh Business Interchange. Furthermore a new police intelligence centre, Serious Organised Crime Agency for Scotland (SOCAS) was being planned at the site at a cost of £40 million which would house the Scottish Drug Enforcement Agency and Strathclyde Police Forensic Science Department. In addition a new nursery was planned with 50 spaces on the banks of the Johnstone Loch.

The Applicant advised the Committee that consideration should be given to changes due to future new developments such as those shown above as these would have a bearing on adequacy of services provided to an increasing population. The Applicant suggested that this was particularly apt in this situation as the population was to rise sharply in Gartcosh. Some of the new developments were in more advanced stages than others but the Applicant felt that a pharmacy was required now to be able to offer new contract services to the current population.

The Applicant then went on to address adequacy of existing services. He advised that there were currently no pharmaceutical services in the defined neighbourhood. In fact there were no healthcare facilities in the neighbourhood. According to statistics for Gartcosh and Mount Ellen from 2004 SCROL locality data, 25.78% of the population was economically inactive, were permanently sick or disabled as compared to a Scottish average of 21.25%. 12.71% were said to be “not in good health” as opposed to a Scottish average of 10.15%. The Applicant asserted that it was not easy for these elements of the population to travel outwith the Gartcosh neighbourhood to obtain health care. It had been proven with previous contracts that had been granted that there was no substitute for a local community pharmacy providing dedicated pharmaceutical provision through healthcare advice to neighbourhood
residents. The new pharmacy contract concentrated more on pharmacists providing pharmaceutical care rather than depending solely on the supply function. This advocated that patients should have ready access to their pharmacist in the pharmacy for advice on a one to one basis. The focus on local care was reinforced in the Scottish Executive’s “Delivering for Health” 10 year plan, which stated clearly the desire of the Scottish Executive for Pharmacies to provide preventative health care advice in the heart of the local community that it serves and that this advice should be provided in modern, well equipped, easily accessible premises. The Applicant advised that currently to access pharmaceutical services, the population of Gartcosh needed to travel outwith the area relying on either private or public transport. A local bus operated on an hourly basis, which meant that those without access to a car would have a long wait or walk if they missed the hourly bus. This went against the principles contained in the Delivering for Health document.

The Applicant advised that he had conducted cash flow projections and profit and loss projections, and with the backing of the Applicant’s 15 strong pharmacy chain, considered there would be no viability issues. The only salaries that would be initially drawn out of the new pharmacy would be for one member of staff and a pharmacist. The Applicant would offer a collection and delivery service by using their existing driver who serviced the Craigend branch. With the company’s buying power and group discounts, the “bottom line” would be profitable, as the Applicant’s company would have preferential deals on insurance, phone costs, maintenance issues, drug purchasing for dispensary and over the counter medicines through central buying. The Applicant suggested that the new pharmacy would require dispensing in the region of 1,200 items per month to be profitable and on this business model the Applicant was confident that this could be achieved. The Applicant was confident that he could secure adequate provision of pharmaceutical services to the neighbourhood. With the new payment structure around the pharmacy contract there was less reliance on volume dispensing and more reliance on providing services. The Applicant believed the neighbourhood had a large enough population for the pharmacy to make a profit by advocating services such as Minor Ailment Service (MAS), Public Health Service (PHS), Nicotine Replacement Therapy (NRT), public awareness, Chronic Medication Service (CMS), Acute Medication Service (AMS), assessing compliance aid needs, diagnostic services such as blood pressure monitoring and diabetes testing, methadone supervision, supply of ostomy products, supplementary prescribing clinics, oxygen provision, head lice service, model schemes and a palliative care service.

The Applicant went on to confirm that no planning consents or building warrants were required for the 1,000 square foot pharmacy. The company had negotiated a 10 year lease with rent review in year three and break option in year five. The pharmacy would be fitted out by a specialist pharmacy shop fitting company who would adhere to all Royal Pharmaceutical Society of Great Britain (RPSGB) guidelines and current Disability Discrimination Act requirements. The shop had an electricity and gas supply with clean running water. Ample parking was available
outside the unit and the owner was concentrating his efforts on attracting a dentist and optician to the range of shops in the parade. The Applicant advised that the company had the full backing of Gartcosh Community Council, and the local councillors who represented the views of the residents of Gartcosh. The Applicant advised the Committee that he believed that the current pharmaceutical services provided in the neighbourhood were inadequate as there was no pharmacy in the neighbourhood. The Applicant urged the Committee to take into consideration the growth in population that would occur over the next few years and to consider the granting of the application as desirable even if they considered the pharmaceutical provision to be borderline.

The Interested Parties’ Question the Applicant

In response to questioning from Mr Miller, the Applicant confirmed that he believed there to be sufficient business within the Gartcosh area to ensure the proposed pharmacy was viable. He pointed to the increase in population as a result of the numerous new developments in the area. He agreed that building the business would take considerable work, but that he was confident he could make a success of the venture.

In response to questioning from Mr Sinclair, the Applicant confirmed that the figures included in his presentation for potential increase in population resulting from new developments were based on estimations and not on any official or documented figures. He further confirmed that he did not agree that many of the new houses would be occupied by young couples rather than families which would reduce his estimated increase.

In response to questioning from Ms Salani, the Applicant confirmed that the boundaries of his neighbourhood were as follows:

**North:** the boundary of Mount Ellen golf course bordered by the Bothlin Burn;

**East:** the M73 Motorway;

**South:** the Bothlin Burn and Bishop Loch; and

**West:** the Garnkirk Moss and Heathfield Moss.

In response to further questioning from Ms Salani, the Applicant identified the location of the public house on the map.

In response to further questioning from Ms Salani, the Applicant confirmed that he had included the area of Mount Ellen in his neighbourhood as he felt there to be cross cover of services between the two locations. By means of illustration he pointed to the fact that the school in Gartcosh attracted pupils from Mount Ellen and the existence of a business in Mount Ellen called Gartcosh Motors. It was the Applicant’s opinion that the two areas were neighbours.

In response to further questioning from Ms Salani, the Applicant confirmed that he believed that the distance between Mount Ellen and
Gartcosh was walkable. He explained that he had visited the area yesterday and had witnessed people walking along the length of Lochend Road. He confirmed that he felt the distance between the two areas could be covered by a five – ten minute walk.

The PPC Question the Applicant

In response to questioning from Professor McKie, the Applicant identified the location of the Gartcosh Steelworks on the map included in the PPC’s papers. He confirmed that he felt this to be equidistant between Glenboig and Gartcosh and that there was an access road to the site beside the railway station.

In response to further questioning from Professor McKie, the Applicant confirmed that he was not aware how the demographic statistics for the Gartcosh area around the % of population deemed disabled compared with the average figures for Glasgow as a whole.

In response to a question from Professor McKie around Essential Small Pharmacy status, the Applicant advised that he did not believe that such an application would be necessary, if his proposal was granted.

In response to questioning from Mrs McDonald, the Applicant confirmed that he was aware that the GP practice situated in Muirhead was soon to relocate. In response to Mrs McDonald’s question around why patients registered with this practice should take their prescription to a pharmacy in Gartcosh, when there were already existing pharmacy services in Muirhead, the Applicant advised that the provision of pharmaceutical service was not reliant on prescription business. He was confident that the requirements of the new pharmacy contract would allow the new pharmacy to provide services to the local community which were more beneficial if provided in the community.

In response to questioning from Mrs McDonald, the Applicant confirmed that his demographic figures had been obtained from SCROL 2004. He was unaware of how many residents in Gartcosh actually worked in Gartcosh.

In response to questioning from Dr Johnson, the Applicant confirmed that there was a significant elderly population within Gartcosh who would benefit from collection and delivery services, as well as the minor ailment service. The minor ailment service would also benefit mothers with young children, who would avail themselves of other services proposed by the pharmacy including head lice treatment.

In response to further questioning from Dr Johnson, the Applicant confirmed that at this point it was difficult to ascertain what level of staffing would be required for the potential new pharmacy. He advised that additional cover could be drafted in from the company’s Craigend branch if this was required.
In response to final questioning from Dr Johnson around the 2001 Census figures, the Applicant agreed that these showed that the average head of population per pharmacy in Gartcosh was around half the Glasgow average. In response, however, the Applicant advised that his application was made in preparation for the increase in population expected from the new developments in the area. The resultant community would require healthcare facilities within the neighbourhood.

In response to questioning from Mr Thomson, the Applicant confirmed that he was aware that he was committed only to provide the four core services included in the new pharmacy contract, and that participation in any of the additional services would be at the discretion of the Health Board. The Applicant confirmed that he did not believe the viability of the pharmacy would be affected if he could not participate in any of the additional services.

In response to further questioning from Mr Thomson, the Applicant confirmed that he believed that the residents of the Heathfield development would, once the development was complete, utilise the services provided from the new pharmacy.

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

The Interested Parties’ Case – Mr David Sinclair (Sinclair Shops Ltd)

Mr Sinclair thanked the Committee for allowing him to make his representation. He advised the Committee that for the most part he agreed with the Applicant’s assertions. The one area where he disagreed was with the north boundary put forward by the Applicant. Mr Sinclair did not agree that the area of Mount Ellen should be included in the defined neighbourhood. There was a steep gradient between the two areas, and Mr Sinclair felt it more likely that the residents in Mount Ellen would make use of facilities provided in Muirhead rather than Gartcosh.

Mr Sinclair agreed that the proposed new developments would result in an increase to the overall population, however he did not agree that there would be average of four persons per new residence and felt that an average of 2/2.5 would be a more realistic figure. If this figure was accepted, Mr Sinclair called into question the viability of a new pharmacy. He advised the Committee that he had some experience of similar contracts in other Health Board areas and suggested that an average of 2,000 items was necessary to ensure viability unless the pharmacy could attract business from other areas outwith their defined neighbourhood. He asked that the Committee look not at the potential viability of the proposed pharmacy in Gartcosh, but rather the effect that the granting of a new contract would have on existing contracts in the area. He did not believe it appropriate that a further contract should be
granted at the expense of another.

The Applicant Questions Mr Sinclair

In response to questioning from the Applicant, Mr Sinclair agreed that Gartcosh was a separate area from Glenboig. He however reiterated that the viability of other contractors in the area needed to be taken into consideration.

In response to further questioning by the Applicant, Mr Sinclair agreed that a new pharmacy in Gartcosh may be of benefit to the area, but he felt that a new contract could only succeed by taking business away from the current contract in Glenboig.

There were no questions to Mr Sinclair from the other Interested Parties or any of the Committee.

The Interested Parties’ Case – Mr Douglas Miller (Greater Glasgow & Clyde Area Pharmaceutical General Practitioner Subcommittee)

Mr Miller advised the Committee that he reiterated the views of the Subcommittee. The area of Gartcosh had a population estimated at around 1,000. It was not deprived and the Subcommittee did not feel the granting of the application to be necessary or desirable.

The Applicant Questions Mr Miller

In response to questioning from the Applicant, Mr Miller confirmed that he considered the neighbourhood to be the whole town of Gartcosh.

There were no questions to Mr Miller from the other Interested Parties.

The Committee Question Mr Miller

In response to questioning from Professor McKie, Mr Miller confirmed that the population figures put forward by the Subcommittee were estimated figures.

In response to questioning from Dr Johnson, Mr Miller agreed with Dr Johnson’s assertion that some applicant’s submitted full supporting documentation with their application and some did not. He advised that the GP Subcommittee found it useful to have a full submission to ensure their decision was sound and based on firm evidence. He had no opinion on why applicants chose not to submit supporting documentation.

There were no questions to Mr Miller from Mrs McDonald, Mr Fergusson, Mr McCammon, Mr Thomson, or the Chair.

The Interested Parties’ Case – Ms Rafeadah Salani (Glenboig Pharmacy)
Ms Salani advised the Committee that she did not agree with the Applicant’s definition of neighbourhood. She believed that Gartcosh was a settlement which did not include the area of Mount Ellen. Gartcosh had been in the past a mining village. According to recent statistics Gartcosh had 410 households with an overall population of 952. Ms Salani conceded that the population would have increased since those recorded in the 2001 Census and asserted that as the number of residences within the area increased so did a number of other factors. Within the area of Gartcosh there were 7% more detached homes than the Scottish average. The number of owner occupied houses was 72%, 10% above the Scottish average. The area of Gartcosh was relatively wealthy with car ownership above the Scottish average. 77% of the population had at least one car, 29% of the population had 2 cars, with 6% of the population having 3 or more cars. This resulted in a population which was mobile and had the ability and affordability to travel outwith the area to access services.

Ms Salani explained that 14% of the population travelled to work by car, with 14% using public transport. The population travelled outwith the area to obtain their day to day services including the purchase of household products, and the paying of bills; using areas such as Easterhouse, Coatbridge, and Muirhead. They did this because they were mobile and there was a lack of modern neighbourhood services within the Gartcosh area. There was no post office, no GP and no dentist. Ms Salani asserted that the lack of modern services prevented the area from being considered a neighbourhood for all purposes.

Ms Salani explained that those buying houses in Gartcosh needed to be wealthy as the average house price was around £197k. She suggested that the majority of residents needed to work to sustain this lifestyle and this was borne out by the statistic that Gartcosh had 9% higher than average element of full time economically active population. It was also 4% above the Scottish average of residents who could be considered “healthy”. These statistics suggested that there would be little demand for a pharmacy in a population where 80% of the population won’t need to use pharmaceutical services regularly.

Ms Salani proposed the view that a pharmacy would be unsustainable with a defined population of 952 (according to 2001 Census statistics) when taking in to account the proposed increase in population from the new developments within the area. She pointed out that a Department of Health report concluded that there were three essential businesses, the absence of which could jeopardise a community. These were: a GP practice, a pharmacy and a source to obtain cash – normally a post office. Currently there was none of these facilities within the Gartcosh area. Including a pharmacy in the area could jeopardise other existing businesses.

In finishing, Ms Salani advised that the application was not necessary. The neighbourhood population was happy to travel outwith the area,
and she urged the Committee to reject the proposal.

**The Applicant Questions Ms Salani**

In response to questioning from the Applicant, Ms Salani advised that when she had initially made her application for a pharmacy in Glenboig, she had included Gartcosh in her proposal. She confirmed that this had been removed from the argument put forward at the subsequent National Appeals Panel hearing. She advised that excluding Gartcosh had been beneficial to her case, as the health statistics for Gartcosh actually improved the health profile of the initial defined neighbourhood. Eliminating Gartcosh had actually benefited her case.

In response to further questioning from the Applicant, Ms Salani advised that she believed the average occupancy per residence to be 2.3. This figure had been obtained from a formal source while conducting research for her application in Glenboig. She was not able to recall the source.

In response to further questioning from the Applicant, Ms Salani asserted that the population statistics may have changed since those shown by the 2001 Census. She surmised that the elderly population had continued to decrease as she was unsure that the new developments within the area would be attractive to the elderly. She asserted however that the 2001 Census statistics were the most up to date available and she had had to rely on these to underpin her argument.

The Applicant asked Ms Salani how she could differentiate between Mount Ellen and Gartcosh when she had defined Gartcosh as the same area as Glenboig in support of her argument for a new pharmacy in Glenboig. Ms Salani advised that she had not included the Gartcosh area in her presentation to the National Appeals Panel around her Glenboig application. In terms of differentiating between Mount Ellen and Gartcosh she advised that there was a large loch between the two areas. She considered Mount Ellen to be a settlement in its own right. It had its own shops and she did not consider it part of Gartcosh. She asserted that the people living in Mount Ellen would be more likely to travel to Station Road in Muirhead for their services than to go to Easterhouse. In response to further questioning from the Applicant, Ms Salani confirmed that those living in Mount Ellen may travel along Lochend Road rather than cross the loch. She did not however consider this to be a 5-10 minute walk.

Ms Salani responded to the Applicant’s question around inadequacy, by asserting that the population of Gartcosh was mobile. They needed to travel outwith the area for their day to day requirements, and therefore the provision of pharmaceutical services to this population was not inadequate. She asserted that she did not believe a pharmacy in Gartcosh would provide some of the population’s day to day
requirements as those living in Gartcosh were relatively healthy. The demand for services would be minimal and services were provided nearby for those who did require to access them. She agreed that even those who were considered mobile could at times be ill, however asserted that services were already provided for these people from the existing pharmacies nearby. She advised that she had conducted a leaflet drop to the area of Gartcosh publicising the collection and delivery services operated from Glenboig Pharmacy. There had been no demand for this service from the population of Gartcosh. From this she had concluded that either there was no demand for the collection and delivery service itself, or that there was no demand for pharmaceutical services at all.

**The Interested Parties’ Question Ms Salani**

In response to questioning from Mr Sinclair, Ms Salani advised that she had advertised her collection and delivery services to all residents within the Gartcosh area. This had been done by means of a leaflet drop.

In response to questioning from Mr Miller, Ms Salani advised that she would be affected if the Applicant’s proposal was granted. Her pharmacy in Glenboig had been operating for only seven weeks. At the moment she relied solely on the custom generated from the population within Glenboig, but in the long-term she felt that an additional contract in the area would affect the viability of Glenboig Pharmacy and others within the area.

**The Committee Question Ms Salani**

In response to questioning from Mr Thomson, Ms Salani advised that she had conducted a leaflet drop in Gartcosh as she believed that there would be some within the settlement who could benefit from such a service. She confirmed that she had not undertaken a leaflet drop in any other area.

In response to questioning from Dr Johnson, Ms Salani confirmed that her pharmacy was open over lunch time.

In response to questioning from Mr McCammon, Ms Salani confirmed that she did not consider Gartcosh to be a neighbourhood. In her opinion it was a settlement as the term neighbourhood was used to describe an area for all purposes which included its own amenities. She didn’t consider that Gartcosh could be described as such.

Professor McKie asked Ms Salani if she agreed that the granting of a contract in Gartcosh would have little effect on her pharmacy, as by her own assertion the population of Gartcosh was mobile and was likely to access services due distance away. They were of a higher social grouping and her leaflet drop had elicited minimal response from the population. Ms Salani responded that at the moment there was little
demand generated by the existing population. She advised that if the population changed, this could generate more demand. In the long term there would be an affect to her pharmacy in Glenboig. In order to develop her business she would need to draw in custom from outwith the Glenboig area including around Lochend Road, Glenboig Road, Coatbridge and Gartcosh. This would be difficult if an additional contract was granted.

There were no questions to Ms Salani from Mr Fergusson, Mrs McDonald, or the Chair.

**The Interested Parties Sum Up**

**Mr Miller** advised the Committee that he had nothing to add to his initial representation.

**Mr Sinclair** advised the Committee that if granted, the new pharmacy would be viable however this did not mean that the granting of the contract was necessary. It was not desirable as it would result in the sacrifice of one of the existing contracts in the area.

**Ms Salani** advised the Committee that she had nothing to add to her initial representation.

**The Applicant Sums Up**

**The Applicant** advised the Committee that the neighbourhood as defined was increasing rapidly with mainly young families as shown by the types of housing being built. The Applicant advised that infrastructure was being put in place to support the new development. This would have an effect on the demand for pharmaceutical services which would require to be met to secure adequacy of provision within the neighbourhood. This would be best provided by means of a dedicated community pharmacy in the neighbourhood providing all of the new contract services as planned by the Health Board.

The Applicant urged the Committee to consider the facts of his case: the area defined was a neighbourhood. Within this neighbourhood there were currently no healthcare services of any description. The granting of the application would not have any detrimental effect on any other contract in the area. For these reasons the Applicant asked the Committee to grant a new pharmacy contract in the neighbourhood of Gartcosh.

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. The Applicant and All Interested Parties confirmed they had.

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).
d) Representations received from Chemist Contractors and other consultees via Lanarkshire Health Board whose boundary was within 2km of the Applicant’s proposed premises.

The Committee also considered:–

e) The location of the nearest existing pharmaceutical services;
f) Demographic information regarding post code sectors G69.8;
g) Patterns of public transport; and
h) 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 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 various neighbourhoods put forward by the Applicant, the Interested Parties, and the GP Sub-Committee. Taking all information into consideration, the Committee considered that the neighbourhood should be defined as follows:

**North:** The line immediately south of Drumcavel Road to Lochend Road and east to the M73;

**West:** From Bishop Loch, following north across Gartloch Road to the
northern boundary;
**East:** the M73, following its crossing with the A752 trunk road, turning west to the Bishop Loch; and
**South:** from the M73 west to the Bishop Loch.

The Committee felt that this was distinct neighbourhood. Mount Ellen to the north formed a boundary both in terms of social status and housing type. The M73 was a significant physical boundary as was the area of green field to the south which led to the Bishop Loch. The area within these boundaries was, in the Committee’s opinion a neighbourhood for all purposes. It contained schools, businesses, churches, a public house and residential areas.

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

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

Within the neighbourhood as defined by the PPC there were no existing pharmacies. The Committee considered this to be a distinct community which was relatively isolated from other areas. While the Committee did not have any formal evidence to support their assertion, they had a sense that the area contained a significant section of population who would remain within the area during the day. Whether this was because they were young, old or due to illness they were nevertheless the elements who most utilised pharmaceutical services. It was known that the area had been one of industry with steelworks and brickworks having previously been in operation in the neighbourhood. This would suggest that some of the population would suffer from long term illness, the management of which relied on the engagement with primary care services. The Committee considered that while the granting of a further contract in the area may not be necessary, the extended role of the pharmacist and the opportunity to provide the population with access to the wider services provided by the new pharmacy contract increased the desirability factor.

The Committee considered that Ms Salani’s comments around the potential effect that a further pharmacy would have on her business in Glenboig was speculation and could not be quantified. The Committee was confident that Gartcosh and Glenboig were two separate and discreet areas each with their own amenities and resident population. There was no evidence available to the Committee which would suggest that any of the existing contractors within the wider area would be adversely affected if a contract were granted in Gartcosh.

The Committee accepted that sections of the population within Gartcosh may be considered mobile, however they felt it inappropriate
that residents were required to travel by bus, taxi or car to access modern pharmacy services, including the minor ailments service and the other extended services provided under the new contract. The Committee noted that this argument had been used by Ms Salani in her own application for a pharmacy in the neighbouring area of Glenboig, and had been accepted by the National Appeals Panel in their deliberations.

Taking all information into consideration, the Committee agreed that the population of Gartcosh did not currently have access to adequate provision of pharmaceutical services within their neighbourhood. The granting of a further contract was therefore desirable.

In accordance with the statutory procedure the Chemist Contractor Members of the Committee Colin Fergusson and Scott McCammon 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 are included in the Pharmaceutical List and in the circumstances, it was the unanimous decision of the PPC that the application be granted.

The Chemist Contractor Members of the Committee Colin Fergusson and Scott McCammon and Board Officers rejoined the meeting at this stage.

5. APPLICATIONS STILL TO BE CONSIDERED

The Committee having previously been circulated with Paper 2007/41 noted the contents which gave details of applications received by the Board and which had still to be considered. The Committee agreed the following applications should be considered by means of an oral hearing:

Sinclair Shops Ltd – 1927 Maryhill Road, Glasgow G20.0; and Premichem Pharmacy Ltd, 2 Brucehill Road, Dumbarton G82.4.

AGREED/-

6. MINOR RELOCATION

Case No: PPC/MRELOC08/2007 – Boots the Chemist, 240 Main Street, Glasgow G73.2

The Committee having previously been circulated with Paper 2007/42 noted that Boots the Chemist had applied to relocate pharmaceutical
services currently provided from 240 Main Street, Glasgow G73.2. Boots wished to move to alternative premises situated at Unit 13, Mitchell Arcade, Glasgow G73.2. The Committee were advised of the urgent nature of this request as Boots had been granted a temporary extension to the existing lease which would not be renewed. Alternative premises had been identified within the locality which would allow the contractor to continue to provide pharmacy services to the same population.

The Joint Lead – Community Pharmacy Development and the Greater Glasgow and Clyde Area Pharmaceutical General Practitioner Subcommittee recommended that the application fulfilled the criteria for minor relocation.

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

**DECIDED:-**

The PPC was satisfied that the application from Boots the Chemist fulfilled the criteria required under Regulation 5(4) of the current Regulations. It was the unanimous decision of the PPC that the application be approved.

7. **AMENDMENT TO MODEL HOURS OF SERVICE**

**Case No: PPC/ALT03/2007 – Boots the Chemist, Unit M3/M4 Silverburn Centre, Glasgow G53.6**

The Committee were asked to consider an application submitted by Boots the Chemist seeking an alteration to the hours of service recorded in the Pharmaceutical List for the pharmacy to be situated at Unit M3/M4 Silverburn Centre, Glasgow G53.6.

In considering the application in accordance with Regulation 8(3) of the National Health Service (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 the company had recently applied to relocate their pharmacy into the newly established Silverburn Shopping Centre. The company had advised the Board that the Centre Management were proposing opening times of 10.00am to 10.00pm daily. This decision would prevent Boots from adhering to the current Model Hours of Service Scheme as they would not be able to access the site prior to 10.00am. They had therefore asked that authorisation be granted for the opening hours to be: Monday – Friday – 10.00am – 10.00pm; Saturday – 10.00am – 8.00pm; Sunday – 10.00am – 6.00pm.
The Committee noted that the request had been borne out of necessity and that the restrictions were outwith the contractor’s control. After comprehensive discussion the Committee agreed that the contractor’s request be approved with the caveat that they comply with Model Hours if the Centre Management reconsidered their policy and opened the centre earlier than 10.00am.

**DECIDED/-**

That the application is approved with the caveat agreed by the Committee.

8. MATTERS CONSIDERED BY THE CHAIR SINCE THE DATE OF THE LAST MEETING

The Committee having previously been circulated with Paper 2007/44 noted the contents which gave details of matters considered by the Chair since the date of the last meeting:

**Minor Relocation of Existing Pharmaceutical Services**

i) **Case No: PPC/MRELOC09/2007 – Dickson Chemist, 6-8 Tullis Street, Glasgow G40 1HN**

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

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

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

ii) **Case No: PPC/MRELOC10/2007 – Lloydspharmacy, 10 Moss Street, Paisley PA1 1BL**

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

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

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

HOMOLOGATED/-

9. ANY OTHER COMPETENT BUSINESS

There was no other competent business.

10. DATE OF NEXT MEETING

Scheduled for Thursday 27th September 2007 at 12.30pm in the Meeting Room, Queens Park House, Langside Road, Glasgow

The Meeting ended at 4.50p.m.
NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (14)
Minutes of a Meeting held on
Thursday 27th September 2007
The Meeting Room, Queens Park House, Langside Road,
Glasgow, G42

PRESENT:
Andrew Robertson Chair
Mrs Maura Lynch Lay Member
Peter Daniels Deputy Lay Member
Mrs Kay Roberts Deputy Non Contractor Pharmacist Member
Colin Fergusson Deputy Contractor Pharmacist Member
Kenny Irvine Deputy Contractor Pharmacist Member

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

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

No declarations of interest were made.

The Chair welcomed Mr Daniels and Mr Irvine to their first Pharmacy Practice Committee and thanked them for accepting membership of the Committee.

1. APOLOGIES

Apologies were received on behalf of Robert Gillespie and Mrs Agnes Stewart.

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/INCL15/2007
Premichem Pharmacy Ltd, represented by Dr Riaz Unit 102, 1 Rutherglen Road, Glasgow G73 1SX

The Committee was asked to consider an application submitted by Dr Riaz, to provide general pharmaceutical services from premises situated at Unit 102, 1 Rutherglen Road, Glasgow G73.1 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 Premichem Pharmacy 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 (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 by Dr Saduf Riaz (“the Applicant”), assisted by Mr James Semple. The interested parties who had submitted written representations during the consultation period, and who had chosen to attend the oral hearing were Mr Charles Tait, (Boots the Chemist), Mrs Carol Burns (Burns Pharmacy), and Mr Stephen Dickson (Dickson Chemists) (“the Interested Parties”).

Prior to the hearing, the Panel had collectively visited the vicinity surrounding 1 Rutherglen Road, Glasgow G73.1, the immediate neighbourhood and the pharmacies, GP surgeries and facilities in the wider areas of Hutchesontown, Bridgeton, Dalmarnock, Rutherglen and Toryglen.

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. Thereafter each of the interested parties would make their submission with the opportunity for the Applicant and the PPC to ask questions after each submission. The Interested Parties and the Applicant were then given the opportunity to sum up.
Prior to the Applicant commencing his presentation, the Chair asked those present to confirm that they had received notification of the additional information submitted by the Applicant in support of the application, and that they had been given the opportunity of viewing the additional information prior to the meeting. All confirmed that they had. The Chair asked the Applicant to sign the schedule provided to the Interested Parties in confirmation that it provided an accurate record of the 397 pages submitted. The Applicant gave this confirmation.

The Applicant’s Case

The Applicant advised the Committee that before applying the legal test, he would like to spend a couple of minutes to tell the Committee about the company’s plans for their proposed pharmacy in Oatlands. He advised that the pharmacy would be in what was currently an industrial unit. This gave the company a current retail space of 800 square feet. The Applicant advised that in the event of the application being granted, the company intended to acquire the adjacent unit which would increase the space to 1,600 square feet.

The Applicant further advised that there was excellent car parking and good disabled access to the premises and that the company would install a wheelchair ramp.

The Applicant accepted that as they stood the premises did not look like a pharmacy, but the Applicant was keen to point out that he intended to spend a considerable amount of money in transforming the site into a state-of-the-art modern healthcare facility. The company would participate in the four core contractual services –eMAS (Minor Ailment Service) PHS (Public Health Service), CMS (Chronic Medication Service) and AMS (Acute Medication Service). They would also participate in any local initiatives as well as providing innovative services to the local community.

The intended opening hours were: Monday – Friday: 9.00am – 6.00pm; Saturday: 9.00am – 5.00pm. These hours would be kept under constant review. As society no longer worked 9-5 and the demographics of the Oatlands development may be such that the residents would require a service in the evenings. The company would provide this, if demand required it.

The Applicant advised that he would now apply the Legal Test.

The Applicant asked the Chair’s permission to pass round copies of an aerial photograph of the area surrounding the proposed premises. The Chair asked those present if they had any objections and all agreed that the picture could be tabled.

The Applicant advised that the neighbourhood in which the premises were located was very clearly defined;
North: the River Clyde to the first bend at Caledonia Road, and then Caledonia Road to Cathcart Road. This main road was a boundary between Oatlands and Hutchesontown, and one which had been used on numerous occasions by both the PPC and the NAP (National Appeals Panel).

South: the railway line until it reached Cathcart Road. This boundary would also be the route to the M74 extension which would run alongside the railway.

West: Cathcart Road.

East: a line from the point where Glasgow Road crossed the railway to the second bend on the Clyde.

The Applicant advised that for the sake of clarity he would describe this area as Oatlands, although to be strictly accurate the area also contained the small area of Shawfield.

The Applicant asserted that although the neighbourhood as defined currently had few amenities, the following were planned: a school, a community centre and shops.

Existing Services to the Neighbourhood – The Applicant advised that currently pharmaceutical services were provided by a range of pharmacies in a number of adjacent neighbourhoods: Gorbals, Crosshill, Bridgeton, Govanhill and Rutherglen. The Applicant advised that he was sure the current network provided an excellent service, however none of them were situated within the neighbourhood as defined by the Applicant, and the closest pharmacy to the proposed premises was actually situated across the river in Bridgeton. The other pharmacies were a considerable distance from the proposed site.

Adequacy of existing service – The Applicant advised that the neighbourhood at present had a population of 2,400 (according to Scottish Neighbourhood Statistics - 2005). There was no pharmaceutical service in the neighbourhood. The Applicant advised that this in itself would justify the granting of an NHS pharmaceutical contract. However, the Applicant suggested that there was more to be considered. He pointed the Committee’s attention to the guidance document produced by the NAP “The Legal Test”.

The Applicant advised the Committee that the Oatlands Regeneration began in April 2005. Phases 1 and 2 comprised approximately 50 new homes and was due for completion at the end of this year. With an average of 2.5 persons per home, this equated to at least 1,000 additional heads of population.

Phases 3 and 4 were expected for completion in late 2008 and would add a further 210 homes. Applying the same average occupancy rate, this would equate to a further 500 heads of population.
The Applicant advised that by the end of the project there would be a total of 1,275 new homes in the neighbourhood, giving an increase over the present population of around 3,000 people. This would bring the population of the neighbourhood in a reasonably short period to around 5,500 persons.

The Applicant advised the Committee that Oatlands had a significant transient population. There were 237 businesses in the neighbourhood, with an estimated 500 people visiting the area on a daily basis to work.

These circumstances had caused the Applicant to conclude that the services were not adequate. The delivery of modern pharmaceutical services weren’t just about dispensing prescriptions, and they were independent of GP services. One of the biggest successes of the past year had been the electronic minor ailment service which in the Applicant’s opinion encapsulated what community pharmacy was all about. It was about being a convenient and instantly accessible NHS service within communities. The Applicant advised that everyone deserved a community pharmacy in their neighbourhood. Oatlands was growing and it would soon have a large and mixed population of around 5,500 people. There was no reason why this population should be deprived of their own local pharmacy, accordingly it is necessary to grant the application and it followed thereafter that it was also desirable.

**The Interested Parties’ Question the Applicant**

In response to questioning from Mr Tait, the Applicant confirmed that the shops and the school would be developed in Phase 4 which would be complete by the end of 2008. He did not know where this development would be located.

In response to further questioning from Mr Tait, the Applicant advised that he had chosen one side of Caledonia Road as a boundary as this had been used by the PPC and NAP at previous hearings. He accepted that neighbourhoods could change over time, but asserted that at present one side of Caledonia Road would be identified as Hutchesontown and the other as Oatlands. The Applicant did not consider that residents would consider themselves neighbours.

In response to further questioning from Mr Tait, the Applicant advised that Phases 1 and 2 would be complete by of the end of 2007. 182 houses were currently under construction, with 437 planned for the end of the year. The land had been purchased, including the serving of compulsory purchase orders and a £4m infrastructure programme was currently being put in place.

In response to questioning from Mrs Burns, the Applicant confirmed that he considered the current identified residential population which he had given as being 2,400 (according to 2005 estimates) was concentrated around the main road and the railway.
In response to questioning from Mr Dickson, the Applicant advised that he did not have any information around the housing that had been demolished in the area. He advised that his population statistics illustrated the population at April 2005; the houses had been demolished in May 2005.

**The PPC Question the Applicant**

In response to questioning from Mrs Roberts, the Applicant confirmed that he considered his proposed premises would allow for convenience of access to pharmaceutical services. The development would finish within 100-200 yards from the proposed premises. In response to comments from Mrs Roberts around the safety aspect to the proposed premises, the Applicant advised that he would make the area surrounding the premises safe by installing lighting, and CCTV cameras. This would be a priority if the application were granted.

In response to further questioning from Mrs Roberts, the Applicant advised that he had submitted his application at this point and had not waited until the development of the new retail premises was complete as he was aware there was a waiting list for the shops. Spaces were limited and he was keen to ensure the community had access to pharmaceutical services within their neighbourhood and this meant applying for a contract in available premises to secure services for the area.

In response to questioning from Mr Fergusson, the Applicant considered that patients would travel to the proposed pharmacy by car and on foot depending on whether they had access to their own transport.

In response to questioning from Mr Irvine, the Applicant advised that he had used physical and demographic boundaries to define his neighbourhood. He had borne in mind the guidance issued by the NAP and Judicial Review.

In response to further questioning from Mr Irvine, the Applicant advised that he considered there to be over 200 businesses within the neighbourhood as defined. He advised that extending the area to Aikenhead Road and Porterman Road would increase this number by around 500.

In response to further questioning from Mr Irvine, the Applicant advised that he was not aware of the average house price within the new development. He advised that it would depend on the market and the type of person who would purchase the house. He confirmed that 213 of the proposed residences were social housing.

In response to questioning from Mr Thomson, the Applicant confirmed his east boundary as being Shawfield Street.
In response to further questioning from Mr Thomson, the Applicant advised that the premises and the other units on the site were actively being promoted as retail units. He was confident that as the development progressed the existing retail units would become more attractive. The Applicant further confirmed that the company would have security of tenure on the premises through lease.

In response to questioning from Mr Daniels the Applicant explained that he considered the existing service to be inadequate as the nearest facility was 0.8 miles from the proposed premises. This was across the river in a different neighbourhood. The area surrounding the Applicant's proposed premises was more deprived and had less access to their own transport.

In response to questioning from Mrs Lynch, the Applicant confirmed that there were retail units planned within the new development. These would be built as part of Phase 4. He advised that those living in the area may obtain their general shopping from these facilities depending on which companies move into the units, other than that residents may need to travel to larger areas such as Rutherglen to obtain their general shopping.

There were no questions to the Applicant from the Chair.

The Interested Parties’ Case – Mr Charles Tait (Boots the Chemist)

Mr Tait advised the Committee that he would like to suggest a different neighbourhood; only part of which was the same as the Applicant's.

North: the Clyde;
East: the railway line;
West: Shawfield Drive, the industrial area at Rosyth Street and Rosyth Road to the railway line;
South: the railway line.

Mr Tait informed the Committee that this whole area was a quasi-wholesale area filled with retail industrial units. There were some offices, however most of the businesses were wholesale and there was no attractions for the general public. He asserted that there was no population within the neighbourhood defined by the Applicant. He did not agree that the proposed premises could be defined as being in Oatlands and suggested that from the edge of his proposed neighbourhood the area of Gorbals was closer to Oatlands than the Applicant's proposed premises. Mr Tait advised that he would also question the inclusion of the future developments. He pointed to the guidance provided by the NAP which suggested that future developments be considered only where they were “probable”. In this instance Mr Tait pointed out that full planning permission had not been granted for much of the new development, only outline permission. He questioned over what period of time the Committee could consider development to be probable. He suggested that adequacy might be
adequate only to a certain point in time, and asserted that services to this neighbourhood were adequate and would continue to be adequate for the foreseeable future as the proposed developments were a long way from fruition. If the area were fully developed the question of adequacy may change but not for some time.

Mr Tait advised that his own definition of neighbourhood was sound, given that it was based in law and guidelines issued. He did not believe this application to be necessary or desirable and urged the Committee not to grant the application.

There were no questions to Mr Tait from the Applicant.

The Interested Parties’ question Mr Tait

In response to questioning from Mr Dickson, Mr Tait advised that there was no centre of population within the neighbourhood he defined.

There was no questions to Mr Tait from Mrs Burns

The Committee Question Mr Tait

In response to questioning from Mrs Roberts, Mr Tait advised that in his opinion anyone living in the area would travel to the Gorbals for their everyday requirements. Most would be registered with a GP in the Gorbals area, however he reiterated that there would be very few living in the area and those who had lived there prior to the redevelopment would also have travelled to Gorbals.

In response to questioning from Mr Fergusson, Mr Tait advised that there was sound precedent for not considering those who worked in an area when determining adequacy. He advised that these people would have come from a neighbourhood and would have passed through a neighbourhood to get to their area of work. In all probability this neighbourhood would already have a pharmacy. This assertion had been upheld by Judicial Review in the case of Bank of Scotland complex at Gogarburn, Edinburgh.

In response to questioning from the Chair, Mr Tait advised that the western boundary to his defined neighbourhood was the retail industrial area to the south and east of Rosyth Road.

In response to questioning from Mr Thomson, Mr Tait confirmed that he represented Boots the Chemist in the consideration of this application and that on previous occasions visiting populations had been included in the consideration of applications. He did not agree that the visiting population should be considered in this case as the numbers visiting the area was not large enough to warrant consideration. Mr Tait was aware of only one application having been granted for a retail park. In that case the numbers visiting the area was approximately 15,000; a different situation totally to the scenario around this application.
There were no questions to Mr Tait from Mr Irvine, Mr Daniels and Mrs Lynch.

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

**Mrs Burns** advised the Committee that she wished to object to the granting of the application for inclusion on the Pharmaceutical List at the Applicant's proposed premises.

She advised the Committee that the criteria for inclusion in the pharmaceutical list was dictated by Regulations which stated “that the provision of services at the premises is necessary or desirable in order to secure adequate provision of Pharmaceutical services in the neighbourhood in which the premises are located.” Mrs Burns did not believe that the Applicant met these criteria.

She advised that a deficiency of existing services must exist if an application was to be granted. The area of the proposed site had very limited residential population and so could not be regarded as having a deficiency as there was no neighbourhood within the vicinity which would require pharmaceutical services. The area was primarily a commercial area and did not sustain a population which would attract people to come to the area either by foot or by car to seek pharmaceutical services. There was therefore no necessity for a new contract at this site.

The next consideration was that of desirability. As the area, as it stood did not have a significant residential population, there could be no desirability to fulfil a need which did not exist. As such Mrs Burns did not believe that a new contract would be a viable entity. A new contract could not be seen as providing ‘best value for money’ for Greater Glasgow & Clyde Health Board as a new contract would be an extra financial burden on the Board’s resources without meeting any unmet need.

Mrs Burns was aware of the building developments of the Oatlands Regeneration Project and the new housing developments further down Rutherglen Road towards Polmadie. This development would progress over the next several years to include residential properties and also retail units. The plans were to develop a new neighbourhood to replace the previous housing which had been demolished over the past few years. This proposed new neighbourhood would still be separated from the Applicant’s proposed site by the construction of the ‘East End Regeneration Route’. This would be a major trunk route linking the area from Polmadie to the M8 and as such would be a defining boundary which would separate the opposed site from the Oatlands regeneration project.

These were all future proposals which would continue to develop until around 2010 to 2011, and as such any potential lack of pharmaceutical
services which may be perceived to occur over this period should under no circumstances be considered at this stage of development. Mrs Burns believed that the application must be rejected.

**The Applicant Questions Mrs Burns**

In response to questioning from the Applicant, Mrs Burns advised that it was the responsibility of the Applicant to define deficiency within the neighbourhood.

In response to further questioning from the Applicant, Mrs Burns advised that a new contract would cost the Health Board money as the contractor would receive fees for undertaking services. When advised that funding for such services was made centrally, Mrs Burns responded that regardless of where the funding existed, a new contract in the area would not represent value for money.

**The Interested Parties’ question Mrs Burns**

In response to questioning from Mr Dickson, Mrs Burns confirmed that the East End Regeneration Route would create a boundary through the area in which the Applicant’s proposed premises were situated. This would be a major trunk road and would separate the proposed premises from the new developments in Oatlands.

There were no questions to Mrs Burns from Mr Tait.

There were no questions to Mrs Burns from the Committee.

**The Interested Parties’ Case – Mr Stephen Dickson (Dickson Chemists)**

**Mr Dickson** advised the Committee that he agreed with the other two interested parties. He believed that the application had been made on the assumption that a retail unit would become available within the new development, and the Applicant would then apply for a minor relocation from the proposed premises. Mr Dickson did not believe that a contract, if granted, would be viable until the residential development was complete and questioned the viability if the potential population of 5,000 was reached. He believed that the proposed premises was suitable for other uses i.e. internet pharmacy, or delivery only pharmacy. The premises were situated in an area full of warehouses and industrial units. The area was dangerous and it was inconceivable that patients would travel to the premises on foot. He was aware that Tesco was planning a major development between Dalmarnock and Rutherglen and questioned whether the Applicant may propose a major relocation to this site. Mr Dickson felt the focus of the application was either this or a minor relocation to a site which would be dissected by the M74 extension.

Mr Dickson advised that if the contract were granted it would serve an
area which had no residential population. The Applicant would therefore need to obtain population from making deliveries or by taking business away from nearby pharmacies. This would obviously have an effect on the other contractors.

Mr Dickson suggested that the Applicant’s comments around the e-MAS service were irrelevant given that this service was designed to cater for patients who were not in employment and most of the population within the Applicant’s defined neighbourhood were employees within the various businesses.

Mr Dickson believed the granting of the contract was not necessary or desirable as it would have a significant effect on neighbouring pharmacies. It would have borderline viability.

**The Applicant Questions Mr Dickson**

In response to questioning from the Applicant, Mr Dickson confirmed he was aware of the barrier to internet pharmacy within the Scottish Contract.

In response to further questioning from the Applicant, Mr Dickson confirmed that the Applicant’s proposed premises would be separated from Oatlands by the East End Regeneration Route and not the M74 extension.

**The Interested Parties’ question Mr Dickson**

In response to questioning from Mrs Burns, Mr Dickson agreed that the East End Regeneration Route was a major trunk route that would dissect the area in which the Applicant’s proposed premises were situated.

There were no questions to Mr Dickson from Mr Tait.

**The Committee Question Mr Dickson**

In response to questioning from Mr Fergusson, Mr Dickson advised that a pharmacy with a patient registration of 5,000 would only be viable where this was added to the provision of other services.

There were no questions to Mr Dickson from Mrs Roberts, Mr Irvine, Mr Thomson, Mr Daniels, Mrs Lynch or the Chair.

**The Interested Parties Sum Up**

**Mr Tait** advised the Committee that he did not believe that the proposed unit was located in Oatlands. The defined neighbourhood was mainly retail/industrial in nature. There was a low throughput of people visiting the area and at the weekends the population would shift. There was no reason for the application to be granted.
Mrs Burns advised the Committee that there was no residential population in the area; therefore there was no desirability to meet any unmet need. A new contract would not be best value for money for NHS. And therefore the criteria for the granting of a new contract had not been met. The application should be refused.

Mr Dickson advised the Committee that the granting of the application was not necessary as there was no local population, the area and the unit were unsuitable and access to the proposed premises was dangerous. It wasn't desirable as the granting of the contract would damage existing contractors.

The Applicant Sums Up

The Applicant advised the Committee that Mr Tait's neighbourhood was a contrivance purely to separate the premises from the new development taking place. He was not applying for a contract only to serve the transient population, as was the case with the Gogarburn application, but this did not mean that the needs of the transient population should be ignored. The application was for a single premise. There was no suggestion that the contract would be relocated if granted. He was not aware of the Tesco development and this had no bearing on his application. In terms of viability, his business model was sound.

The Applicant advised that Mr Dickson thought he might be planning an internet pharmacy. The Scottish contract did not allow an internet only pharmacy, unlike the English contract. In terms of the East End Regeneration Route, the Applicant advised that this was merely a road through the neighbourhood which could not be defined as a boundary at the moment as no-one knew what it looked like.

The Applicant advised that the application was fundamentally about the future, not a possible future, but a definite future. The premises would serve a new community, currently without services, and the Applicant invited the Committee to grant the application.

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. The Applicant and All Interested Parties confirmed they had.

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 NHS Greater Glasgow & Clyde 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 G40.1, G40.3, G42.0 and G73.1;

f) Patterns of public transport;

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

h) Additional information submitted by the Applicant.

The additional information consisted of:-

- Map of area - 1 page
- Letter from South Lanarkshire Counsellor - 1 page
- Information from South Lanarkshire Council - 3 pages
- Information from GLadedale - 2 pages
- Rutherglen Community Area Summary - 4 pages
- Camglen – A Community Health and Well-being profile - 41 pages
- 1 mile radius map of proposed premises - 1 page
- List of Dental Surgeons, GP’s and Nursing Homes in area - 5 pages
- List of Pharmacies in surrounding area - 18 pages
- Housing Land Audit - 5 pages
- Information – Clyde Waterfront Regeneration - 2 pages
- Maps of Rutherglen Area - 4 pages
- Applications Decided – Cambuslang/Rutherglen Area Office - 8 pages
- Housing information - 1 page
- Future Plans and Funding - 4 pages
- Progress to Date information - 9 pages
- Population profile for Rutherglen - 2 pages
- Ward 12 information – Rutherglen Central & North - 3 pages
DECISION

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

**North:** The river Clyde past Richmond Park;
**West:** from the River Clyde, through Richmond Park, to Polmadie Road (east side) to the railway line;
**East:** the elbow of the River Clyde, crossing Glasgow Road to the Railway line (at Quay Road); and
**South:** the railway line.

The Committee felt that this was a distinct neighbourhood. The River Clyde to the north formed a significant physical boundary, beyond which lay the areas of Dalmarnock and Bridgton which were separate from the area in which the premises were situated. The railway to the south again formed a physical boundary. The area to the west of Polmadie Road, differed in demographic terms and had, in the Committee’s opinion more in common with the Gorbals area. Within the defined area there was currently little residential population. Most of the area was taken up with commercial/industrial/retail units, which separated it from surrounding areas.

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

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

Within the neighbourhood as defined by the PPC there were no existing pharmacies. The nearest pharmacies were situated within the surrounding areas of population e.g. Gorbals, Bridgeton, Dalmarnock and Rutherglen. The small residential population within the defined neighbourhood would have access to adequate services within the
areas where they would visit to undertake their day to day living e.g. Gorbals, Rutherglen.

The Committee noted that the current pharmaceutical network provided adequate services including all elements of the pharmacy contract.

Taking all information into consideration, the Committee agreed that the population within the defined neighbourhood had access to adequate provision of pharmaceutical services within the areas they visited as part of their everyday life. The granting of a further contract was therefore not necessary or desirable.

Separately, the Committee questioned whether the nature and location of the proposed premises within a commercial estate could provide the appropriate location for a pharmacy service to meet community needs.

In accordance with the statutory procedure the Chemist Contractor Members of the Committee Colin Fergusson and Kenny Irvine 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 Colin Fergusson and Kenny Irvine and Board Officers rejoined the meeting at this stage.

5. APPLICATIONS STILL TO BE CONSIDERED

The Committee having previously been circulated with Paper 2007/46 noted the contents which gave details of applications received by the Board and which had still to be considered. The Committee agreed the following applications should be considered by means of an oral hearing:

Mr Razwan Shafi – 25 Main Street, Howwood PA9.1

**AGREED/**

6. ANY OTHER COMPETENT BUSINESS

i) Amendment to Hours of Service – Pollokshields Pharmacy,
Janine advised the Committee that Pollokshields Pharmacy applied for approval to amend the hours of service provided from the above pharmacy on Saturday 13th October 2007.

The community in Pollokshields were holding a celebration for the festival of Eid on this day and the pharmacy was seeking permission to open from 10.00am – 12.00pm instead of the usual opening hours of 9.00am – 5.00pm.

Both Joint Leads had recommended approval of the application.

*DECIDED/-*

That Pollokshields Pharmacy’s application for an amendment to the hours of service at 198 Albert Drive is approved, and that the contractor is asked to ensure that a notice is displayed advising patients of the change.

**ii) Temporary Suspension of Contract – Bannerman’s Pharmacy, 220-222 Saracen Street, Glasgow G22.5**

Janine advised the Committee that Bannerman’s Pharmacy had applied for approval to temporarily suspend the contract held at the above address.

The company were due undergo a refit to the pharmacy. They were seeking authorisation to close on Saturday 20th October to allow for the construction work to take place and a temporary dispensary to be established and again on Saturday 27th October 2007 to allow the temporary dispensary to be removed and the new dispensary to be restocked. The Committee noted that the company had another pharmacy approximately 80 metres away and arrangements would be made with this pharmacy to provide services to patients. They also intended to extend the opening hours of this pharmacy to 5.00pm on both days. The Committee noted that posters would be placed in the windows of the pharmacy and that regular clients would be provided with a written reminder during the week before the closure.

Both Joint Leads had recommended approval of the application.

*DECIDED/-*

That Bannerman’s Pharmacy’s application for a suspension of contract at 220-222 Saracen Street, Glasgow G22.5 is approved.
Scheduled for Tuesday 16th October 2007 at 12.30pm. Venue to be confirmed.

The Meeting ended at 4.30p.m.