NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (18)
Minutes of a Meeting held on
Wednesday 7th November 2007
Board Room, Ross House, Hawkhead Road,
Paisley, PA2 7BN

PRESENT:
Mrs Agnes Stewart Chair
William Reid Deputy Lay Member
Peter Daniels Deputy Lay Member
Dr James Johnson Non Contractor Pharmacist Member
Gordon Dykes Contractor Pharmacist Member
Scott McCammon Deputy Contractor Pharmacist Member

IN ATTENDANCE:
Dale Cochran GPS Contract Assistant
Richard Duke Contracts Manager – Community Pharmacy Development
Robert Gillespie Lead – Community Pharmacy Development
Janine Glen Contracts Manager – Community Pharmacy Development

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

No declarations of interest were made.

1. APOLOGIES
There were no apologies

2. MINUTES
The Minutes of the meeting held on Tuesday 16th October 2007
PPC[M]2007/15 were approved as a correct record.

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

Section 1 – Applications Under Regulation 5 (10)

4. APPLICATION FOR INCLUSION IN THE BOARD’S PHARMACEUTICAL LIST
Case No: PPC/INCL19/2007
Mr Neeraj Salwan, 3/5 Dunvegan Quadrant, Renfrew PA4 9BS

The Committee was asked to consider an application submitted by Mr Neeraj Salwan, to provide general pharmaceutical services from premises situated at 3/5 Dunvegan Quadrant, Renfrew PA4 9BS 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”). The interested parties who had submitted written representations during the consultation period, and who had chosen to attend the oral hearing was Mr Andrew Mooney, (Alliance Pharmacy) assisted by Ms Alison Irving (“the Interested Parties”).

Prior to the hearing, the Panel had collectively visited the vicinity surrounding the Applicant’s premises, pharmacies, GP surgeries and facilities in the immediate neighbourhood, and the wider area around Kirklandneuk, Renfrew Town Centre, Braehead and Ferry Village.

The procedure adopted by the PPC at the hearing was that the Chair asked the Applicant to make his submission. There followed the opportunity for the Interested Parties and the PPC to ask questions. Each of the Interested Parties then gave their presentation, with the opportunity for the Applicant and PPC to ask questions. The Interested Parties and the Applicant were then given the opportunity to sum up.

The Applicant’s Case

Mr Salwan commenced his presentation by thanking the Committee for
giving him the opportunity to present his case. He directed the Committee’s attention to the additional information submitted in relation to the application and advised that this contained his neighbourhood. Mr Salwan advised that his neighbourhood was known as Kirklandneuk and could be found on the outskirts of Renfrew Town Centre.

He advised that he believed the neighbourhood should be defined as:

North: the southern boundary of Renfrew Golf Course;
East: Craigilea Road heading southwest at its junction with Porterfield Road;
South: South Porterfield Road;
West: The White Cart Water.

Mr Salwan advised that the neighbourhood had facilities consisting of: a school, a post office, a Community Centre which held mother and toddlers groups, lunch clubs for Kirklandneuk’s elderly and various social functions etc, a hotel and shops. There was also a neighbourhood warden scheme in place which was set up for neighbourhoods only that require a presence to tackle vandalism of schools and housing and to act as a deterrent for crime.

Mr Salwan asserted that although the area may look small from a map, the true picture was that one walking around Kirklandneuk would see an area built up mainly of high density council homes and buildings. This was why the population was in the region of 2,700. Mr Salwan suggested that as the new Ferry Village expanded on the banks of the River Clyde on Kings Inch Road and the new houses were bought and occupied, this would put a strain on the resources of Renfrew Town Centre. New housing had also been built in the Kirklandneuk area. With the major new development from Ferry Village the pharmacies in the area of Renfrew would be put under additional pressure and Mr Salwan believed that Kirklandneuk should have its own community pharmacy giving a dedicated service to its residents.

Mr Salwan advised that there was currently no healthcare resource in the area, therefore as he had mentioned earlier there could be no better time for the introduction of a community pharmacy located at the heart of the neighbourhood. With the new contract services and facilities community pharmacies could add tremendously to bettering the health of a community such as Kirklandneuk. Major new contract services that could contribute included: eMAS, independent prescribing, nicotine replacement therapy, head lice services for the local school, medicines reviews, compliance aids assessment and supervised methadone. In addition to these services, Mr Salwan was confident of adding: blood pressure checking, diabetes screening, oxygen provision, collection and delivery services, pregnancy testing and emergency contraception.

Mr Salwan asserted that there were four pharmacies in Renfrew congregated in the town centre and Paisley Road. He felt that parking could be a deterrent for those visiting these pharmacies for new services
such as eMAS. When a resident of Kirklandneuk wanted something for their cough or flu symptoms having to travel to one of the existing pharmacies meant either catching a bus or walking which was not ideal when they were looking for immediate help.

Mr Salwan’s point was that it was not easy for this part of the population to have to travel outwith the Kirklandneuk neighbourhood to access health care advice. It had been proven on previous contracts that had been granted that nothing could rival a neighbourhood having its own local community pharmacy to provide dedicated pharmaceutical provision through healthcare advice to the neighbourhood residents. The new pharmacy contract focussed on pharmacists providing pharmaceutical care rather than depending solely on the supply function. The new contract advocated that patients should be readily able to access their pharmacist in the pharmacy for advice. The focus on local care was reinforced in the Scottish Government’s “Delivering for Health” 10 year plan, which stated clearly the desire of the Government for pharmacies to provide preventative health care advice in the heart of the local community that it served and that this advice should be provided in modern, well equipped, easily accessible premises. Currently to access pharmaceutical services the population of Kirklandneuk had to drive, walk or take a bus.

Mr Salwan had noticed there was no Sunday pharmaceutical provision in Renfrew. He would now be opening on Sunday if there was a demand for this service. He had spoken to David Conlan from the Department of Housing and Regeneration at Renfrewshire Council, who confirmed that 90% of housing in Kirklandneuk was council housing and was of high density type. The general composition of the neighbourhood suggested one of high deprivation. Joan Adams, the lead drug worker supporting GP surgeries in Renfrew had confirmed that up to 50% of the methadone prescribed in Renfrew was for residents from the Kirklandneuk area. She also confirmed that demand for spaces was increasing every year and would increase four fold in the next four years. An additional pharmacy would obviously help the situation.

Mr Salwan advised that he had support from Renfrew Community Council. Representatives from Kirklandneuk sit on this council and air the views of residents via the Kirklandneuk Management Committee who run the Community Hall. As could be seen from the list of services mentioned earlier pharmacies in the modern age had a lot to offer enclosed neighbourhoods such as Kirklandneuk and being situated at the very centre of the community could offer a more dedicated one-to-one service to its residents than they currently enjoyed.

Mr Salwan advised that his pharmacy would be purpose built for all the new contract services planned and he would not have any issues complying with the premises planning as demanded by the Health Board in their recent circular in order to provide new contract services. He also intended to build a counselling room and treatment room for local nurses to hold clinics. There was ample and well lit parking outside.
Mr Salwan hoped the Committee agreed with him on the points made and grant the NHS pharmacy contract in order for him to serve the healthcare needs of this neighbourhood.

**The Interested Party Questions the Applicant**

In response to questioning from Mr Mooney, the Applicant advised that he considered the current pharmacy services in Renfrew to be inadequate for the Kirklandneuk neighbourhood as the demand for methadone had increased. He did not feel the current network was suitable as it required residents of Kirklandneuk to travel into town for services. He felt it more beneficial if they could access services nearer to their own neighbourhood.

In response to further questioning from Mr Mooney, the Applicant advised that he had arrived at his population statistics by taking the number of houses in the area (approximately 650) and applying an average occupancy rate of 4 per house. He had not had time to obtain accurate estimates from the population datazones. He conceded that the accurate population of the datazone covering the Kirklandneuk area was in the region of 1,500. He further advised that he felt Alliance Pharmacy to be a 10 minute walk from Porterfield Road.

In response to Mr Mooney’s challenge that NHS finite resources should be concentrated in developing local services targeting local priority health areas through existing contractors rather than funding a new contract which could offer nothing new, Mr Salwan advised that the Board’s first responsibility should be to ensure the provision of adequate pharmaceutical services to neighbourhoods.

In response to further questioning from Mr Mooney, the Applicant confirmed that Ferry Village was not included in his definition of neighbourhood. He advised that the importance of this new population was that it would access services from Renfrew town centre, which would place additional pressure on the facilities within that area.

In response to further questioning from Mr Mooney, the Applicant advised that he was unaware that there was parking facilities on High Street at Wallace Bar, which led to the Alliance Pharmacy.

In response to final questioning from Mr Mooney, the Applicant advised that he felt there was unmet need in Renfrew due to access to services. Elderly residents found it awkward to access services in the town centre. There was no Sunday provision at all. This was his personal opinion and he had no evidence to demonstrate unmet need. In response to Mr Mooney’s question around whether he saw a difference between a need and a want (bearing in mind the support from the Community Council), the Applicant advised that there was a need for services in the Kirklandneuk area as at present there was no pharmaceutical provision in the neighbourhood at all.
The PPC Question the Applicant

In response to questioning from Dr Johnson, the Applicant confirmed that he had not yet organised any nurse input for the pharmacy. He envisaged that provision would come from the Royal Alexandra Hospital and would take the form of a walk-in clinic. He was not aware if this service was already being provided from the Health Centre. He suggested that the pharmacy could host nurse led clinics providing services such as dressings and cholesterol checking.

In response to further questioning from Dr Johnson that the apparent narrow roads and speed bumps in the area would make driving to the premises difficult, Mr Salwan asserted that he felt the majority of those visiting the pharmacy would be resident within the Kirklandneuk area and would travel on foot.

In response to questioning from Mr Reid, Mr Salwan advised that he intended to provide additional services such as anti-coagulation clinics and domiciliary oxygen amongst others.

In response to further questioning from Mr Reid, Mr Salwan confirmed that the parking for the pharmacy was not a dedicated allocation, but rather the general spaces provided outside the parade of shops. He further confirmed that he intended to provide an enclosed treatment room within the pharmacy which would be private and lockable, and that this was in addition to the counselling room mentioned in his presentation.

In response to final questioning from Mr Reid, Mr Salwan confirmed that Ferry Village was not within his identified neighbourhood. He further agreed that those buying houses in this area would most likely access the current network of pharmacies.

In response to questioning from Mr McCammon, Mr Salwan confirmed that his neighbourhood was the area generally known as Kirklandneuk. He had estimated there to be 650 houses in the area, which comprised high density council housing. He envisaged that his clientele would be derived from within the neighbourhood as opposed to attracting clientele from outside.

In response to further questioning from Mr McCammon, the Applicant confirmed that Sunday opening was not included in his original application that this had been added subsequent to the initial submission.

In response to a question from Mr Dykes around what his pharmacy would provide on a Sunday that the current pharmacies in Braehead Shopping Centre did not provide, Mr Salwan pointed out that his pharmacy would serve as an alternative to the current network.
In response to questioning from Mr Daniels, Mr Salwan advised that patients did not normally submit complaints about healthcare even when there was unmet demand. The non-existence of complaints did not mean the service in the area was adequate.

In response to further questioning from Mr Daniels, Mr Salwan agreed that residents from Kirklandneuk who shopped in Porterfield Road would be more likely to visit one of the current pharmacies. He did not agree that there had been no complaints because the population was happy with the current provision. He suggested that the population of Kirklandneuk would find it more convenient to access services within their own neighbourhood regardless of whether they were shopping.

In response to final questioning from Mr Daniels, Mr Salwan confirmed that he was aware that the four current pharmacies took part in the supervised methadone scheme.

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

**The Interested Party’s Case – Mr Andrew Mooney (Alliance Pharmacy)**

Mr Mooney advised the Committee he wished to commence his presentation by making two observations:
- The Applicant’s proposed hours of service had changed since the submission of the initial application. The Applicant now asserted that he would provide a Sunday service. Mr Mooney contended that this was not needed as people would continue to use the current network in Braehead Shopping Centre.
- He would disagree with the Applicant that there was no current pharmaceutical provision within the neighbourhood defined. Taking the Applicant's boundaries there would be one pharmacy in the area.

Mr Mooney asserted that Alliance Pharmacy would maintain that adequate pharmaceutical provision was already available with the neighbourhood that the Applicant proposed for his contract. Alliance Pharmacy supported the definition of neighbourhood provided by the NHS Greater Glasgow & Clyde Area Pharmaceutical General Practitioner Sub-committee which is the town of Renfrew bounded as detailed in their letter of 17th May 2007.

Within this neighbourhood there was currently four pharmacies serving a population of 20,251 (General Register Office for Scotland statistics – SCROL Data 2001 Census), along with a Boots the Chemist pharmacy at the edge of town in Braehead Shopping Centre, which provided a further point of access to services. This equated to five pharmacies serving the population of Renfrew and the Health centre which had a patient list of approximately 19k.

Mr Mooney was aware that at first glance within the area there appeared
to be a significant amount of new build housing. To put this into perspective, he pointed to the most recent GRO locality estimates for Renfrew, which were used to provide population statistics in the years between Census. According to these figures released in June 2006 the population of Renfrew was approximately 20,150, with the Council planning figure for 2005 being 20,060. There had been no significant increase.

It could be argued that the historic distribution of the current network was not ideal, but Mr Mooney would argue that the services provided by this network were indeed adequate with all services easily accessible particularly from the proposed site of application. One of the Alliance Pharmacy staff in Renfrew was a resident of Kirklandneuk and travelled to work on foot every day which took approximately 10 minutes. In addition in terms of the Scottish Neighbourhood Statistics, the Kirklandneuk area was ranked as 8, which put travelling distance to health services at approximately 13 minutes.

Mr Mooney advised that Alliance Pharmacy’s branch on Paisley Road provided a full and comprehensive range of pharmaceutical services for the local population which included the following locally negotiated services in addition to the core services of the new pharmacy contract: free collection and delivery service, addiction services (working along side partners in primary care to provide supervised methadone supervision and needle exchange, with capacity to further develop these services), community dosage systems (to aid compliance when assessment deems necessary), smoking cessation, domiciliary oxygen supply, emergency hormonal contraception, urgent supply PGD and stoma services.

Furthermore in recognition of the role and responsibilities that community pharmacies had for public health, Alliance Pharmacy published leaflets to support advice provided by the pharmacist. They operated from 8.30am – 6.30pm Monday – Friday; and 9.00am – 5.00pm Saturday in line with the local surgery hours.

Mr Mooney therefore concluded that the Alliance Pharmacies in Renfrew provided adequate pharmaceutical services to the neighbourhood defined. A new contract was not necessary or desirable to secure adequate provision of pharmaceutical services in Renfrew and may in fact be detrimental to development of existing services. In a time when resources were limited the priority must be to develop services in the CHP and from existing contractors to address key priorities in the locality. Mr Mooney contended that this was a more valuable use of resources than funding a new pharmacy that offered nothing more than the existing providers and could destabilise an existing local network.

**The Applicant Questions Mr Mooney**

In response to questioning from the Applicant, Mr Mooney confirmed that the datazone statistics quoted during his presentation were dated 2005.
Datazone S01005326 equated to 918 persons, and Datazone S01005327 equated to 596 persons. Giving a total population for the area of 1,514. This area included the Kirklandneuk community.

In response to further questioning from the Applicant, Mr Mooney confirmed that as Area Manager he had visited the Alliance Pharmacies in Renfrew regularly and had not experienced any difficulties in parking. As well as parking outside one of the branches there was parking behind the fire station and there was a bus stop directly outside one of the branches. He agreed that Paisley Road was a busy road.

In response to further questioning from the Applicant, Mr Mooney agreed that those living in the new houses in Ferry Village would access services in Renfrew town centre. He agreed the landscape of the area would change, but it was difficult to define what it would change to. He agreed that the current network was concentrated around the town centre, but contended that this was a historical distribution attached to the past remuneration model which relied on volume dispensing. Currently an Applicant was required to show inadequacy of provision for an application to succeed. Inadequacy of distribution was not an reason to approve a new contract application.

In response to further questioning from the Applicant, Mr Mooney advised that the member of staff who travelled from Kirklandneuk was not elderly. He contended however that in general conversation the view was that the population of Kirklandneuk had access to adequate services. This had been a personal view and he did not have any evidence to support his contentions around the issue of access.

In response to further questioning from the Applicant, Mr Mooney explained that the Scottish Neighbourhood statistics were a measure to define deprivation. The statistics were from 2006 and health was only one of the indices used as measurement.

Mr Mooney responded to further questioning from the Applicant by asserting that Alliance Pharmacy had measures in place to gauge waiting times. Both Alliance branches in Renfrew met the company’s target of less than ten minutes. He conceded there may be demand peaks where this increased.

In response to questioning around nicotine replacement services, Mr Mooney advised that both Alliance branches would be providing this service. At present not all staff were trained, but would be.

In response to final questioning from the Applicant, the Chair asked those present if they would mind Ms Irving responding. None objected and Ms Irving answered that Alliance Pharmacy had no applications for new pharmacies pending.

**The PPC Question Mr Mooney**
In response to questioning from Dr Johnson, Mr Mooney confirmed that Alliance Pharmacy provided collection and delivery services to the Kirklandneuk area on a daily basis. Approximately 10 deliveries were made per month to Kirklandneuk. He advised that both Alliance Pharmacies had capacity to take on more methadone patients. The number of methadone patients at the Porterfield Road branch had decreased.

In response to further questioning from Dr Johnson, Mr Mooney confirmed that there was one full time pharmacist on duty at one of the Alliance Pharmacies, with one full time and one part time at the other branch across from the fire station. The full time pharmacist at this branch was the Lead Pharmacist for the CHP and was allocated time for admin duties associated with this role. The additional pharmacist was not brought in specifically for clinical input. The branches were not overworked with new contract services. These had been incorporated into the current workflow.

In response to questioning from Mr Reid, Mr Mooney confirmed that Alliance Pharmacy considered the neighbourhood to be the whole of Renfrew. He confirmed his south boundary as the M8 and his West boundary as the White Cart Water.

In response to final questioning from Mr Reid, Mr Mooney confirmed his assertion that the current network of pharmacies provided adequate services to the total population of around 20,000.

In response to questioning from Mr McCammon, Mr Mooney confirmed that he thought that a further contract in the area would adversely affect the existing pharmacies who already serviced patients.

In response to questioning from Mr Dykes, Mr Mooney confirmed that he felt the existing network to be rationally distributed when you considered the internal geography of the area. He asserted that regardless of whether the distribution of the existing network was considered to be appropriate, the critical test for determining whether an application should be granted was that of adequacy. Mr Mooney quoted from Lord Justice Clerk, Lord MacFadyean and Lord Drummond Young in the 2004 case who concluded that as decision makers the critical question for the Committee was the adequacy of the existing provision, not the adequacy or desirability of some other possible configuration of services in the neighbourhood.

In response to questioning from Mr Daniels around what weight Mr Mooney would give to the letter of support from Renfrew Community Council, Mr Mooney asserted that the Community Council would give their support to anyone offering any health service within a neighbourhood. Their role was to develop the community; however he asserted that the services to the neighbourhood were already adequate.
In response to further questioning from Mr Daniels, Mr Mooney advised that he was not suggesting that it was more cost effective to develop existing services in every instance. He accepted that in neighbourhoods where there was an identified inadequacy it would not be beneficial to develop existing services, however it remained his contention that this did not apply to this particular neighbourhood.

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

**The Interested Party Sums Up**

**Mr Mooney** advised the Committee that he did not feel that the Applicant had shown that existing services were inadequate. He reminded the Committee that there was no spectrum of adequacy. Services were either adequate or not. The application should fail.

**The Applicant Sums Up**

**Mr Salwan** advised that he had shown support from Renfrew Community Council who spoke for all residents in Renfrew. He pointed to the increased population in the Ferry Village area and asserted that this would add pressure to the existing network, possibly increasing waiting times. There was no Sunday opening and therefore no access to the minor ailment service. Renfrew Drug Problem Service had estimated that there would be a four fold increase in the number of methadone patients, causing an extra demand on the service. Accordingly in Mr Salwan's neighbourhood there was an inadequacy within the boundaries. His application passed the legal test and should be granted.

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

The PPC was required and 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 (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 the Renfrew area;

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

g) Additional information provided by Mr Salwan in the form of a letter of support from Renfrew Community Council.

DECISION

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

The Committee considered the various neighbourhoods put forward by the Applicant, 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;
East: Ferry Road and Paisley Road (west side);
South: Porterfield Road (north side) to:
West: the White Cart Water, north to its meeting with the River Clyde.

The Committee felt that this was distinct neighbourhood. The White Care Water to the west formed a physical boundary, as did the River Clyde to the north. Ferry Road and Paisley Road were main roads. The area east of Paisley Road was different in composition. The area within these boundaries was, in the Committee’s opinion a neighbourhood for all purposes. It contained schools, businesses, churches and residential areas.

Adequacy of Existing Provision of Pharmaceutical Services and Necessity or Desirability

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

Within the neighbourhood as defined by the PPC there was one pharmacy. This pharmacy provided the full range of pharmaceutical services including supervised methadone and domiciliary oxygen. The Committee considered that the level of existing services ensured that satisfactory access to pharmaceutical services existed within the defined neighbourhood. The Committee therefore considered that the existing pharmaceutical services in the neighbourhood were adequate.

The Committee considered the Applicant’s comments around the proposed significant increase in demand that would be caused by the new housing developments within the Ferry Village area. While the Committee accepted that some increase could take place, they were mindful that there were three other pharmacies within the immediate adjacent neighbourhood and one further pharmacy within the large shopping centre nearby. The Committee were confident that the existing network in the immediate and wider areas would absorb any additional demand comfortably and as such an additional contract in the area was not necessary as the existing provision was currently adequate and would continue to be so for any expansion in population that may occur in an area that was outwith the neighbourhood which the Committee concluded would be served from the Applicant’s proposed premises.

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

In accordance with the statutory procedure the Chemist Contractor Members of the Committee Scott McCammon and Gordon Dykes and Board Officers were excluded from the decision process:

DECIDED/-

The PPC was satisfied that the provision of pharmaceutical services at the premises of the Applicant was 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 Scott McCammon and Gordon Dykes and Board Officers rejoined the meeting at this stage.
5. APPLICATIONS STILL TO BE CONSIDERED

The Committee having previously been circulated with Paper 2007/54 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 did not require an oral hearing and that consideration could be made based on the written representations:

Mrs Lisa Christie, L G Pharmacy Ltd, Unit 2 19 Kennedy Path, Townhead, Glasgow G4.0

6. ANY OTHER COMPETENT BUSINESS

There was no other competent business.

7. DATE OF NEXT MEETING

Scheduled for Wednesday 21st November 2007 at 12.30pm. Board Room, Royal Alexandria Hospital.

The Meeting ended at 4.00p.m.