

NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (06)
Minutes of a Meeting held on
Monday 10th March 2008
Kings Park Hotel, Mill Street, Rutherglen,
Glasgow G73

PRESENT:	Mr Peter Daniels	Deputy Chair
	Professor J McKie	Lay Member
	Mrs Charlotte McDonald	Deputy Lay Member
	Mrs Kay Roberts	Deputy Non Contractor Pharmacist Member
	Mr Kenny Irvine	Deputy Contractor Pharmacist Member
	Mr Colin Fergusson	Deputy Contractor Pharmacist Member
IN ATTENDANCE:	Trish Cawley	Contractor Services Supervisor
	Janine Glen	Contracts Manager – Community Pharmacy Development
	David Thomson	Deputy 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.

ACTION

No declarations of interest were made.

1. APOLOGIES

There were no apologies.

2. ANY OTHER BUSINESS NOT INCLUDED IN AGENDA

None.

Section 1 – Applications Under Regulation 5 (10)

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

Case No: PPC/INCL30/2007

**Mr David J Dryden & Mr Michael Balmer, 16 Kyle Square, Spittal,
Rutherglen, Glasgow G73 4QG**

The Committee was asked to consider an application submitted by Mr David J Dryden and Mr Michael Balmer, to provide general pharmaceutical services from premises situated at 16 Kyle Square, Spittal, Rutherglen, Glasgow G73 4QG 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 Dryden and Mr Balmer, 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 David J Dryden ("the Applicant"), assisted by Mr Michael Balmer. The interested parties who had submitted written representations during the consultation period, and who had chosen to attend the oral hearing were Mr Alasdair MacIntyre (Burnside Pharmacy), Mr David Henry (Lloydspharmacy), Mr Martin Green (Dukes Road Pharmacy and Melville Chemists), assisted by Mr Scott McCammon, Mr Roger McLean (Copland Chemists), assisted by Mr Robert Love and Mrs Parul Patel (A M Malcolm Chemists) ("the Interested Parties").

Prior to the hearing, the Panel had collectively visited the vicinity surrounding the Applicants' premises, pharmacies, GP surgeries and facilities in the immediate neighbourhood, and the wider area around Carmunnock roundabout, Castlemilk Road, Croftfoot, Fernhill, Blairbeth, Burnside and Rutherglen town centre.

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 Committee noted that the representative from National Co-op Chemists had submitted his apologies at short notice. A written submission had been provided by National Co-op and had been accepted by the Chair and the Committee. The statement was provided to the Applicant and the Interested Parties prior to the hearing and all were afforded time to make themselves familiar with the contents.

The Committee also allowed submission of a map provided by Mr Alasdair MacIntyre showing his definition of the neighbourhood. The map was provided to the Applicant and the Interested Parties prior to the hearing and all were afforded time to make themselves familiar with the map.

The Applicants' Case

The Applicant commenced his presentation by thanking the Committee for the opportunity to present the case. He advised the Committee that there was a country where hospital admission was regarded as a failure by primary care. This country had the same life expectancies as the UK, but spent only £130 per head on the population – 1/10 of what the UK spent on its population.

The Secretary General of the United Nations described the country as the envy of many other nations, and a shining example of the power of public health to transform the health of an entire country by a commitment to prevention. In 2001, members of the UK House of Commons Health Select Committee issued a report that paid tribute to the “success of its healthcare system”, based on its “strong emphasis on disease prevention” and “commitment to the practice of medicine in the community”.

Further analysis showed that there was extensive involvement of the patient and public in decision making at all levels.

The UK government had taken the example of this country and this was evident in the shift towards better public health. Many of the key concepts of the Scottish Government’s Action Plan Better Health Better Care could have been lifted directly from Britain’s analysis of the health care in this country. The country was Cuba.

It was only now that we were becoming truly conscious of the importance of improving public health in Scotland, ensuring faster diagnosis and working towards disease prevention. The Applicant advised that on entering any cardiac ward in the country you would see that around 90% of the inpatients were there when they needn’t have been: heart attacks were largely preventable, heart failure was largely preventable.

Mr Dryden advised that the high incidence of preventable admissions had occurred because for the past 60 years the national health service had been more the national illness service. It had been treating the sick, rather than preventing the sickness, blaming patients with COPD for their condition. Mr Dryden contended that it was far more cost effective to prevent these conditions in the community than it was to treat them in hospital, and more importantly the patient's quality of life.

With the emphasis now on prevention and patient involvement in their treatment, community pharmacy had an increasingly important part to play. The Applicant advised that he and Mr Balmer had demonstrated in their submission how they could help improve the health of this community through the core services of the community pharmacy contract. In addition, they were looking to reach out to the population and provide diagnostic services for those that would not normally be diagnosed. Mr Dryden asked how many patients within the community had high blood pressure, high cholesterol or diabetes and were not aware of it. He also asked what would happen if they remained undiagnosed. The answer was that they would end up in hospital, with reduced quality of life, polypharmacy and greater cost to the NHS and society.

In order for this to be realised, the Applicants would now prove that the current level of provision of pharmacy services was inadequate.

The Applicant advised that the neighbourhood was Croftfoot and Spittal, to the south was Croftfoot Road which served as a treble boundary, the area was characterised by busy roads and steep inclines. The problem with the neighbourhood was that the vast majority of Spittal residents were registered for medical services in Rutherglen Health Centre.

There were two pharmacies at Croftfoot roundabout. These were 1.33 miles from Kyle Square. The populous of Spittal and a significant proportion of the populous of Croftfoot were registered in Rutherglen, making the pharmacy and doctor surgery 2.66 miles apart in complete opposite directions. These pharmacies did not cater adequately for the Applicants' neighbourhood and did not cater for Spittal residents at all.

There were two pharmacies in Castlemilk. One in the Health Centre and one in the shopping arcade. The population of Castlemilk was approximately 12,500. The list size of Castlemilk Health Centre was 11,500. Effectively, Castlemilk was self contained. The patients in Castlemilk were registered in Castlemilk and used Castlemilk pharmacies. The pharmacies were too remote and inaccessible to provide an adequate service to Croftfoot or Spittal. Again they were in the wrong direction from Rutherglen Health Centre. Furthermore, the Applicant's population did not see Castlemilk as a neighbourhood they

would go to. Indeed most of them “thought” there was a pharmacy in the shopping arcade, but none knew there was one within the health centre. Why would they? They were not registered there.

Fernhill was further removed from amenities. It was 1.1 miles away by road and was up a particularly steep hill. Melville’s served the population of Fernhill. It did not serve Spittal or Croftfoot. The area was 100 metres above sea level and not near the Health Centre. Access to the area for the elderly, infirm and mothers with young children, was difficult.

A M Malcolm Pharmacy was located in the far more affluent area of Kingspark. Spittal was on the wrong side of the tracks to use this pharmacy. It served a large and completely separate neighbourhood. It did not serve the Applicants’ neighbourhood.

There were two pharmacies in Burnside. They did not serve the Applicants’ population either. They served the large area of Burnside, Crosshill and High Burnside. Two pharmacies were required to serve this large area, but their area did not extend as far as Spittal let alone Croftfoot.

The pharmacies currently used by the Applicants’ population were the ones that were least inconvenient for them: Millar & McGowan, Copland’s, Superdrug, Dickson’s and Boots. All located in Rutherglen; most located more than a mile away from Spittal.

The Applicant then posed the question “how then did these barriers affect the provision of pharmaceutical services the population received”?

Minor ailment consultations originally consumed 20% of GP time. The Minor Ailment Service was designed to transfer this workload from GPs to pharmacies in line with the ethos of The Right Medicine, to make better use of the skills of community pharmacists.

For this population then, what benefits had the Minor Ailment Service brought? The Applicant suggested none. The Minor Ailment Service was, in his opinion, less readily available for this population than medical services. The pharmacies within the consultation area did not open before 9.00am. There were GPs working in Rutherglen Health Centre from 8.00am. If patients required a consultation with a health professional before school or work they were more likely to go to Rutherglen Health Centre and wait to see a GP as they couldn’t go to a pharmacy. This was against the ethos of the Right Medicine and the Scottish Government’s Better Health Better Care policy. Thus far the Minor Ailment Service had not transferred the treatment of the population’s minor ailments to pharmacies as was intended. When the Applicants attended the residents committee meeting they discovered

that they didn't even know what the Minor Ailment Service was.

The Applicant further contended that the public health service of the community pharmacy contract was also failing to reach this community.

The only time the population were going to see the poster campaigns, pick up the leaflets and speak to the pharmacist was when they were already ill. The public health core service embraced a proactive mentality and was about keeping the healthy healthy. Therefore it had to be readily accessible to all, and particularly accessible to those with greatest need i.e. deprived populations such as this.

The Applicant advised that if the current infrastructure didn't change the benefit of the Chronic Medication Service would be questionable once it was rolled out. Provisionally the Chronic Medication Service was designed to further reduce GP workload by transferring chronic prescribing (which accounted for 80% of items) to community pharmacy. In terms of this population then, they would still have to catch the same bus, to travel the same 1.33 miles, to get to the same bus stop, to collect the same medicine. This would provide no benefit.

Mr Dryden advised that the community pharmacy contract was designed to better utilise and enhance the care provided by community pharmacies, designed to improve health at a population level, was not being delivered to this population and he would say that this population had a greater need for this service than most. This was a fact and the situation was inadequate.

Mr Dryden contended that a Scottish male from an affluent background could expect to live 10.6 years longer than his counterpart from a very deprived background. While it was accepted that health was determined by a number of factors including housing, genetics and income, the single greatest determinant for decreased life expectancy in deprived populations was prevalence of smoking. The Applicant contended that it was therefore no surprise that the Scottish Government's new policy was targeted at reducing smoking rates ahead of both the two other major determinants of health: alcohol intake and obesity. With a smoking prevalence within the Applicants' neighbourhood 10% above the national average, such policies were geared towards these areas.

Pharmacies were now regarded as being healthy living walk in centres. They were in a unique position to influence mentality and implement policy. The infrastructure in the Applicants' neighbourhood was insufficient to fully provide a smoking cessation service with equitable access as evidenced by the high prevalence of smoking.

Mr Dryden contended that the smoke free service should be available locally. Smoking rates were unlikely to decline as long as cigarettes

were available on their doorstep, whereas nicotine replacement therapy and access to health professional was more than a mile away. Barriers to healthcare should be reduced, not maintained.

If a patient had contact with a health care professional and that health care professional mentioned they stop smoking, what percentage of these patients go away and consider giving up? Mr Dryden advised that 40% considered giving up from a quick comment from a health care professional and many of these go on to become smoke free, but community pharmacy could do so much more. The Applicants would do more. The current service was geared mainly to the tip of the iceberg i.e. the population that want to stop smoking. The population that present spontaneously. The Applicants' commitment to pharmacist prescribing and their particular interest in primary and secondary prevention meant that the Applicants would be inviting patients in for a review of their cardiovascular risk factors. This would provide a hugely important opportunity to promote smoking cessation, the provision of advice, support and NRT or Champix (where appropriate).

While this currently occurs under the auspices of prescribing clinics, this was part of the greater mentality of public health. It was about reaching out and trying to suggest change. Mr Dryden suggested that the Applicants were agents of such change.

Mr Dryden advised that the population that was most difficult to reach was males, aged 40-60. They were poor attendees at GP practices and were a major target group as they were not coming forward spontaneously. The NHS should be reaching out to them. Failure to do so resulted in secondary prevention, lowered quality of life, a greater cost to the NHS and a greater cost to society. The Applicants had demonstrated how they would reach out to this patient group, how they would make or aid diagnosis, how they could modify risk factors and improve outcomes.

Mr Dryden advised that he was currently working towards his independent prescribing qualification and would be ready to begin these clinics as soon as the pharmacy was opened. Mr Dryden advised that this was not merely a flirtation with diagnosis. He was aware that currently many pharmacies offered blood glucose measuring. They then wrote a form and posted it off to the GP. Mr Dryden questioned how valuable such a service in this form was. GPs were bombarded with mail; there was a question around what the GP did with the information. Was it put to the bottom of the pile, did it go in the patient's notes with the intention being that the GP would address this finding the next time the patient presented for an appointment? What if the patient didn't present? An opportunity to modify risk factors was lost. If the Applicants detected elevated risk factors, such as hyperglycaemia, high cholesterol, high blood pressure, they would be

following each and every one of these up. The Applicants would be in dialogue with the GPs to discuss the best course of action and if medicines were deemed part of the appropriate course of action, the Applicants would be there informing the patient why they need this medicine, how to take their medicine. The Applicants would make patients equal partners in their treatment because they knew that in this way, the outcomes were more likely to be realised.

Mr Dryden advised that he accepted that the appellants gathered today should have been consulted in this process, however he was not entirely sure what was to be gained by consulting them. The appellants decided that this pharmacy was neither necessary nor desirable from the word go. They decided to oppose it long before they had read the Applicants full submission. They offered the committee not an opinion, as the word opinion suggested they had taken into account all the information, weighed up pros and cons and then arrived at a reasoned conclusion. But they hadn't. They had simply come out to defend their prescription volume, without taking into account patient care.

Mr Dryden questioned whether it was really the job of the service providers to determine adequacy. He suggested that it wasn't, that adequacy had to be determined by the service users, and the service users said they needed this pharmacy. It was the current policy to put patients at the heart of decision making; one of the lessons learned from Cuba.

Mr Dryden asked who else should be considered when determining the application? He advised that anyone who had the interests of the community at heart should be given an opportunity of informing the application. When the Applicants approached the three local councillors for the area they would not endorse the Applicants' plans until they had gauged the opinion of the residents in their ward. Having met with the Applicants at the recent residents meeting they now unanimously endorsed the plans.

Other providers of primary health care should also be allowed to inform the process. Drs Campbell and Reid in Rutherglen Health Centre had added their voice to this application. They were in fact so committed to this proposal that it was from their practice lists the clinics would be run. Also Dr Ian Notman, the lead Clinical GP for the Camglen locality had expressed his support and Mr Dryden suggested he was in a better position than most to understand the health needs and wants of the Applicants' population.

Mr Dryden concluded that the current provision of services was inadequate. The Applicants had demonstrated that the population couldn't reach the current services and the current services could not reach the population. The Applicants had shown why it was necessary

for them to be given this opportunity and they had shown that it was highly desirable. The GPs were behind the concept, the councillors were behind it, the people were behind it and the Applicants were fully committed to this.

The Interested Parties' Question the Applicant

In response to questioning from Mr MacIntyre, the Applicant advised that the datazones used in his presentation were a best fit and included areas outwith his defined neighbourhood, however it also missed sections out.

In response to further questioning from Mr MacIntyre, Mr Dryden advised that the Applicants intended to provide independent prescribing clinics three – four days per week. This could be accommodated as there would be two pharmacists in the pharmacy, allowing one to focus on the clinics. Areas that would be looked at were antidepressant reduction and benzodiazepine reduction and cardiovascular disease. He was aware that the present regulations only allowed funding for a maximum of two clinics; however the Applicants would address this by not running all three clinics simultaneously.

In response to further questioning from MacIntyre, Mr Dryden confirmed his opinion that most residents in the Spittal area frequented pharmacies in Rutherglen and not Burnside.

In response to final questioning from Mr MacIntyre around Mr Dryden's recent criticism of community pharmacy's involvement in the current heart failure service, Mr Dryden advised that he did not know how many of the patients that had not been seen by the service, for reasons outwith the pharmacy's control.

In response to questioning from Mr Henry, the Applicant advised that although he agreed that the area around Malcolm's Pharmacy could be described as affluent, taking the neighbourhood as a whole there was more deprivation. He also stated that the majority of parents within Spittal had to pass Kyle Square to access the nearest secondary schools.

In response to further questioning from Mr Henry, the Applicant conceded that the level of minority ethnic population within the neighbourhood was low at approximately 1.6%.

In response to further questioning from Mr Henry, the Applicant advised that he was not aware that Dr Ian Notman's practice did not register patients from the Spittal area. The Applicant advised that Dr Notman's support had come in his role as Clinical Lead for the locality of Camglen and not as a practitioner within the area. He conceded

that the letter of support appearing on practice letterhead may have implied practice support and apologised for this.

In response to questioning from Mr Green, the Applicant confirmed that they had conducted financial modelling around the new pharmacy. They had developed a business plan, however did not feel it relevant to share during the hearing. They were confident that the new venture would be viable and pointed to the success of pharmacies in areas of similar population including Eastwood and Twechar. Mr Dryden advised that he felt the neighbourhood had ample population. In response to further questioning from Mr Green around viability and the number of population required to make a pharmacy viable, the Applicant advised that he was confident there was sufficient population in the neighbourhood to ensure viability.

In response to further questioning from Mr Green, the Applicant advised that in his opinion, the biggest factors to success in giving up smoking were access to aids and support and willpower. He considered that counselling could generate motivation, but did not regard this as the most significant factor.

In response to further questioning from Mr Green, Mr Dryden confirmed that he had ascertained that many of the GPs in the area were finding it difficult to find compliance aid places for their patients. He was aware that historically robust assessments had had to be made before a patient could be deemed appropriate for a compliance aid, but suggested that community pharmacies appeared less keen to take new patients on and having spoken to the local GP practices it was clear that finding places was difficult.

In response to questioning from Mr McLean, the Applicant advised that he had defined the neighbourhood as Croftfoot and Spittal as he deemed this to be one neighbourhood. He took on board Mr McLean's assertion that there were no road signs mentioning Spittal as a separate area. He further confirmed that he had calculated the distances in his presentation from Map24. com.

In response to final questioning from Mr McLean, the Applicant confirmed that the pharmacy and the GP practices would not be partners in the financial sense, but more in the provision of healthcare sense. He further confirmed that both Applicants had significant retail experience.

In response to questioning from Mrs Patel, the Applicant confirmed that he could not name individual patients who had been refused compliance aids places, but could confirm that the GP practices of Dr Campbell and the Overtoun practice in Rutherglen Health Centre had both reported difficulties in securing places.

In response to further questioning from Mrs Patel, the Applicant confirmed that the pharmacy would be open to 6.30pm one day per week.

The PPC Question the Applicant

In response to questioning from Mr Fergusson, the Applicant confirmed that in his Health board role, he had worked with some of the GP practices who had provided letters of support for the new pharmacy and that his intention was to expand on this good work.

In response to further questioning from Mr Fergusson, the Applicant confirmed his understanding that the work with benzodiazepines involved more than just reducing the dose. He was aware that other services were involved. Health Board funding was available for the pharmacist prescribing clinics, which would pay for the community pharmacist time.

In response to further questioning from Mr Fergusson around his comparison with the Cuban primary care system, the Applicant advised that the pharmacy would provide health MOTs to patients. This would allow more time to be spent with them and hopefully free up GP time. The Applicant also confirmed that he was aware of the 20:10 programme which aimed to access hard to reach patients. He felt that the Applicants' pharmacy would be able to access such patients as they would provide a friendly service, and would be more involved in the community, which would allow them to influence uptake. The Applicants had visited the Residents Committee and had received good feedback.

In response to questioning from Mr Irvine, the Applicant advised that the pharmacy would serve the immediate community, although he firmly expected those resident in the Croftfoot area to make use of the pharmacy. The proposed premises had several advantages in that there was better parking and less crime.

In response to further questioning from Mr Irvine, the Applicant advised that he had drawn his western boundary to the east of Carmunnock Road because a line had to be drawn somewhere. He conceded that some patients visiting this vicinity would use the Lloydspharmacy which was situated on the west side of Carmunnock Road. He further confirmed that he did not feel that patients in Spittal would travel to Croftfoot roundabout to access services as this was not on their route to any other amenities.

In response to final questioning from Mr Irvine, the Applicant confirmed that he was aware that the issue of low uptake of additional services was a national one and not confined to his defined neighbourhood.

In response to questioning from Professor McKie, Mr Dryden confirmed he was aware that the current pharmacy regulations required the Committee to define a neighbourhood. His defined neighbourhood encompassed Spittal and Crofffoot as he considered the new pharmacy would serve this population. He further confirmed that he considered there to be approximately 3,250 residents within his defined neighbourhood.

In response to further questioning from Professor McKie, the Applicant advised that he was aware of the underpass that ran from Castlemilk Road, but reiterated that this was not well lit, nor in good repair.

In response to questioning from Mr Thomson, the Applicant confirmed that in terms of health improvement terms he saw the priority for the area as being smoking cessation.

In response to further questioning from Mr Thomson, the Applicant advised that the new pharmacy location would provide benefits for the population and it would also provide disabled access, a waiting area and a counselling room. The emphasis would be on healthcare rather than the traditional nonpharmacy items.

In response to questioning from Mrs Roberts, the Applicant confirmed that the elderly and disabled would be able to access the pharmacy easily, however the Applicants would be willing to make home visits to patients unable to travel to the pharmacy. The location of the premises would bring healthcare to the heart of the community and with the provision of clinics patients would be invited to attend.

In response to further questioning from Mrs Roberts, the Applicant advised that the separation of prescribing and dispensing would be addressed by having two pharmacists on the premises while the prescribing clinics were taking place.

In response to further questioning from Mrs Roberts, the Applicant confirmed that he was aware of the difference between compliance and concordance.

In response to final questioning from Mrs Roberts, the Applicant advised that he was aware that Cuba was different to the UK in one aspect; that of climate

In response to questioning from Mrs McDonald, Mr Dryden advised that patients would be invited to attend the pharmacy as part of the clinic process and that this would lead to the diagnosis of issues.

In response to further questioning from Mrs McDonald, the Applicant confirmed that he would define minor ailments as any childhood ailment, non-life threatening, non-serious. Assessment would be

undertaken on a case by case basis.

In response to questioning from the Chair, the Applicant confirmed that the appendage at the southern boundary to his neighbourhood contained 125 houses.

The Interested Parties' Case – Mr Alasdair MacIntyre (Burnside Pharmacy)

Mr MacIntyre commenced his presentation by thanking the Committee for the opportunity to present his case. He referred the Committee and those present to the map he had provided prior to the hearing and advised that he defined the neighbourhood as Spittal:

North – the railway line;

West – the council boundary running south from the railway line to Croftfoot Road, running parallel to Croftend Avenue but not including it;

South – the council boundary running east back along Croftfoot Road to the join with Fernhill Road; and

East – the junction of Croftfoot Road/Fernhill Road running north to meet the railway line as Fernhill Road becomes Mill Street.

He advised that the area to the west of the council boundary including Croftend Avenue itself fell into the neighbourhood commonly known as Croftfoot. Spittal and Croftfoot were two distinct areas. They were not one neighbourhood. His reasons for stating this were:

- residents from Spittal would never consider themselves to be part of Croftfoot and vice versa;
- some Spittal residents would aspire to be Croftfoot residents;
- Both areas had their own small primary schools, their own local shops, their own community centres;
- Residents in Spittal also considered themselves to be part of the larger community of Rutherglen. Their services were provided by South Lanarkshire Council e.g. leisure, education, social care, their bins are emptied by South Lanarkshire;
- those in Croftfoot consider themselves to be Glasgow residents and their services are very much Glasgow based;
- while Spittal residents tended to access schools and leisure facilities in the Rutherglen area, residents in Croftfoot predominantly utilised these services in the Castlemilk area;
- pupils from Spittal Primary School fall into the catchment area of Stonelaw High School in Rutherglen, while Croftfoot Primary School was within the catchment area of Castlemilk High School; and
- As the map showed, access into and out of Spittal into Croftfoot on the western boundary was limited to one main route namely via Kirkconnel Drive; this served as a barrier.

Mr MacIntyre then went on to discuss the neighbourhood further. He

advised that Spittal was a small neighbourhood with a population of around 1,545 (from South Lanarkshire Council figures). It had a small primary school, a small number of local shops, a community centre and a day care centre for the elderly. It was however not a neighbourhood for all purposes. Residents of Spittal could get a haircut, a pint of milk and a newspaper, but for most of their day to day services, they accessed these in the wider community around them. For example in their day to day lives, they accessed banks, cash machines, libraries, take-aways, restaurants, doctors, sports and leisure facilities and a much wider range of shops and services. Residents of Spittal would travel out of their small neighbourhood into their wider community for their weekly shop, this small convenience stores being hand for the odd item or two. Pupils requiring secondary school education again are served by the wider area in which the neighbourhood Spittal falls. Spittal Primary being a feeder primary for Stonelaw High School, Calderwood Road in Rutherglen.

Mr MacIntyre advised that the Application had quoted the school roll of the primary school in Spittal as 160 plus 60 nursing school places. The head mistress in the school's website quoted that "the school serves the areas of Spittal, Blairbeth and Fernhill". She also stated that "25% of the pupils were in the school due to placing requests – mostly from Castlemilk."

Mr MacIntyre advised that the Applicant had told of the Harry Heney day care centre, found on the outskirts of Spittal. This facility had places for 24 elderly people who attended for daily support. This facility replaced the West Coats Road Resource Centre in Cambuslang and supported South Lanarkshire frail and elderly residents mainly from the Rutherglen and Cambuslang area. From these examples, Mr MacIntyre hoped he had demonstrated that Spittal was a small neighbourhood making up a part of a much bigger area from which it derived most of its services.

If a pharmacy in Kyle Square were to open it was unlikely, in Mr MacIntyre's opinion, that many residents of the Croftfoot neighbourhood would access pharmaceutical services there. Pointing out the Croftfoot area on his map, he advised that the housing at the bottom of the hill, Croftpark Avenue and below would be closer to and would gravitate towards Malcolm's Pharmacy on Castlemilk Road. If these residents chose to travel a bit further, it would be a more direct route down Croftpark Avenue to Carmunnock Road where they would have a much wider range of shops and pharmaceutical services at Croftfoot Roundabout which was seen as their natural shopping centre. Those in the Crofton Avenue/Croftburn Drive area were much nearer the pharmacies at Croftfoot Roundabout and even those residents in Croftmont Avenue/Croftside Avenue area were probably equidistant and would probably, in Mr MacIntyre's opinion, again gravitate to their traditional shopping centre with its much wider range of shops.

In the neighbourhood defined by Mr MacIntyre there were no community pharmacies. Like most of the services that this small area received, it was well served by the pharmaceutical services from the wider area that it is located in. There were 14 pharmacies in the surrounding area within the one mile radius of Spittal. From Burnside Pharmacy it was a nine minute walk into Spittal, entering along the footpath on Carrick Road, near Bute Terrace. To Kyle Square it took 14 minutes. The distance by car to Kyle Square was 0.8 miles. From the other side of Spittal, Kirkconnell Crescent, it was a 0.5 mile walk to Malcolm's Pharmacy on Castlemilk Drive (less than a 10 minute walk). While from the most northerly point of Arran Terrace, this walk increased to 0.7 miles (a 14 minute walk at an average walking speed of 3 miles per hour). These walks were over mainly flat ground through leafy well lit suburbs.

Mr MacIntyre advised that the Applicants had been somewhat critical in his submission with regard to the provision of certain services. The heart failure scheme commenced in 2005. From then until just recently Burnside Pharmacy had received four referrals over a period of around two years. Of these patients one did not live in the area. Mr MacIntyre believed they may have been referred in error. Another patient was mainly resident abroad and showed up very occasionally. In the last month he had suddenly received four referrals, three patients had had their initial consultation and the fourth was yet to be seen. Mr MacIntyre believed that some pharmacies have had fewer referrals than this. He believed that in order to build such services into the existing workload on an ongoing basis was difficult as support staff and regular locums had to be involved. It was difficult to do that when the service was so small and infrequent. Mr MacIntyre considered it was difficult to see how given the low number of patients being referred to community pharmacies, how a pharmacy in Spittal, serving such a small neighbourhood would have any greater numbers of health failure patients under their care than the rest of the pharmacies who were serving bigger populations.

Moving on to the adequacy of existing pharmaceutical services, Mr MacIntyre advised that the Applicant had very helpfully provided a table of common pharmaceutical services in his Table 3.2 titled The Pharmaceutical List. Here he listed both NHS Pharmaceutical Services such as Methadone, Needle Exchange, Palliative Care, along with some non NHS services such as Blood Pressure Checks.

Mr MacIntyre advised that he had noticed that the residents of Spittal seemed to have access to a wide range of services and have a choice of providers for all these services. He noticed that the services that scored low, such as Palliative Care and Needle Exchange, were the services the Health Board limited the number of pharmacies participating and place services where they were needed.

Mr MacIntyre advised that at Burnside Pharmacy he provided a full pharmaceutical service to the community which they served, which included the residents of Spittal.

Mr MacIntyre advised that as well as the core pharmaceutical services Burnside Pharmacy offered supervised methadone, domiciliary oxygen, emergency hormonal contraception, stoma services, compliance aids, palliative care, smoking cessation services. The pharmacy took part in the Keep Well project, the Health Failure service, the Falls/Osteoporosis service, the Frail Elderly scheme, the My Medicines scheme, the Just in Case pilot and the Head Lice scheme. Mr MacIntyre held a supplementary prescribing clinic in the clinical areas of Pain Management and also in depression. He offered a collection and delivery service available to anyone requesting it. He had a pre-registration pharmacy graduate starting training in July and participated in the Out of Hours Service. Burnside Pharmacy was open 9.00am – 6.00pm: Monday to Saturday.

A number of other services were provided by some of the other pharmacies in the area such as Needle Exchange, advice to residential homes and extended hours. There was even a pharmacy available on Christmas day should someone require it. All these services were available to residents of Spittal and were delivered professionally and effectively. Mr MacIntyre apologised for labouring these points, but felt it necessary to show the breadth of service available in the area.

Mr MacIntyre advised the Committee that he was not aware of any complaints having been made to the Health Board regarding the pharmaceutical services provided to the residents of Spittal and he would fully expect pharmacists in the area to have been informed should such complaints have existed.

It was apparent from the wide range of services, and the large number of pharmacies provided them therefore that pharmacy services to the Spittal neighbourhood were adequate. He would thus ask the Committee to confirm that it was not necessary or desirable to grant a new pharmacy contract in Spittal.

The Applicant Questions Mr MacIntyre

In response to questioning from the Applicant, Mr MacIntyre advised that approximately 30 patients from the Spittal area visited Burnside Pharmacy on a regular basis. He advised that there were lots more as patients came in on their way home. Lots of people travelled to Burnside to use other facilities, but it was difficult to come up with a firm number.

In response to further questioning from the Applicant, Mr MacIntyre

suggested that the Applicant may be confusing “catchment area” with “neighbourhood”. Mr MacIntyre reiterated that there was only one access to and from Spittal on the western boundary; the northern boundary to the area was the railway. The area of Spittal was part of Rutherglen; they wouldn’t consider they were from Croftfoot.

In response to further questioning from the Applicant, Mr MacIntyre confirmed that he would continue to work in Burnside Pharmacy despite recently taking over another pharmacy.

In response to further questioning from the Applicant, Mr MacIntyre disagreed that the average citizen would not know how to complain about pharmaceutical services. He reminded the Applicant that all pharmacies should hold leaflets advising patients on the NHS complaints procedure.

In response to final questioning from the Applicant, Mr MacIntyre advised that the Applicants’ neighbourhood was the area commonly known as Spittal which was a small area within a much wider area. The residents of Spittal needed to travel outwith the area to visit all other amenities.

There were no questions to Mr MacIntyre from any of the other Interested Parties.

The PPC Question Mr MacIntyre

In response to questioning from Mr Fergusson, Mr MacIntyre advised that Burnside Pharmacy had registered a significant amount of patients under the Minor Ailment Service.

In response to questioning from Mr Irvine, Mr MacIntyre advised that the population of Spittal had a below average health profile. 20.9% of the population’s health was considered “not good”. 30% of the population had long term limiting illness. There were 2,944/1,000 alcohol related hospital admissions and 11.5% of the population suffered anxiety and depression.

In response to further questioning from Mr Irvine, Mr MacIntyre advised that car ownership in Spittal was below average, while car ownership in the Croftfoot area was above average.

In response to questioning from Professor McKie, Mr MacIntyre confirmed that in terms of the heart failure service his point had been that due to the low rates of referrals there was difficulty in building up experience, both in relation to support staff and locums.

In response to questioning from Mr Thomson, Mr MacIntyre confirmed that Burnside Pharmacy provided a collection and delivery service.

They collected from Cambuslang, Croftfoot, Kings Park and Rutherglen. They delivered to a wide area including Croftfoot. They even delivered to a patient in Old Castle Road, Toryglen. They delivered within the Applicants' defined area as well as to the catchment area that would be served by the pharmacy.

In response to further questioning from Mr Thomson, Mr MacIntyre advised that he was involved in the Keep Well Programme through one of his patients who was registered with a GP in the Bridgeton area.

In response to questioning from Mrs Roberts as to why he had defined an area which removed four pharmacies, yet considered that the area had access to a choice of services. Mr MacIntyre advised that the area of Spittal didn't relate to Croftfoot. The residents predominantly accessed services in Rutherglen. Residents in Castlemilk would access Malcolm's Pharmacy.

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

The Interested Parties' Case – Mr David Henry (Lloydspharmacy)

Mr Henry commenced his presentation by advising the Committee that he agreed with the definition of neighbourhood put forward by the Area Pharmaceutical Committee and the Applicant, although he would dispute some of the distances quoted by the Applicant. He would suggest that Lloydspharmacy at Carmunnock Road was 0.9 miles away from the Applicants' proposed premises, as was Nigel Kelly at Croftfoot Road.

He advised the Committee that the onus was on the Applicants to demonstrate inadequacy and the Applicants' list of services provided at Table 3.2 was not proof of inadequacy. The Table listed a number of criteria which one might expect would be provided by all community pharmacies. In terms of these services, Lloydspharmacy ticked all the boxes, except opening prior to 9.00am. Mr Henry advised that the pharmacy on Carmunnock Road did not open prior to 9.00am as there was no demand for services at this time. If demand had become apparent Lloydspharmacy would have reviewed their opening hours.

Mr Henry advised that within the defined neighbourhood was a population of approximately 7,000, which was some 500 less than the 2004 figures. This showed that there was a migration out of the area, or that the area was being redeveloped with lower density housing. This would suggest that the area was becoming more affluent and therefore more mobile. He did not agree that for a reducing population there should be an increase in the number of pharmacies. There were already 10-14 pharmacies on the periphery of the area that provide the general pharmaceutical services required by the neighbourhood.

For these reasons the application was not necessary or desirable.

The Applicant Questions Mr Henry

In response to questioning from the Applicant, Mr Henry agreed that it would not be convenient for patients to travel more than one mile to access pharmaceutical services, although he reiterated that both Lloydspharmacy and Nigel Kelly pharmacy were, in his opinion, located less than one mile away from the proposed premises.

In response to further questioning from the Applicant, Mr Henry confirmed that his population statistics had been derived from the Scottish Neighbourhood statistics.

In response to further questioning from Mr Dryden, Mr Henry confirmed that Lloydspharmacy provided a collection and delivery service to the neighbourhood. He did not agree that the population required this because they couldn't get to the pharmacy, maintaining rather that it benefited patients who were unable to attend the pharmacy. Lloydspharmacy did not undertake deliveries when there was no pharmacist available and this was to increase the opportunity of providing pharmacist advice.

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

The PPC Question Mr Henry

In response to questioning from Mr Irvine, Mr Henry confirmed that the branch at Carmunnock Road saw some patients from the Spittal area, but this was not the main source of their clientele.

In response to further questioning from Mr Irvine, Mr Henry confirmed that Lloydspharmacy could increase the number of compliance aids patients. He also confirmed that at present the branch provided supervision services to 75 methadone patients and had space for around 15 more. They also provided needle exchange services to a significant number of patients.

In response to questioning from Mrs Roberts, Mr Henry confirmed that he would not expect to see more patients from the Spittal area if the services to that area weren't adequate.

In response to questioning from the Chair, Mr Henry advised that he did refute the contention made by the Application at Table 3.2. He advised that if the contents of this table were accepted, then the application as a whole had to be accepted. He was of the opinion that there were inaccuracies in the evidence provided.

There were no questions to Mr Henry from Mr Fergusson, Professor McKie, Mr Thomson and Mrs McDonald.

The Interested Parties' Case – Mr Martin Green (Dukes Road Pharmacy and Melville's Chemists)

Mr Green advised the Committee that in his opinion the neighbourhood was that of Spittal. To the north the railway formed a boundary, Mill Street to the East, Croftfoot Road to the South and Croftfield Avenue and Castlemilk to the West. Using the Applicant's own datazones the population of the area was defined as around 1,500. Mr Green questioned whether a pharmacy in the area would be viable as there were already 14 pharmacies within the consultation area. The Applicants' evidence detailed services provided by the existing network, which showed that services to the neighbourhood, were not inadequate, but that the neighbourhood was well provided for despite their being no pharmacy in the area.

Mr Green advised that a perfectly adequate service was currently being provided to the area. The application was not necessary or desirable.

The Applicant Questions Mr Green

In response to questioning from the Applicant, Mr Green advised that his in-depth knowledge of the area came from owning two pharmacies in the area and working there regularly from 1996 until around 2001. He further confirmed that in terms of healthcare provision, the opinion of the local GPs were equally valid.

In response to further questioning from Mr Dryden, Mr Green advised that the pharmacist at Dukes Road Pharmacy had been a qualified pharmacist prescriber for approximately two years. He did not provide any prescriber clinics at the moment. He confirmed that there were barriers to undertaking prescribing clinics, including the inadequacy of the space in the pharmacy.

In response to further questioning from the Applicant, Mr Green defined the neighbourhood served by Dukes Road Pharmacy as being Upper Bourtree Drive, where there was a distinct housing type; the neighbourhood ran all the way round to Burnside Road, where there was a definite divide with High Burnside. The neighbourhood stopped at Cathkin bypass. To the east Burnside extending to Cambuslang. To the north Rutherglen. He did not consider Spittal to be part of the neighbourhood, but it was part of the catchment area.

In response to final questioning from Mr Dryden, Mr Green confirmed that the PPC should consider the issue of viability in terms of the

current pharmacy regulations. He agreed that the relatively new pharmacy at Twechar served a population smaller than that of Spittal; however he reiterated that this pharmacy benefited from the Essential Small Pharmacy Scheme. Without this the viability of the pharmacy would be in question. He could not comment on whether the pharmacy at Eastwood which the Applicant suggested served a population of 1,800 was viable, although he conceded that as the pharmacy remained open it would suggest viability.

There were no questions to Mr Green from any of the other Interested Parties.

The PPC Question Mr Green

In response to questioning from Mr Fergusson, Mr Green advised that in his opinion pharmacist prescribing clinics may become more prevalent after the introduction of the chronic medication service.

There were no questions to Mr Green from Mr Irvine, Professor McKie, Mr Thomson, Mrs Roberts, Mrs McDonald or the Chair.

The Interested Parties' Case – Mr Roger McLean (Copland's Chemist)

Mr McLean commended the Applicant for a thorough and intense application, but advised that he felt it to be dismissive of the current services provided by the existing network. He did not agree that the Applicants' neighbourhood was a distinct area, but rather an area within an area. The Applicant offered no new services or had demonstrated any unaddressed demand. The Application was therefore not necessary or desirable.

The Applicant Questions Mr McLean

In response to questioning from the Applicant, Mr McLean confirmed that Copland's Chemists provided a supplementary prescribing clinic one afternoon per week. The information the Applicant had included in his presentation regarding a lack of clinics in the area was inaccurate.

In response to further questioning from the Applicant, Mr McLean reiterated his opinion that Spittal was not a neighbourhood in its own right. He also advised that a further pharmacy in the area was not required. Existing services were easily accessible for the population covered by the Applicants' proposed premises and he did not agree that there was a significant population who had decreased access to services.

There were no questions to Mr McLean from any of the other Interested Parties.

The PPC Question Mr McLean

In response to questioning from Mr Irvine, Mr McLean advised that he did not think many of the residents of Spittal would use a pharmacy in the area.

In response to questioning from Mrs Roberts, Mr McLean confirmed that he was not aware how the elderly would travel to the pharmacies in Rutherglen from Spittal. He was not aware of the public transport links in the area and did not feel he could answer the question.

In response to questioning from the Chair, Mr McLean advised that he felt the application could be about any micro area in the city. He did not recognise Spittal as an area and he did not consider it to be a neighbourhood in its own right.

There were no questions to Mr McLean from Mr Fergusson, Professor McKie, Mr Thomson or Mrs McDonald.

The Interested Parties' Case – Mrs Parul Patel (A M Malcolm Pharmacy)

Mrs Patel advised that A M Malcolm Pharmacy covered most of the area of Croftfoot and Spittal. They collected from GP surgeries and there was no requirement for this application.

The Applicant Questions Mrs Patel

In response to questioning from the Applicant, Mrs Patel advised that there were already pharmacists undertaking prescribing in the area. The application offered nothing new.

In response to further questioning from Mr Dryden, Mrs Patel agreed that the area surrounding her pharmacy was more affluent than that identified by the Applicant. She did not agree that it was acceptable for those resident within a more affluent area to travel further to access pharmaceutical services, however she was satisfied that there was already adequate access to services.

There were no questions to Mrs Patel from any of the other Interested Parties.

The PPC Question Mrs Patel

In response to questioning from Mr Fergusson, Mrs Patel confirmed that she felt that more pharmacist prescribing clinics would be established after the introduction of the chronic medication service.

In response to questioning from Mr Irvine, Mrs Patel confirmed that her pharmacy did cater for people resident in the area of Croftend Avenue. Such residents would access the pharmacy via the underpass in the area. Many patients were regular attenders and those who did not choose to walk usually accessed the pharmacy by bus.

In response to questioning from Mr Thomson, Mrs Patel confirmed that her pharmacy had capacity to take on more compliance aids patients.

In response to questioning from Mrs McDonald, Mrs Patel confirmed that her pharmacy provided a collection and delivery service to those who requested it.

There were no questions to Mrs Patel from Professor McKie, Mrs Roberts or the Chair.

The Interested Parties' Case – National Co-operative Chemists

The Chair asked those present if they had any questions or comments to make regarding the written submission put forward by National Co-operative Chemists.

The Applicant made an observation that he disagreed with the objector's assertion regarding the neighbourhood.

None of the interested parties or the PPC made any comments regarding the submission.

The Interested Parties Sum Up

Mr MacIntyre advised the Committee that in his opinion the neighbourhood was the area known as Spittal. This was a small neighbourhood which was part of a much bigger community from which it obtained most of its services.

The existing network of pharmacies in the area provided a full and comprehensive service to this small neighbourhood.

The aspirational services that the Applicants mentioned in their submission were very laudable, but were not currently part of the core pharmaceutical services that pharmacies provide. It was evident even from the Applicants' submission that the defined neighbourhood already benefited from a large number of additional services including supplementary prescribing clinics.

As the existing pharmaceutical services were adequate Mr MacIntyre asked that Committee to conclude that an additional pharmaceutical contract at Kyle Square was neither necessary nor desirable.

Mr Henry advised that he did not believe the Applicants had provided proof of inadequacy. He requested that the application be denied.

Mr Green advised that he considered the Applicants' neighbourhood to be flawed. The neighbourhood was the Spittal area. There were already pharmacies in the area and the area was well served.

Mr McLean advised that the area was already adequately served. The application should be rejected.

Mrs Patel asked the Committee to reject the application as there were enough pharmacies in the area already.

The Applicant Sums Up

Mr Dryden advised the Committee that the Applicants had shown a community that was in need of a pharmacy. They had shown the poor transport links and pointed out the low levels of car ownership. They had illustrated the chronic health burden and the disproportionate percentage of elderly residents. They had demonstrated that the new community pharmacy contract was not being delivered to the community, and they had discussed the high rates of smoking. They had shown how they could address each and every issue.

The Applicants had lived and breathed this pharmacy for the past six months. They had worked with the residents committee and won them over. They had met the local counsellors, the community police officer, the local GPs and even the local press – although the Applicants had recommended they delay the story for the time being.

Every aspect of the design process had been to ensure the highest possible standards of care for the patients. The Applicants could keep the population healthy for longer, they could find those at risk of health disease and could change their future. They could reduce rates of smoking.

The Applicants could provide a first rate minor ailments service to the school children and parents that would be passing their door every morning. They could collect prescriptions from the surgeries so that the old and getting older didn't have to worry about arduous journeys, which other people didn't have to make. They could work alongside the local GPs, to improve medicines prescribing, effectiveness and tolerability. This was community pharmacy at its best; working in harmony with all involved.

Mr Dryden advised that this should happen because the Applicants could positively and consistently improve the health of the community and because the community deserve it more than most. Legally, they had demonstrated inadequacy. Purely and simply no pharmacies were

servicing this community, which was isolated by politics as much as geography.

The Applicants had demonstrated necessity and desirability, and they had demonstrated that they were a determined pair of young pharmacists ready to challenge the boundaries in order to improve standards. They had given every reason for this application to be granted, and had heard no valid reason why it should not be. They had worked day in day out on this adventure for longer than Mr Dryden could remember. The Applicants needed the blessing of the Health Board to make the impact they knew they could make. Mr Dryden asked the Committee for their help to improve the health of the 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. 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 Community Pharmacy Subcommittee;
- c) The Greater Glasgow & Clyde Area Medical Committee (GP Subcommittee).

The Committee also considered:-

- d) The location of the nearest existing pharmaceutical services;
- e) Demographic information regarding G44.4, G45.9 and G73.4;
- f) NHS Greater Glasgow and Clyde plans for future development of services; and

- g) Information received from the Department of Development and Regeneration, Glasgow City 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 Community Pharmacy Subcommittee. Taking all information into consideration, the Committee considered that the neighbourhood should be defined as follows:

North: the railway line, following it east to Mill Road, where it becomes Fernhill Road;

East: Fernhill Road;

South: Crofffoot Road (north side) to:

West: Carmunnock Road (west side), travelling north to its meeting with the railway line.

The Committee felt that this was distinct neighbourhood. The railway line was a physical boundary. Crofffoot Road (south) and the area to the south was of a different social topography. Carmunnock Road represented the main shopping amenities for the entire area, and provided an alternative to Rutherglen town centre, which was over a mile away. Within this area residents could go about their daily lives utilising all amenities. It appeared self contained and residents did not need to travel outwith the area to access any additional services.

Adequacy of Existing Provision of Pharmaceutical Services and Necessity or Desirability

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

Within the neighbourhood as defined by the PPC there were two pharmacies. The pharmacies were located at the western periphery of the Committee's defined neighbourhood. The Committee did not consider that the level of existing services ensured that satisfactory access to pharmaceutical services existed to the whole of the defined neighbourhood. The Committee therefore considered that the existing pharmaceutical services in the neighbourhood were not adequate. In

terms of distances to services and the physical geography of the area, the Committee were satisfied that some parts of the defined neighbourhood did not enjoy access to adequate services.

The Committee agreed that the granting of an additional contract was desirable to secure adequate pharmaceutical services in the defined neighbourhood.

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 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 Kenny Irvine and Board Officers rejoined the meeting at this stage.

4. ANY OTHER COMPETENT BUSINESS

None.

5. DATE OF NEXT MEETING

Scheduled for Friday 14th March 2008 at 12.30pm. Venue to be confirmed.

The Meeting ended at 6.10p.m.

**Contractor
Services
Supervisor**