NHS Greater Glasgow and Clyde

NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (07)
Minutes of a Meeting held on
Friday 14th March 2008
Meeting Room, Kings Park Hotel, Mill Street,
Glasgow, G73 2 SX

PRESENT:	Mr Peter Daniels	Chairman
	Mr Colin Fergusson	Contractor Pharmacist Member
	Mr Alan Fraser	Lay Member
	Mrs Maura Lynch	Deputy Lay Member
	Prof J McKie	Lay Member
	Mrs Kay Roberts	Non Contractor Pharmacist Member

IN ATTENDANCE

Mrs Trish Cawley	Contractor Services Supervisor
Mr Richard Duke	Contractor Services Manager
Mr Robert Gillespie	Lead, Community Pharmacy Development
Miss Elaine Ward	Community Pharmacy Development Pharmacist

ACTION

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. MATTERS ARISING NOT INCLUDED IN AGENDA

There were no matters to discuss not already included in Agenda.

Section 1 – Applications Under Regulation 5 (10)

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

i) Case No: PPC/INCL32/2007
Ms Arlene McLean & Ms Claudia Conetta – Unit C, 151

Western Road, Cambuslang, Glasgow G72 8PE

The Committee was asked to consider an application submitted by Ms Arlene McLean & Ms Claudia Conetta, to provide general pharmaceutical services from premises situated at Unit C, 151 Western Road, Cambuslang, Glasgow G72.8 under Regulation 5(2) of the National Health Service (General Pharmaceutical Services) (Scotland) Regulations 1995 as amended.

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

The Committee, having previously been circulated with all the papers regarding the application from Ms Arlene McLean & Ms Claudia Conetta, agreed that the application should be considered by oral hearing.

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

The Applicant was represented in person by Ms Arlene McLean ("the Applicant"), assisted by Ms Claudia Conetta. The interested parties who had submitted written representations during the consultation period, and who had chosen to attend the oral hearing were: Ms Carol Burns (Burns Pharmacy); Mr Martin Green (Duke's Road Pharmacy); Mr Andrew Mooney (Alliance Pharmacy) and Mr Michael Doherty (Leslie Pharmacy) ("the Interested Parties").

Prior to the hearing, the Panel had collectively visited the vicinity surrounding Unit C, 151 Western Road, Cambuslang, Glasgow G72.8, the pharmacies, GP surgeries and facilities in the immediate neighbourhood, and the wider area of Whitlawburn, Cathkin, Burnside, Silverbank, and Cambuslang.

The procedure adopted by the PPC at the hearing was that the Chairman asked the Applicant to make her submission. There followed the opportunity for the Interested Parties and the PPC to ask questions. The Interested Parties then each made their submission. After their submission there followed the opportunity for the PPC and the Applicant to ask questions. The Interested Parties and the Applicant were then

given the opportunity to sum up.

The PPC was required and did take into account all relevant factors concerning the issues of:-

a) Neighbourhood;

b) Adequacy of existing pharmaceutical services in the neighbourhood and, in particular, whether the provision of pharmaceutical services at the premises named in the application was necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises were located.

The PPC took into account all written representations and supporting documents submitted by the Applicant, the Interested Parties and those who were entitled to make representations to the PPC, namely:

a) Chemist contractors within the vicinity of the applicant's premises;

b) the Greater Glasgow and Clyde Area Pharmaceutical Committee (Community Pharmacy Sub-Committee);

c) the Greater Glasgow and Clyde Area Medical Committee (GP Sub-Committee).

The Committee also considered:-

d) The location of the nearest existing pharmaceutical services;

e) Demographic information regarding post code sectors G72.7, G72.8 and G73.5;

f) Patterns of public transport;

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

h) South Lanarkshire plans for future development of services within the vicinity of the applicant's premises.

The Applicant's Case

Ms McLean commenced her presentation by thanking the Committee for inviting her to attend the oral hearing.

She advised the Committee that both herself and Ms Claudia Conetta were 28 years old and had qualified in 2001. Since then, they had benefited from various work experiences in pharmacy and were currently working as locums. She stated that she had knowledge of the previous

two applications but was confident that she could demonstrate the circumstances of the area had changed significantly necessitating the provision of a pharmacy at Unit C, 151 Western Road, Cambuslang.

The Applicant then went on to describe her definition of the neighbourhood that would be served by the new pharmacy, if granted. She described the boundaries as:

West – B759 Greenlees Road from junction A749 East Kilbride Road, following the road north to the junction with Stewarton Drive.
North – Stewarton Drive and across to Langlea Road
East - Langlea Road and A749 East Kilbride Road to its junction with B759 Greenlees Road

Ms McLean stated there were no pharmacies currently directly serving this neighbourhood and with an already substantial population growth and further more planned, existing services would be stretched beyond capacity.

The applicants were fully committed to this application and had already secured the proposed premises, at their own financial risk.

Ms McLean said the nearest pharmacies to the proposed premises were: Burns Pharmacy; those on Cambuslang Main Street and the Dukes Road Pharmacy. These pharmacies ranged from 0.8 to 1.2 miles away from the proposed premises. She said that to get to Burns Pharmacy, patients would need to travel by either car or by foot. The travelling by foot involved the crossing of exposed land and a busy dual carriageway. The Applicant said that this would be an extremely hazardous journey for the elderly or infirm. The journey to Duke's Road Pharmacy would also present problems to patients with the negotiation of a steep hill. .

The Applicant stated that 21% of the Whitlawburn population suffered from a long term limiting illness and another 13.5% had health classified as not good – both indicators were above the Scottish average furthermore 37% of households had no car. Whilst referring to a letter of support from Councillor David Baillie, she stated that this estate scored highly on virtually every deprivation index. She therefore added that bus fares were a major concern for most residents and therefore access to pharmacy services by this mode of transport is not an option.

Ms McLean said the proposed premises would be secure & large, stating they would be three times the minimum size for a pharmacy. The pharmacy would provide two consulting rooms, be 'fit for purpose' and offer disable access.

The Applicant acknowledged that population growth had been stated in previous applications but with no supporting evidence but she said that she was in a position to provide this evidence.

Ms McLean stated that the West Whitlawburn Housing Co-operative (WWHC) had been given £14million since the last application, which now had full planning consent to build 100 new build semi-detached and terraced properties equating to a 444 bed space. Building work was planned to be completed by March 2009.

The Applicant referred to the previous application and the dispute as to whether the Bellway/Bett development of Lomond View was part of the defined neighbourhood. At that time, this estate was distinct from West Whitlawburn due to fencing and there was no planning consent for a proposed connecting pedestrian walkway. She said that she could now positively confirm this walkway was to be constructed, which would provide pedestrian a direct route to the proposed pharmacy for the Lomond View residents. The Lomond View development has 213 units of 3 to 5 bedroom homes, which increased the neighbourhood population by 958 requiring pharmaceutical services.

Ms McLean said that previous applications had stated that some tower blocks in WWHC were being demolished but she could confirm that this was not the case, in fact they towers were being renovated.

The Applicant advised the consulting rooms would be used for: the Minor Ailment Scheme(MAS) ; smoking cessation; advice & consultations; pregnancy testing; heath information for travellers; EHC; blood glucose & blood pressure testing; cholesterol testing, healthy living advice: help with weight loss; substance misuse; immunisation programmes; Chronic Medication Service(CMS); Acute Medication Service(AMS) and pharmacist prescribing. Furthermore, these rooms could also be made available to other health professionals to offer clinics by example she said: GPs; chiropodists; dieticians, physiotherapists and members of the Community Health Initiative.

Ms McLean stated that the residents of Whitlawburn had been campaigning to get a GP in the area but due to security and privacy issues this had not been possible. Lena Collins, Cambuslang & Rutherglen General Manager for NHS Greater Glasgow & Clyde however, had agreed that a pharmacy would contribute to local health improvement and was therefore supportive of this application.

The Applicant stated she intended installing the most up-to-date pharmacy technology in the premises, which would link with the NHS.

The Applicant added, that the pharmacy proposed to provide a full prescription pick-up and delivery service. She planned that the first prescription would be personally delivered to the patient by a pharmacist to provide the opportunity to discuss their medicines. Opening hours were planned to be Monday to Friday 9am to 6pm, Saturday 9am to 5pm and the pharmacy would not close for lunch on any of these days.

Saturday opening would provide patients with an extra 4 hours of access to a pharmacy currently not available. The pharmacy also plans to offer a compliance aid service.

Ms McLean said that the pharmacy plan to operate with two pharmacists who would be available to council patients and to liaise with other health professionals.

The Applicant recognised viability had been a major concern for surrounding pharmacies during the hearing for last application. She had since investigated into housing developments within the wider area and was identified developments in: Cathkin (88 family homes with more planned); Rutherglen (private homes & in conjunction with Rutherglen Housing Association) and Cambuslang (numerous newly completed developments in and around Main Street). It was the assumption of the Applicant that these developments would result in a substantial population increase and therefore existing pharmacies should not experience any reduction of patients if the application was approved.

Within the proposed pharmacy's neighbourhood, the Applicant stated planning approval had been granted for 234 dwellings (169 flats and 65 homes) on the Cathkin High School site, which she projected, would increase the population by 700. In addition, she said that WWHC were considering a later phase of 30 units.

Ms McLean said that she expected that these housing developments would increase the neighbourhood population by an additional 2102 residents, which was a 43.5% increase since the 2001 census. She therefore estimated the total neighbourhood population to eventually be 3567.

The Applicant advised that she had received support for this application from: Lena Collins (Cambuslang & Rutherglen General Manager, NHS GG&C); Paul Farrell (Director WWHC); Russell Clearie (Provost, Cambuslang West); David Baillie (Councillor Cambuslang West); Karen Gray (Smoking Cessation Advisor, NHS GG&C); Tommy McAvoy, MP, Rutherglen & Hamilton West); Couumity Health Initiative for Cambuslang & Rutherglen.

The Applicant referred to the objections that had been received by the Board:

1. Incorrect map & distances quoted to local pharmacies.
   She accepted the map highlighted the wider postcode, all distances quoted were calculated from the exact site and therefore these were accurate.
2. No change to either the level of social deprivation or topography of land (particular gradient of Main Street, Cambuslang).
   The Applicant believed that it was unacceptable that the level of social standards were indeed unchanged and that although the

hill had not changed, increasing life expectancy placed increasing concern when accessing pharmaceutical services.

3. Mrs Burns stated that Whilawburn was not a neighbourhood in its own right.
   Ms McLean agreed that the neighbourhood did not have a church, post office or library but did not accept that these facilities were to be classed as a pre-requisite for patients needing pharmaceutical care. The proposed neighbourhood did have the markers of high deprivation - a pub, bookmakers and fast food shops.
4. Two pharmacists suggested commercial naivety.
   The Applicant responded to this objection saying that if: they did not have a contingency plan for lower than projected trade; that service provision was not being extended during opening hours with no need for locum support, then this objection might be founded. She advocated that her business plans did in fact show commercial awareness and it was therefore important not to confuse entrepreneurship with naivety.
5. Viability of objectors businesses should the application be successful.
   The Applicant did not agree that 40% of any one pharmacy's patients might be lost following the commencement of a new pharmacy. She believed there would be a much smaller impact, spread across many existing pharmacies. This was a view she said that was shared by the Public Partnership Forum.

The Applicant summarised saying that she believed that she had been able to demonstrate that this application was significantly different from previous applications because:

1. The WWHC planning permission had not been granted;
2. Two pharmacists would meet patient needs;
3. A secured lease on the premises had been obtained as opposed to the previous applicant only having an option on the lease;
4. A business plan exists to commence trading within 60 days of application approval.

The Interested Parties Question the Applicant

In response to questioning from Mr Mooney, the Applicant said that model schemes were not being offered by Burns Pharmacy to the residents of Whitlawburn and she believed it was a patient's right to have pharmaceutical service on their doorstep.

In response to further questioning from Mr Mooney, the Applicant said that car ownership was low in Whitlawburn and she believed it to be unreasonable to expect patients to have to travel to reach a pharmacy when unwell. Mr Mooney said that it had taken him 6 minutes to walk to from Clifton Terrace to Burns Pharmacy. She answered saying it had taken her 15 minutes when she walked it.

In response to additional questioning from Mr Mooney, the Applicant said that patients would need to cross a busy dual carriage way to walk to Burns Pharmacy as the underpass was currently closed. She added that patients in highly deprived areas should not need to walk 15 minutes for services.

In response to further questioning from Mr Mooney, the Applicant said she understood that public transport ran every 30 minutes, which was unacceptable for the elderly or the infirm when needing to access to vital services. Furthermore, it could not be assumed that these patients had carers therefore they needed support.

In response to additional questions about travel from Mr Mooney, the Applicant said that she did not see why patients should be required to use the 'Dial A Bus' service to enable them to visit a pharmacy.

In response to further questioning from Mr Mooney, the Applicant said she had only stated that current pharmaceutical services would be stretched beyond capacity once the new WWHC housing development had been completed.

In response to shopping questioning from Mr Mooney, the Applicant said could not answer where Whitlawburn residents shopped for their amenities but believed they used the Nisa supermarket for their weekly shop.

In response to further questioning from Mr Mooney, the Applicant accepted the community representative's at the Public Partnership Forum in February 2008 may not have been representative of all residents.

In response to further questioning from Mr Mooney, the Applicant said that she was not aware if the Health Board or CHP had received any complaints regarding difficulty of access or provision of pharmaceutical services.

In response to final questioning from Mr Mooney, the Applicant clarified that there were no inadequacies in the provision of current pharmaceutical services she had said that inadequacy in service provision would only become evident as the population grew.

In response to questioning from Mrs Burns, the Applicant stated that she had received a letter from South Lanarkshire Council last Monday confirming the walkway between Whitlawburn and the Lomond View estate would remain in their plans even though the police did not support the development.
The Chair asked to see evidence of this statement. The Applicant produced this letter, which was circulated to the Committee for

examination.

In response to questioning from Mr Leslie, the Applicant confirmed that she was aware that three existing pharmacies did provide services on Saturday afternoon but said that Whitlawburn residents would need to travel to access these.

In response to questioning from Mr Green as to why Stewarton Drive had been selected as the northern boundary of the Applicants neighbourhood, she said that this was what they had chosen and gave no further explanation but added, that everyone's interpretation of neighbourhood boundaries could be different. Mr Green pressed further for a reason but the Applicant offered no response.

In response to further questioning from Mr Green, the Applicant confirmed that she was aware of the neighbourhood as defined by the NAP in their July 2007 determination.

In response to additional questioning from Mr Green, the Applicant stated that she was aware that there was a mix of social class within the neighbourhood but from personal experience, patients from all these classes still required a pharmacy. She said that she expected the residents of Lomond View probably obtained their pharmaceutical services from Burns Pharmacy.

In response to further questioning from Mr Green, the Applicant advised that the site of the proposed walkway between Whitlawburn and Lomond View was within the application papers submitted to the Health Board.

In response to further questioning from Mr Green, the Applicant confirmed that two pharmacists were essential to the provision of additional services as planned.

In response to additional questioning from Mr Green, the Applicant confirmed that she had no knowledge of the NHS Circular requesting pharmacies to undertake a premises assessment for the Pharmacy Contract and was unaware that this document does not stipulate the need for a consulting room.

In response to questioning from Mr Green about the proposed pharmacy being three times the size of a minimum pharmacy, the Applicant said that the minimum requirements were 1,000sq ft.

In response to further questioning from Mr Green, the Applicant confirmed that all testing services would be available free of charge to patients, which also included cholesterol testing. She went on to say that the use of the premises by other health professionals would enable the likes of immunisation clinics to be provided.

In response to questioning from Mr Green in respect of the installation of state-of-art pharmacy technology, the Applicant said that she recognised that other pharmacies have IT systems but often their software was not current.

In response to further questioning from Mr Green, the Applicant advised that two pharmacists would not be there all the time they would be available when patient needs dictated.

In response to additional questioning from Mr Green, the Applicant said she was not aware of the impact of 'Category M' medicines on the proposed pharmacy finances but she added that she had a good mentor and business plan. She also confirmed that she would not be seeking an Essential Small Pharmacy allowance should the application be successful.

In response to further questioning from Mr Green, the Applicant clarified that deprivation for Whitlawburn was within top 15%. She said she believed unemployment and poor health were the biggest facts of deprivation and hoped the impact of new housing on the old school site would change the deprivation but thought it unlikely this would impact on heath improvements.

The PPC Question the Applicant

In response to questioning from Mr Fraser, the Applicant clarified: 234 dwelling houses were planned for development on the old Cathkin High School premises, building was planned to commence later this year and would take 6 to 9 months; WWHC were building 100 homes; both developments would increase the population by 700.

In response to questioning from Mrs Lynch, the Applicant stated the housing in the WWHC development would be sold and she expected these will be purchased by new people to the area. The housing development on the old Cathkin High School was aimed to attract first time buyers

In response to further questioning from Mrs Lynch, the Applicant said she would expect the residents of Lomond View were probably currently travelling to Sainsbury's in East Kilbride for their shopping. She added however, they would have to go elsewhere for pharmaceutical services as there was no pharmacy within that supermarket.

In response to questioning from Mrs Roberts, the Applicant stated that building on the WWHC development would commence next week. The 444 bed space as stated for the development had been provided by the WWHC Housing Director.

In response to questioning from Prof McKie, the Applicant said the site of

the WWHC development was south of the tower blocks and north of the burn before the Lomond View estate.

In response to further questioning from Prof McKie, the Applicant stated the local supermarket was behind the site of the proposed pharmacy. She said that although not of the scale of a Saninsbury's supermarket, it was quite large.

There were no questions to the Applicant from Mr Fergusson and Mr Gillespie or the Chairman.

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

Mrs Burns commenced her presentation with a reiteration of her objection to the application. She reminded the Committee that the granting of an application must be considered in relation to the Regulations stating that "An application shall be granted if the Board of NHS Trust is satisfied that the provision of services at the premises is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located."

She said that the Applicant's proposed neighbourhood was only a small part of the neighbourhood defined by previous PPC Committees and NA Panels. Mrs Burns stated that that she agreed with the neighbourhood defined at the last NAP hearing. This definition was bound by significant arterial roads, and stated as:

North – B762, Duke's Road along Cambuslang Main Street (A724)
East - B759 Greenlees Road
South - East Kilbride Road with preceding westwards to its junction with Dukes Road (A749)

She said the only services provided within the Applicant's neighbourhood were: food store; children's play area; two bookmakers, a pub, a hairdresser and a few fast food shops. The Whitlawburn residents therefore needed to leave this area to access many of their day-to-day needs. Furthermore, she highlighted that the area did not have a bank, library or optical/dental/medical facilities.

Mrs Burns advised that South Lanarkshire Council statistics reported a population decrease in this area between 2002 to 2006. In 2006 the area's population was 2123 and after taking into consideration the WWHC housing development, she estimated the population might rise to 2500, which she believed to be a generous estimate.

Mrs Burns accepted the inclusion of Lomond View within the neighbourhood but questioned whether this population would access the proposed pharmaceutical services in Whitlawburn as there was a very

distinct social divide between these two areas. There was still no walkway between the two areas. She referred to 10 January 2008 email from Planning & Building Standards, South Lanarkshire Council which stated “the police were not supportive of the link footpath and this aspect has still to be resolved”. She added that if the walkway was approved, in most instances from within Lomond View it would still be a shorter distance to walk to the Burns Pharmacy than to walk to the site of the proposed new pharmacy.

She said that the Burns Pharmacy was approximately 600 yards, as the crow flies, and 850 yards by foot from the proposed site of the new pharmacy. It was a 10 to 12 minute walk, over flat ground, a purpose built walkway, a staggered pedestrian crossing, well lit, suitable for prams and wheelchairs and not the “extremely hazardous” journey as stated in the applicant’s papers.

Mrs Burns advised that apart from her pharmacy there were three pharmacies in Cambuslang and one in Duke’s Road, all of which were within walking distance of Whitlawburn, and there was an adequate bus service running regularly through the neighbourhood giving access to the areas of Rutherglen, Cambuslang and Burnside. She pointed out that bus travel for the elderly and the disabled was free of charge and therefore no financial burden to these groups of patients. Within the wider area, 1.2 miles from the Applicant’s proposed site, there was another pharmacy in Burnside and another in Fernhill. Additionally, there were another five in the adjacent Rutherglen area and one in Halfway all of which were easily reachable by a short bus or car journey.

She said that the fundamental criterion on which this application was to be judged was the adequacy of current services within the area. A deficiency in the existing services must exist if the application were to be granted. The onus was placed on the Applicant to provide this evidence. It was her opinion that this deficiency in service had not been established. She said that no new services were being offered that did not already exist. A new contract would therefore only duplicate services, which could not be seen as best value for money for the NHS.

Mrs Burns believed that the service was already more than adequate. Services currently being offered included all core elements of the new contract, methadone & buprenophine supervision, needle exchange, head lice, nicotine replacement therapy, heart failure service, compliance aids, prescription collection & delivery service, emergency hormonal contraception, home fall support initiative and oxygen. She said that she personally provided many of these services and was totally committed to the new contract. She added that: she was regularly consulted on MAS; she participated in the Public Health Service (PHS); her pharmacy’s premises & IT were fit for the roll out of the contract’s next phase (AMS & CMS) and had recently installed a consulting room.

Mrs Burns then went on to discuss the viability of both the proposed new pharmacy and that of existing pharmacies. She believed the population of Whitlawburn would not sustain another pharmacy let alone one that propose to have two pharmacists. Furthermore, she added that with the introduction of Category M medicines and the significant affects this had on the profitability of a small pharmacy, if a pharmacy was not financially viable, it would not survive.

Mrs Burns said that she was concerned for the viability of her own pharmacy, which served the population in the areas of: Cathkin (28%); Springhall (32%) & Whitlawburn (40%). In respect of prescription figures, she estimated that Whitlawburn patients represented between 28-30% of total items dispensed and that no business could cope with such a potential decline in its customer base. She added that this was the third application from the same premises over the last few years. During this period of time, she and her staff had suffered long periods of anxiety over the future of the business and the staff's own continued employment. She referred to the NAP's conclusions last year quoting "the panel considered that if the contract was granted there was a real risk to the viability of both the proposed premises and the adjacent pharmacy of Mrs Burns at the very least, which would thus not secure the adequate provision of pharmaceutical services to the neighbourhood". A new contract would therefore result in at least a duplication of services but also a destabilisation of existing services with dire consequences for the pharmaceutical needs of the local population.

Mrs Burns referred to the application which stated substantial population growth had been identified in Cathkin following research. She refuted this by saying that she acknowledged 183 new dwellings were being built but this was to replace 350 tenemental properties which had been demolished. These new dwellings had substantial lower occupancy rate than the demolished properties which equated to an overall reduction in the total population of the area. She said that for her existing customer numbers to be maintained by new properties, she estimated it would require new accommodation to house 2500 to 3000 new people.

Mrs Burns then went on to discuss copies of correspondence, which she had previously submitted to the Committee for consideration.

1. Dr Smith, North Avenue Practice, Cambuslang .
   Dr Smith states he has no knowledge of any gaps in the service, which I provide; he supports the opinion that the population of Cathkin had decreased over the last 2 to 3 years; none of his patients have ever expressed a wish for additional services in the area; he believed there was a good spread of pharmacies around his medical practice area.
2. Cathkin Braes Tenants Management Co-Operative
   Expressed concern should the Burns Pharmacy close.
3. Councillors Anne Higgins & Eileen Baxendale
   Both councillors have shown concern as to the viability of the

proposed pharmacy and the effects it would have on existing pharmaceutical services. She quoted from Ms Higgins "it would be catastrophic for the growing number of elderly residents in the Cathkin and Springhall areas".

Mrs Burns ended her presentation saying, for the reasons discussed she would urged the Committee to reject this application.

The Applicant Questions Mrs Burns

In response to questioning from the Applicant, Mrs Burns agreed the Cathkin elderly patients would face the same problems visiting the proposed site of the new pharmacy as would Whitlawburn's elderly patients travelling to her pharmacy.

In response to further questioning from the Applicant, Mrs Burns said that it would convenient if patients were within 10 minutes from a pharmacy but not realistic. It was her experience that patients do walk to pharmacies.

In response to questions on viability from the Applicant, Mrs Burns said that she was not aware of any pharmacy closing down during the last 10 years but Category M medicines were only introduced last October and therefore this would have an affect on the Applicants Business Plan.

After further questioning from the Applicant, Mrs Burns said that the onus was placed on the Applicant's to offer new evidence to support their application and not on those making representation.

In response to final questioning from the Applicant, Mrs Burns confirmed that she was indeed concerned about viability and not profitability. She added that her pharmacy did not have a high prescription turnover and the population was not large enough to make two pharmacies viable. She was not sure which pharmacy would fail but she was sure that one would.

In response to questions from the Mr Green concerning the Applicant's claim that an increased population within the area would stretch existing pharmaceutical services, Mrs Burns advised that in this instance she would probably be able to double her dispensing service through the employment of addition staff.

In answer to further questions from the Mr Green, Mrs Burns said that Category M medicines had affected her income by approximately 10%, a loss of another 30% would make the pharmacy no longer viable.

In response to questions from the Mr Mooney, Mrs Burns stated that NAP had previously considered all these new housing development at the last year's hearing and that she would expect the residents of

Whitlawburn to use the library facilities in either Cambuslang or Rutherglen.

There were no questions to Mrs Burns from Mr Doherty.

The PPC Question Mrs Burns

In response to questioning from Mr Fraser, Mrs Burns said principally that most Whitlawburn patients walked to her pharmacy with only 18 to 20% using a car.

In response to further questioning from Mr Fraser, Mrs Burns advised that her new consultation was being used for MAS consultation although she saw this facility to primarily be used in the future particularly once CMS had commenced.

In response to a final question from Mr Fraser, Mrs Burns advised that the pharmacy was closed every lunchtime (1 to 2pm) during this time she undertook the deliveies and collections..

In response to questioning from Mrs Lynch, Mrs Burns said that: she did not offer a needle exchange service but advised that this was available within the G72 post code area; she did not offer an oxygen service; did offer a methadone service that included 11 patients from Whitlawburn, and did have the capacity to take-on more dispensing.

In response to questioning from Mrs Roberts, Mrs Burns clarified the northern bounder of her neighbourhood as the B762, Duke's Road and along Cambuslang Main Street (A724). She also advised there were two pharmacies within her defined neighbourhood, which provided needle exchange services. These were; Duke's Road Pharmacy and Alliance Pharmacy.

In response to a question from Prof McKie, Mrs Burns estimated the population of the applicant's neighbourhood as 2100. This estimate reflected the decline in the population since the 2001 Census, the new housing developments but excluded Lomond View residents. She said that Lomond View estate had been omitted from her estimate because it was very distinct and different housing from Whitlawburn.

In response to further questioning from Prof McKie, Mrs Burns advised that patients in Staffa Road would not use the Western Road to get to her pharmacy. She said there was a walk-way through the towers to the pedestrian crossing and the journey was not significantly further away than the site of the proposed new pharmacy.

In response to additional questioning from Prof McKie, Mrs Burns stated that she believed there were adequate bus services. One service ran from Cambuslang, along Western Road to the Cathkin by-pass. Another

service ran from East Kilbride to Burnside, which passed along the western end of Western Road.

In response to final questioning from Prof McKie, Mrs Burns agreed it would be as easy for patients around her pharmacy to access the proposed new pharmacy as it would be for Whitlawburn patients to access her pharmacy.

In response to questioning from Mr Fergusson, Mrs Burns said that she did not advertise her delivery & collection service, this was provided on an as required basis, which averaged 2 to 3 every lunchtime.

In response to questioning from Mr Daniels, Mrs Burns confirmed that she could not be sure if the NAP 2007 considerations included the proposed 100 housing development. She however, knew at that time of the NAP hearing, planning permission had not been approved for these houses.

There were no questions to Mrs Burns from Robert Gillespie.

The Interested Parties Case – Mr Andrew Mooney (Alliance Pharmacy)

Mr Mooney thanked the Committee for inviting Alliance Pharmacy, Main Street, Cambuslang to make representation at this hearing.

He started his presentation by stating that he fully support the arguments made by Mrs Burns. He also wished to point out that oxygen and needle exchange services were local negotiated services requiring specific Board approval before providing. He also supported the view that many methadone patients preferred to travel for this service to maintain their anonymity and he believed NAP probably did take the housing developments into their considerations last year.

Mr Mooney said that he agreed with the definition of neighbourhood defined by NAP in July 2007 namely:

North – B762, Duke's Road along Cambuslang Main Street (A724)
East - B759, Greenlees Road
South - East Kilbride Road preceding westwards to its junction with Dukes Road (A749)

He said that this was a neighbourhood for all purposes, having a primary school, railway station, shopping area & centre, a rugby club and general medical services, and was bound by significant arterial roads.

Mr Mooney said, Alliance Pharmacy would maintain there was already an adequate pharmaceutical service provision provided within this neighbourhood. He highlighted the NAP recent decision stating that

there were four pharmacies within this neighbourhood with a further two adjacent, which all provided a full and comprehensive range of pharmaceutical services.

He said that Alliance Pharmacy provided all new Pharmacy Contract core services as well as locally negotiated services: free collection & delivery; addiction services; community dosage systems; EHC; smoking cessation; PGD for urgent supply; stoma; needle exchange and this pharmacy also has the capacity to meet any future increased demands on these services. Alliance Pharmacy had invested in the infrastructure and facilities in this premise to meet the requirements of the Pharmacy Contract and continues to reviews its business to ensure it meets the needs of local patients.

Mr Mooney advised that he had undertaken a site visit around the site of the proposed new pharmacy the day before. In terms of access, he found the pedestrian footpaths, lighting and crossings to all be of a high quality. He was able to walk from the proposed premises to Burns Pharmacy in approximately 6 minutes and to other services in Cambuslang Main Street in 21 minutes. He recognised that he was however, a relatively young and able bodied male. During this visit he had noted there was a high frequency in the bus services that served the Whitlawburn area, which were operated by different providers. These services included a Dial a Bus Service. Travelling time from Cambuslang from the East Kilbride & Western Roads took 7 minutes, Rutherglen – 17 minutes and East Kilbride 10 to 17 minutes.

Mr Mooney suggested that residents from Whitlawburn would probably undertake their weekly shop in either: Cambuslang (Morrisons or Tesco Express, 2.01 miles away); Rutherglen (Tesco Extra, 2.84 miles away); East Kilbride (Sainsbury) or Forge Park Head (Asda).

Finally, Mr Mooney said he would like to discuss the Regulations and the critical test for determining whether the application should be granted, which was interpreted in June 2004 by Judicial Review in the Court of Sessions.

In the opinion of the judges, the decision maker having identified the neighbourhood must approach the decision in two stages:

1. Consider if the existing services in the neighbourhood are adequate. If it decides that such provision is adequate, that is the end of the matter and the application must fail.
   The test of adequacy is a simple one, in that there is no room for a spectrum of adequacy – the existing services are either adequate or not .
   Consequently, the existence of such a deficiency must be identified before it is necessary to consider what may be done to provide a remedy.
2. The second question of “necessity and desirability” relates to the

manner in which an identified deficiency is remedied. He said that the applicant had shown no service deficiency and when questioned, confirmed in her opinion there was no inadequacy in current pharmaceutical service provision.

He ended by saying that the critical question for the Committee was to decide on whether there was an adequacy of existing provision in the neighbourhood. The new pharmacy might be more convenient for some residents of Whitlawburn than having to walk 6 minutes to the nearest pharmacy, but does this make the current service provision inadequate and if so, what is therefore the deficiency?

The Applicant Questions Mr Mooney

In response to questioning from the Applicant, Mr Mooney said that the dispensing of methadone in Alliance Pharmacies depended on whether patients wanted anonymity or not therefore, some might require the use of consultation rooms.

In response to further questioning from the Applicant, Mr Mooney said that if patients were not prepared to travel 6 minutes to reach a pharmacy their motivation for the treatment was questionable.

In response to additional questioning from the Applicant, Mr Mooney said that he did not support the view that a new pharmacy should be approved on the basis for solving social inclusion issues. I fact he said that this might have the opposite affect, resulting in more residents of Whitlawburn not moving out of the immediate locality.

In response to further questioning from the Applicant, Mr Mooney said that he was not aware of any complaints from the Whitlawburn community because of their current need to travel to obtain pharmaceutical services.

In response to additional questioning from the Applicant, Mr Mooney confirmed Alliance Pharmacy offered a full collection and delivery service and closed at 1pm on Saturdays. Alliance Pharmacy would be prepared to consider opening longer if requested by stakeholders.

In response to further questioning from the Applicant, Mr Mooney said he did not believe the Nisa Store was a primary source for weekly shopping and that residents in fact did travel to use the main supermarkets.

During final questioning by the Applicant, Mr Mooney stated that it was a big assumption to assume that unwell patients and those with long term illnesses did not have carers or have social help with their collection of medications.

There were no questions to Mr Mooney from Mrs Burns, Mr Green and

Mr Doherty.

The PPC Questions Mr Mooney

In response to questioning from Mrs Roberts, Mr Mooney said that the over 60s travelled free on buses.

There were no questions to Mr Fraser, Mrs Lynch, Professor McKie, Mr Gillespie or the Chair.

The Interested Parties Case – Mr Michael Doherty (J K Leslie Pharmacy

Mr Doherty firstly, thanked the Board for allowing his representation on this application. He said that he believed the application did not satisfy the necessary or desirable test under Regulations 5 (10).

Mr Doherty said the Board had rejected an application in 2006 at the same site and early last year NAP once again rejected and another application for the same site. From 2006 until now there had been no or very little change to the neighbourhood stated in this current application.

Mr Doherty went on to define the neighbourhood as defined by NAP as:

North – B762, Duke's Road along Cambuslang Main Street (A724)
East - B759, Greenlees Road
South - East Kilbride Road preceding westwards to its junction with Dukes Road (A749)

He said that Whitlawburn was a community within the defined neighbourhood, which the residents needed to leave to carry-on with their every day lives. There were excellent bus services, which residents used to Cambuslang, Burnside and Rutherglen. Whitlawburn had no doctors surgery or dentist, no post office or no large supermarkets. Indeed, he said that unless you were able to survive on take away food, having your hair cut, using the convenience store, the pub and placing bets the there was nothing much else to do.

Mr Doherty said that within the NAP defined neighbourhood, there were four pharmacies: two Leslie Chemists; an Alliance Pharmacy and a Duke's Road Pharmacy. Within yards of this area were another two pharmacies: Burnside Pharmacy and Burns Pharmacy. Within the Cambuslang area there were another two Pharmacies in Halfway: Alliance Pharmacy and Lloyds Pharmacy.

He said that all core elements of the new Pharmacy Contract were adequately supplied from within the neighbourhood. His own pharmacies were opened from 9am to 6pm Monday to Friday and from 9am to 5pm on Saturdays. They were successfully implementing MAS & PHS. He

had three full time pharmacists working, at all times, with one pharmacist undertaking delivery of problem prescriptions. He gave examples of possible problems as: new oxygen patients; changes to patient's inhaler types and changes in compliance packages. Mr Doherty went on to say that his pharmacies offered the following services: oxygen therapy; EHC; NRT; head lice treatment; MTS; methadone; care home schemes; stoma, PGDs and they would engage in the provision of new service requirements implemented by the Health Board. He had two full time delivery drivers providing a service throughout the area. He said that there was ample car parking outside both pharmacies and his 222 Main Street pharmacy had a customer car park at the rear. He also said there was car parking at the rear of the Alliance Pharmacy.

Mr Doherty said the application and supporting papers were very similar to the previous two applications but this application was not offering any service that was not already offered from within the neighbourhood.

He concluded saying that the application was neither necessary nor desirable. The neighbourhood did not have any gaps in its pharmaceutical care and therefore he asked the Committee to reject the application.

The Applicant Questions Mr Doherty

In response to questioning from the Applicant, Mr Doherty clarified that his interpretation of every day life included going to: work; shops; church; doctors; dentist and chiropodist none of which existed within Whitlawburn. He therefore believed that all Whitlawburn residents would need to leave the area to access these services.

In response to further questioning from the Applicant, Mr Doherty said he did not believe it was necessary for a pharmacy to be within Whitlawburn as residents had access to one only 850 yards away from the pub. He was aware that Mrs Burns did not advertise her delivery & collection service but he said that patients knew it existed.

In response to final questioning from the Applicant, Mr Doherty said that he did remember discussions on housing planning permission at the last hearing.

In response to questioning from the Mr Green, Mr Doherty advised that he had two pharmacies and they both opened until 5pm on Saturdays.

There were no questions to Mr Doherty from Mrs Burns and Mr Mooney.

The PPC question Mr Doherty

There were no questions to Mr Doherty from members of the Committee.

The Interested Parties Case – Mr Martin Green (Duke's Road Pharmacy)

Mr Green started his presentation by stating his agreement to the neighbourhood defined by NAP in 2007, the neighbourhood being:

North – B762, Duke's Road along Cambuslang Main Street (A724)
East - B759, Greenlees Road
South - East Kilbride Road preceding westwards to its junction with Dukes Road (A749)

He said that within this neighbourhood there were four pharmacies, his own, two Leslie Chemists and an Alliance Pharmacy. Burns & Burnside Pharmacies was just yards outside this area. All these pharmacies provided the full range of pharmaceutical services including: methadone; needle exchange; oxygen; palliative care; EHC; compliance aids; smoking cessation; heart failure; falls; MMy medicine; keeping well; collection & delivery; advice to care homes; pre registration training and services on Christmas & New Years days.

Mr Green said that there had been a lot of discussion about patients travelling to pharmacies and in particular if they used a bus or travelled by foot. The Dukes Road Pharmacy offers methadone supervision and needle exchange and in his experience, many patients arrived by taxi, which waited for them. He therefore suggested that finance did not seem to be an issue.

He said that his pharmacy provided virtually all the services he had previously listed. He went on to say that the Applicant had suggested that services would be stretched beyond capacity in the future but he was aware that pharmacies in the area had a relatively low dispensing volume.

He referred to Whitlawburn area statistics stating:

1. 21% had long term limiting illness with the South Lanarkshire average of 21% and the Scottish average is 20%. This he suggested was hardly a dramatic percentage difference.
2. 13.5% had health that was classed as not good. The South Lanarkshire average was 11% and the Scottish average is 10%. Again he suggested that this was not really significant.
3. 'Nip & Tuck' research undertaken by South Lanarkshire Council compared Whitlawburn North & South with the whole of South Lanarkshire, which found that the area had in fact significantly better health as compared to the whole of that Board's area.

Mr Green had examined the population profile and noted that it was generally a very young population and a high number of single dwellings within Whitlawburn. He said that the Applicant had acknowledged a high number of single occupied dwellings, which were possibly first time

buyers.

He said that the Applicant had tried to demonstrate a significant population growth for Whitlawburn through the inclusion of Lomond View estate. But he said there was still no pedestrian walkway and the only access out of this estate was onto the East Kilbride Road.

Mr Green said that the 100 WWHC housing development had been suggested by the Applicant to increase the population by 444. He could not accept the occupancy of 4.5 per house as these were considered to be first property, family homes.

Referring to the proposed 234 housing development on the old school site, he said the vast majority of this development was for flats therefore a projection that this would increase the numbers of residents by 700 was unrealistic.

Mr Green believed the estimated total population would be 2046, with the current population of 1578 plus a projection of 608 for the new developments.

Mr Green concluded by saying the: Applicant would not offer any additional pharmaceutical services or extended hours; had not demonstrated inadequacy of current service provision and there had been no significant change since the last two applications at these premises. He recommended to the Committee that the application was neither necessary nor desirable.

The Applicant Questions Mr Green

In response to questioning from the Applicant, Mr Green said that he did not accept that the information she had supplied in respect of the proposed housing developments were evidence of significant changes advocated.

In response to further questions from the Applicant, Mr Green clarified that he made no comment as to whether ill health statistics were acceptable; he had only referred to these because the Applicant had suggested that these reflected a much more unhealthy population than the whole of South Lanarkshire and Scotland. In reality these statistics confirmed that the level of ill health was really much the same.

In response to a question from the Applicant about the problems that young patients might endure travelling for pharmaceutical services outwith the Whitlawburn area. Mr Green believed that this question might refer to patients suffering substance misuse and/or mental health problems and if so, could not comment other than young patients often did not present at community pharmacies when they perhaps should.

In response to further questions from the Applicant, Mr Green said he accepted that MAS was available for all relevant age groups, which was not different there than any where else.

There were no questions to Mr Green from Mrs Burns, Mr Doherty and Mr Mooney.

The PPC question Mr Green

In response to questioning from Mrs Lynch, Mr Green said he assumed the South Lanarkshire Council north and south Whitlawburn data zones were possibly divided by the Western Road. The data zone north of north Whitlawburn would be Kirkhill.

There were no questions to Mr Green from Mr Fraser, Professor McKie, Mrs Roberts, Mr Fergusson, Mr Daniels and Mr Gillespie.

The Interest Party Sums Up

Mrs Burns advised the Committee that there had been no significant changes since the last application. The housing developments had been considered previously and building was yet to commence. There was still no link way between Whitlawburn and the Lomond View estate and there had been little change in the total population. The application did not offer any new services and the Applicant had stated that this new pharmacy would enhance current services. Existing services were therefore adequate. A new pharmacy would be convenient but not necessary. She therefore requested the Committee to reject this application.

Mr Mooney advised the Committee that existing services within the neighbourhood were recently examined by NAP in 2007 and deemed to be adequate. During this hearing the panel would have considered the local situation including demography, topography, proposed building developments and the ability/capacity to deliver pharmaceutical services from existing contractors. Therefore, given that adequate services continue to be provided, he asked the Committee to refuse this application.

Mr Doherty advised the Committee that he considered there were no gaps in current pharmaceutical services within the neighbourhood. The Applicant was not offering any new services or extended opening hours. The application was therefore not necessary or desirable.

Mr Green advised the Committee that the Applicant had not recognised the neighbourhood previously defined by NAP. The Applicant had not demonstrated inadequacy of services or any significant changes with the neighbourhood. He therefore requested the Committee find this application neither necessary nor desirable.

The Applicant Sums Up

The Applicant thanked the Committee for hearing this application.

She said Whitlawburn was an area of deprivation and social divide and from previous experience in Glasgow, believed a pharmacy would help. Certainly similar neighbourhoods had benefited after a new pharmacy opened within the neighbourhood.

The Applicant said that the last two applications at these premises had been approved by the PPC. She believed that the PPC had the local knowledge and were therefore best placed to take the decision on the application.

She believed this application was necessary and desirable. The concerns raised around viability of a new pharmacy she believed were driven by concerns on profitability rather than viability. She added that the Edinburgh Council were unaware of any community pharmacy closures.

Before the parties left the hearing, the Chair of the Committee asked them if they had had a full and fair hearing. They all agreed that they had a full and fair hearing.

DECISION

Neighbourhood

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 gave consideration to the boundaries, the facilities and services provided within the area. They also considered the competing views of the Applicant and the Interested Parties, who had agreed with the NAP's 2007 definition of neighbourhood. .

The Committee considered that the neighbourhood should be defined as the neighbourhood previously defined by the Applicant, as follows:

West – B759 Greenlees Road from junction A749 East Kilbride Road, following the road north to the junction with Stewarton Drive.
North – Stewarton Drive and across to Langlea Road
East - Langlea Road and A749 East Kilbride Road to its junction with B759 Greenlees Road

The Committee considered this to be a neighbourhood due to the

physical boundaries of the main trunk roads (A749 & B759) and the many services provided, which the Committee expected the residents of this area to utilise as part of their every day life.

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, the Committee considered that there was an adequate provision of pharmaceutical services, which was provided by the existing contractor, Burns Pharmacy from just outside of the neighbourhood. The pharmacy was situated across the East Kilbride Road (A749) trunk road in Braemar Road. The Committee had previously noted that there had been improvements in the services offered by this pharmacy since the last application.

The Committee considered the housing development information and plans as well as the projected changes in population that had been estimated but did not accept from these that there had been any significant changes since the previous application in 2007. This included the walk-way between Whitlawburn and Lomond View, which the Committee believed was likely to have a minimal impact.

The Committee agreed with the concerns raised at the last NAP hearing that a new pharmacy in Whitlawburn might create a destabilising affect on the adequate provision of pharmaceutical services to the defined neighbourhood. A destabilisation which might also affect the viability of either the new pharmacy or the Burns Pharmacy.

In summary, the Committee concluded that the existing pharmaceutical service did provide adequate services to the neighbourhood population.

In accordance with the statutory procedure the Chemist Contractor member of the Committee Mr Fergusson and Board Officers were excluded from the decision process:

DECIDED/-

The PPC was satisfied that the provision of pharmaceutical services at the premises of the Applicant was neither necessary or desirable in order to secure adequate provision of pharmaceutical service 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 unanimously decision of the PPC that the application be

Contractor Services Supervisor

refused.

The chemist contractor member of the Committee and Board officers rejoined the meeting at this stage.

4. APPLICATIONS STILL TO BE CONSIDERED

The Committee having previously been circulated with Paper 2008/19 noted the contents which gave details of an application received by the Board and which had still to be considered.

The Committee agreed the following application did require an oral hearing :

Apple Pharmacy, 10 Hillview Place, Alexandria G83 0QD

5. ANY OTHER COMPETENT BUSINESS

There was no other competent business.

6. DATE OF NEXT MEETING

Scheduled for Wednesday 2nd April 2007 at 12.30pm. Venue to be confirmed.

The Meeting ended at 5.50p.m.