NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (19)
Minutes of a Meeting held on
Wednesday 21st November 2007
Glynhill Hotel, Junction 27 M8, Paisley Road,
Renfrew PA4 8XB

PRESENT:
Andrew Robertson Chair
Mrs Maura Lynch Lay Member
Prof J McKie Lay Member
Dr James Johnson Non Contractor Pharmacist Member
Gordon Dykes Contractor Pharmacist Member
Colin Fergusson Deputy Contractor Pharmacist Member

IN ATTENDANCE:
Trish Cawley Contractor Services Manager
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 Monday 22nd October 2007 PPC[M]2007/16 and Tuesday 30th October 2007 PPC[M] 2007/17 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/INCL20/2007**

Mr Denis Houlihan of Houlihan Partners, 11-17 Princes Street, Port Glasgow G14 5JA

The Committee was asked to consider an application submitted by Mr Denis Houlihan, to provide general pharmaceutical services from premises situated at 11-17 Princes Street, Port Glasgow PA14 5JA 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 Houlihan, 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 James Semple (“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 J M Boyd, (David Wyse Ltd) assisted by Ms Melinda Setanoians (“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 area of Port Glasgow.

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 the PPC to ask questions. The Interested Parties and the Applicant were then given the opportunity to
sum up.

Mr Boyd asked the Chair if he would agree to Ms Setanoians providing factual information around the range of services provided by the David Wyse Ltd pharmacies in Port Glasgow. The Chair asked those present if they had any objections to Ms Setanoians contributing to the meeting. The Applicant and the Committee confirmed they would have no objections to Ms Setanoians providing factual content.

The Applicant's Case

Mr Semple commenced his presentation by thanking the Committee for giving him the opportunity to present his case. He advised that Mr Houlihan had been prevented from attending the hearing due to family illness. Mr Semple advised that before he commenced his presentation around the legal test, he wished to take some time to provide a description of the premises.

He advised the Committee that the premises were currently utilised as a Charity shop. The unit was large in size and included an area upstairs. This area would not be used by the pharmacy and the Applicant asserted that the area was big, however not in the context of other premises in Princes Street. The Applicant had not yet had plans made up, however the shop fitting would be undertaken by a specialist company and would include two consulting rooms, a private area, a large dispensary, a health advice area and perhaps internet access to encourage self care awareness complementing the services provided by the pharmacist. The unit was a blank canvas. The Applicant intended to provide the core pharmacy services along with the range of locally negotiated services, including methadone, oxygen, and nicotine replacement therapy. He was thinking about providing flu vaccinations but recognised that this required additional facilities e.g. sink, bed, washable floor. The pharmacy would also provide blood pressure and diabetes checking and while these services were not currently offered under the NHS through a health board initiative, they could be provided on a private basis. The Applicant also stated that upstairs was to be used as an office, which offered an opportunity for a second pharmacist if required.

Mr Semple advised the Committee that he had stipulated hours of service in line with the minimum required under the model hours. It was his intention however to canvass public opinion once the pharmacy was open to offer opening hours to meet the needs of the local population.

In terms of the defined neighbourhood, the Applicant was content to agree with the definition of neighbourhood put forward by the National Appeals Plan in 2003 when it considered a case concerning premises in the same area. The neighbourhood was defined as the town commonly known as Port Glasgow.
To the north – the River Clyde to Gibshill Road at the west – turning east along the cycle track across Dougliehill and Port Glasgow Golf Course to Mid Auchinleck crossing Kilmacolm Road to Park Farm on the East through the area of Woodhall to rejoin the River Clyde.

Mr Semple reminded the Committee that the NAPs had not considered there to be sufficient evidence to indicate any internal physical split within the area. They determined that there was a free flow of population in the area from port level to that at the top of the hill. The determined that all roads focused on the town centre and frequent bus services operated in all parts. Mr Semple argued that if the Committee were inclined to consider the area as two distinct parts because of the hill, they should consider the lack of amenities in the area at the top of the hill. All residents needed to travel to the town centre for their shopping. Mr Semple further asserted that if asked, residents of this area would say they came from “the Port”.

Mr Semple advised that the area of Gibshill could be considered an exception to this rule, however he had included it within his neighbourhood as there were no services within the area of Gibshill and Port Glasgow town centre continued to be the focus. He reminded the Committee that the current pharmacy regulations required them to look at services within the neighbourhood and not the population. He reiterated that the needs of the population of Port Glasgow as a whole had to be taken into consideration and this would include those in Gibshill as they had to look to Port Glasgow town centre for their services.

Mr Semple then went on to describe the major development work within the area. This included developments which were complete and which were still under construction. The Riverview/Castlebank development comprised 524 residential units. The Kingston development would contain 500 residential units (information gained from Riverside/Inverclyde). He advised that there were other developments under construction in the upper areas of Port Glasgow.

Mr Semple also advised that the Tesco Extra store was located in Port Glasgow town centre and since opening in the summer of 2007 had integrated into the town centre. In his opinion this development was different to out of town developments as it was located at the end of the “main” shopping thoroughfare in Port Glasgow. Mr Semple advised that this had been illustrated in an article recently printed in the Greenock Herald which stated that the footfall within Port Glasgow town centre had increased since the opening of the Tesco store. Mr Semple advised that the existence of Tesco within the area brought transient population from other areas such as Langbank, Kilmacolm, Greenock, Gourock, Inverkip and from outwith the area e.g. Paisley, Bishopton, Erskine and Johnstone.
The Applicant then went on to describe the pharmaceutical services that currently existed within the area. He advised that there were currently three pharmacies within the Port Glasgow area. One very specifically served the population towards the top end of Port Glasgow, while the other two served the entire Town Centre, and which were owned by the same company. He advised that general medical services in the area were provided from Port Glasgow Health Centre and Dubbs Road Health Centre.

Mr Semple advised that in his opinion the pharmacy serving the top end of Port Glasgow could be discounted. He intended to focus on the two pharmacies currently serving the Town Centre. Mr Semple reminded the Committee that just because there were existing services in a neighbourhood it did not necessarily follow that these services were adequate. He pointed to previous applications within the past two years where the NAP had granted contracts in areas where there was already services e.g. Springburn (4 pharmacies), Bonnyrigg (2 pharmacies) and St Andrews (1 pharmacy). Mr Semple advised that in all cases it was considered that the population in and served by these pharmacies was such that a further pharmacy was required, although there were other considerations.

Against this background, Mr Semple invited the Committee to consider the case for inadequacy. The population of the area was large. It covered two ward areas: Port Glasgow and Gibshill. The 2001 Census statistics put the population at 20,097. Mr Semple estimated the current population to be around 23,000 based on 1,000 new family homes. Mr Semple reminded the Committee that the Regulations did not require the existence of residential population, but population that required services in the neighbourhood.

The health profile of the area was considerably low. The area had a higher than average percentage of those elements of the population who traditionally required access to pharmaceutical services. The number of those claiming disability living allowance was 83% above the national average, while the number of lone parent families was 41% above the national average.

Mr Semple also asserted that the population/pharmacy ratios were increasingly being taken into account by the NAP when considering whether a further pharmacy was needed in an area. In 2001 the population: pharmacy ratio within Port Glasgow was 1:6,700. In 2007, this was 1:7,500, significantly higher than the Scottish average.

Mr Semple advised that the current pharmacy network was inadequate in terms of premises, hours and in number. He advised that if the application were not necessary to secure adequate services, it was certainly desirable to cope with the increased need. He asserted that
much had moved on since the previous application in 2003 and that Port Glasgow needed to have the same level of service as everyone else.

There were no questions to the Applicant from the Interested Party.

The PPC Question the Applicant

In response to questioning from Mrs Lynch, Mr Semple confirmed his population figures and advised that his estimate of the current population included those patients travelling into the area. He further confirmed that he had estimated his increase in population by calculating an average occupancy rate of 3 persons per house. He advised that the new residential development within the area were not 1 bed flats, but family houses. He was not aware what proportion of the new developments were Housing Authority dwellings. He reiterated that the profile of Port Glasgow as increasing with new residents being attracted into the area by good transport links.

In response to further questioning from Mrs Lynch, Mr Semple advised that he did not believe the older premises occupied by the current network within the area provided adequate services. Space was limited and one pharmacist per pharmacy was not sufficient for the size of the population. He asserted that the move towards the provision of clinical services would result in less reliance upon volume dispensing. The current volume of dispensing from the two existing pharmacies was unusual.

In response to further questioning from Mrs Lynch, Mr Semple advised that the area of Port Glasgow was large, but was also unusual. When looking at areas where a pharmacy could be developed he was of the opinion that the Town Centre was the focus for all services. There were some amenities on the periphery of the area, however the area around the Town Centre continued to be the focus for the entire population of Port Glasgow and this was compounded with the existence of the Tesco store.

In response to questioning from Professor McKie around his use of statistics concerning the ratio of pharmacy/population instead of providing firm evidence of inadequacy, Mr Semple advised that it was very difficult to obtain evidence of a problem with prescription waiting times. He did not consider the current network to be fit for purpose, and he was of the opinion that the premises should be bigger and have additional pharmacists. The current pharmacies did not dispense prescriptions timeously and this led to unhappiness. He advised that he would undertake a survey of opinion if his application had to be considered by the NAP. He confirmed that his evidence was anecdotal which he considered significant.

In response to questioning from Dr Johnson, Mr Semple disagreed that
Tesco were efficient at applying for pharmacy contracts, and would have done if the services in the area had been considered inadequate. He asserted that Tesco's intelligence around pharmacy was not good and they were not familiar with the Scottish Regulations. He was surprised that they had not previously applied for a pharmacy contract in the area.

In response to further questioning from Dr Johnson, Mr Semple confirmed that the Lloydspharmacy at the top of Port Glasgow drew their prescriptions from patients in the Bogleston area. He reiterated however that this population continued to travel to the Town Centre for other services.

In response to questioning from Mr Fergusson, Mr Semple advised that he would provide hours of service to address the demand of patients in the area. He suggested that the changing patterns of access may require a late night pharmacy in the area to complement the services provided by Tesco. If this was the case, the pharmacy would provide hours to meet this demand.

In response to questioning from Mr Dykes, Mr Semple advised that he had not already undertaken a survey of the area as he had not had the time to do this.

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

The Interested Party's Case – Mr J M Boyd (David Wyse Ltd)

Mr Boyd advised the Committee that he had been born in Port Glasgow and knew the area well. His company had been the first to have typewriters in their premises and also the first to install Kardex systems and computers for labelling. It was his policy to provide the best service to the local community.

He advised that his company had always provided domiciliary oxygen services and there was no limit to the number of patients they could provide the service to. The company also provided compliance aids.

He disagreed with the Applicant's population figures. He advised that the new developments within the area had replaced housing that had been demolished in the area several years ago. He advised that 8 years previously his company had enjoyed over the counter sales four times that which they experienced currently. The opening of the Tesco store had not helped the situation and he considered the area of Port Glasgow to be in decline.

He advised that he had undertaken significant upgrade work to the interior of his pharmacies. He had submitted plans to Inverclyde Council for the fronts of both shops and this work would have been undertaken some time ago if he had not experienced problems with the architect he
had employed to oversee the project. He had to construct a consultation room within his pharmacy and had given up retail space within the pharmacy to accommodate this. He had installed a new central heating system and the pharmacy had been rewired. He advised that the Council had contacted business in the area to offer grants to improve the shop fronts and he had been allocate £10k per pharmacy.

He advised that his company had two pharmacies in Port Glasgow. He had recently appointed a new team to the pharmacy in Fore Street. He had advertised for a new pharmacist, offering the best rates and had received a good response. He had employed two young, enthusiastic pharmacists and had given them a free hand in the running of the pharmacy, providing Port Glasgow with the best possible pharmacy to address the requirements of the new contract. They were authorised to purchase any equipment necessary. He considered this to be a huge financial commitment but was satisfied that the expenditure was warranted to provide the kind of service the population deserved.

He advised that his pharmacies had opened to 6.00pm. They were not busy from 5.30pm and a decision had been taken to close at this time. If there had been any demand for services after this, he would provide them. He confirmed that the waiting time was less than 10 mins, but that on odd occasions a rush may lead to a slight delay.

Ms Setanoians advised the Committee that the David Wyse Ltd pharmacy in Fore Street currently employed two pharmacists. This was in anticipation of the introduction of the Chronic Medication Service (CMS) element of the new contract. She advised that dispensing business alone would not warrant further pharmacist, but that without one the company would not have been able to utilise their consultation room so well.

She advised that the pharmacy provided a smoking cessation service to 32 patients. There were no waiting times and no appointments. They also participated in the heart failure service, although no patients had been referred as yet. They took part in all Health Board initiatives including emergency hormonal contraception, blood pressure monitoring and compliance aids (they currently served 45 patients, but had capacity for 100). The pharmacist undertakes an assessment as part of this service and provides support to the patient’s family. This was a unique service. The pharmacy also took part in the supervised methadone service. At present the pharmacy was operating under capacity with 35 patients at the moment. As part of the service, the pharmacy provides care management which includes the provision of support around diet, alcohol and dental care.

The pharmacy provided diabetes and cholesterol testing but not to high volume.
The pharmacy had fostered good working relationships with the other health care professionals in the area and liaised closely with the optometrist in the area, which was also owned by David Wyse Ltd.

Ms Setanoians reiterated that the Applicant would be hard pushed to offer anything unique and different. She guaranteed that the waiting time for prescriptions was less than 10 minutes. The company employed drivers to operate their delivery service. The company exhibited a thoroughness of effort to provide top class pharmaceutical services under the new contract.

**The Applicant Questions Mr Boyd**

In response to questioning from the Applicant, Mr Boyd advised that work around the establishment of a ramp outside one of his pharmacies had not already taken place due to problems he experienced with the architect he had employed to oversee work at his pharmacies. He was aware that he had advised the NAP in 2003 that work would be undertaken imminently, but his had not happened.

In response to further questioning from the Applicant, Mr Boyd advised that an extensive refurbishment of his premises had not been undertaken as he had struggled to find a suitable time when this could be facilitated. The delay had not been due to a lack of willingness to commit financial resource but to third parties letting him down.

In response to further questioning from the Applicant, Mr Boyd disagreed that he could simply close one of his pharmacies and redirect prescriptions to the other, in order to facilitate the refit. Mr Boyd advised that he had committed financial resources to the pharmacies. The lack of progress was now resolved with the appointment of another architect and the commencement of work on the shop fronts. This had not been undertaken previously as the company were awaiting grants from the Council to facilitate this.

In response to further questioning from the Applicant, Mr Boyd advised that he was not sure when his two pharmacies last received refits.

In response to further questioning from the Applicant, Mr Boyd advised that he had employed a second pharmacist nearly a year ago. There was a second full time pharmacist in the Fore Street branch and as he was a pharmacist he was also available to assist in the John Wood Stret branch if necessary.

In response to further questioning from the Applicant, Mr Boyd advised that the Applicant’s population figures included the area of Greenock which in his opinion over emphasised the population. He did not feel the new developments in the area had added population. The population had in fact declined. This was evidenced from consideration of figures.
provided for the hearing of the previous application.

In response to final questioning from the Applicant, Mr Boyd advised that if a fourth pharmacy opened in Port Glasgow he did not know if either of his pharmacies would be affected. He considered the pharmacy in John Wood Street to be particularly vulnerable but could not say whether it would be affected detrimentally.

**The PPC Question Mr Boyd**

In response to questioning from Mrs Lynch, Mr Boyd defined his neighbourhood as the one mile radius used by the Board in the consultation process. When further questioned, Mr Boyd defined the neighbourhood as the town of Port Glasgow without Boglestone and Gibshill.

In response to further questioning from Mrs Lynch, Mr Boyd agreed that in 2003 he had advised the NAP that the shop refurbishment was imminent. He had believed this to be the case; however the delay had come about because of his issues with the architect he had employed to oversee the work. Progress couldn’t be made. He advised that there had been issues around planning and the allocation of funds by the Council.

In response to further questioning from Mrs Lynch, Mr Boyd advised that his pharmacy closed at 4.30pm on a Wednesday. This was because there was no requirement for a service after this time. Early closure on a Wednesday also allowed the pharmacy to open full day on Saturday.

In response to final questioning from Mrs Lynch, Mr Boyd confirmed that the consultation room at the John Wood Street pharmacy was quite small and that there were plans to install a larger room. He had no indicative date for this work.

In response to questioning from the Chair, Mr Boyd confirmed that he would agree with the neighbourhood put forward by the NAP in the determination of the previous application.

In response to questioning from Professor McKie, Mr Boyd confirmed that the work around the shop frontage would need to commence by March 2008 or the grants allocated by the Council would cease to be available.

In response to questioning from Dr Johnson, Ms Setanoians advised that the pharmacies provided a collection and delivery services. Currently around 20 deliveries per month were done from John Wood Street and 20 from Fore Street. The service was available to anyone who wished to access it and most of the patients who took advantage
of the service lived within 10 to 15 minutes from the pharmacy.

In response to further questioning from Dr Johnson, Mr Boyd agreed that there was a significant amount of non-pharmacy items sold in the Fore Street pharmacy. He advised that this had been necessary to secure viability income had fallen. It was not something he had wanted to do, but was necessary as he needed to secure his business. He advised that he would reconsider his position if the Town Centre recovered.

In response to questioning from Mr Fergusson, Mr Boyd confirmed that the pharmacy in John Wood Street was displaying the current Public Health Service poster. There was also a health advice area within the pharmacy.

In response to questioning from Mr Dykes, Ms Setanoians advised that within Fore Street pharmacy she employed five dispensers; four had attained NVQ3 and 1 was about to undertake NVQ2. The company was due to undertake staff appraisals in the new year and was looking to take advantage of the Advanced Checking Technician qualification to build in adaptability and flexibility.

There were no questions to Mr Boyd from Mr Gillespie.

**The Interested Party Sums Up**

**Mr Boyd** advised the Committee that the main thrust of his defence concentrated on the provision of a superior service. He had satisfied customers. He had made a significant financial commitment by employing two full time pharmacists to all the provision of services to meet the requirements of the new contract and he had made himself slightly vulnerable by doing so. He was certain that the case was strong for full and adequate services in Port Glasgow.

**The Applicant Sums Up**

**Mr Semple** advised that the population in Port Glasgow was large, between 20 and 23 thousand. There was an influx of people into the neighbourhood which would add a burden to the current pharmacy network. If existing services were modern, he would still be of the opinion that a further pharmacy was required. He advised that the Interested Party owned two pharmacies within the Town Centre. This was an enviable position. The pharmacies had not had a refit for a long time nor had the Interested Party provided any evidence of when a refit would be carried out. He suggested that each time there was a suggestion of competition being introduced to the area, the Interested Party made promises of modernisation which were not kept. He advised that his pharmacy in Gourock provided delivery services to approximately 47 patients within the neighbourhood he had defined
and this was nine miles away. He reiterated that Port Glasgow needed another pharmacy.

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 NHS 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 Port Glasgow area; and

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

**DECISION**

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

The Committee considered the various neighbourhoods put forward by the Applicant, 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: Park Hill, Park Farm to Kilmacolm Road;
South: Behind residential area at High Auchinleck, through Mid Auchinleck crossing Port Glasgow golf course to its meeting with the cycle track;
West: Gibshill Road to its meeting with the A8 and the River Clyde.

Adequacy of Existing Provision of Pharmaceutical Services and Necessity or Desirability

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

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

The Committee considered the Applicant’s comments around the proposed significant increase in demand that would be caused by the new housing developments within the Port Glasgow area. The Committee were satisfied that the existing network could address this demand. They did however consider that the question might arise in future years if there was a continued failure to improve premises in John Wood Street and to a lesser extent Fore Street.

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 Colin Fergusson 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.

Having made the above decision the PPC noted that despite past assurances the principle objector and owner of the two existing pharmacies within the neighbourhood had made little progress in modernising his premises.

The Chemist Contractor Members of the Committee Colin Fergusson 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 2007/56 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

The Committee agreed the following applications should be considered by means of an oral hearing:

Mr Abdul Qayum, 209-211 Main Street, Bridgeton, Glasgow G40.1

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.