NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (07)
Minutes of a Meeting held on
Monday 26th October 2009 in
Redhurst Hotel, 27 Eastwoodmains Road, Giffnock
Glasgow G46 6QE

PRESENT:

Mr Peter Daniels  Chair
Dr Catherine Benton  Vice Chair
Professor Joe McKie  Lay Member
Mr William Reid  Deputy Lay Member
Mrs Kay Roberts  Non Contractor Pharmacist Member
Mr Gordon Dykes  Contractor Pharmacist Member

IN ATTENDANCE:

Dale Cochran  Community Pharmacy Development Supervisor
Janine Glen  Contracts Manager – Community Pharmacy Development
Robert Gillespie  Lead - Community Pharmacy Development

Prior to the consideration of business, the Chairperson asked members to indicate 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.

1. APOLOGIES

There were no apologies.

2. MATTERS ARISING 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/INCL03/2009
Mr Denis Houlihan, Unit 2 Greenlaw Village, Newton Mearns, Glasgow G77 6NP

The Committee was asked to consider an application submitted by Mr Denis Houlihan to provide general pharmaceutical services from premises situated at Unit 2 Greenlaw Village, Newton Mearns, Glasgow G77 6NP under Regulation 5(10) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009.
The Committee had to determine whether the granting of the application was necessary or desirable to secure the adequate provision of pharmaceutical services in the neighbourhood in which the Applicant’s proposed premises were located.

The Committee, having previously been circulated with all the papers regarding the application from Mr Houlihan agreed that the application should be considered by oral hearing.

The hearing was convened under paragraph 3 (2) of Schedule 3 to the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 (“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 Denis Houlihan (“the Applicant), assisted by Mr Jonathan Black (company?). The interested parties who had submitted written representations during the consultation period and who had chosen to attend the oral hearing were Mr David Young (Rowlands Pharmacy), Mr Douglas Glendinning (Glendinning Pharmacy) and Mr Colin Fraser (Fraser's Pharmacy) (“the Interested Parties”).

The Chair asked Mr Black to confirm that he was not appearing before the Committee in the capacity of solicitor, counsel or paid advocate. Mr Black confirmed that he was not.

Prior to the hearing, the Panel had collectively visited the vicinity surrounding the Applicant’s proposed premises, existing pharmacies, GP surgeries and facilities in the immediate area and surrounding areas of: Stewarton Road, Greenlaw Village, Crookfur Road, Harvie Avenue, Capelung Road, Barrhead Road, Ayr Road, Finwood Road, Old Mearns Road, Broomvale Drive and Ayr Road.

The Committee noted that the premises were partially constructed and due for completion within the next six months. The Committee had gained access to the retail site, but not to the premises themselves.

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 PPC to ask questions. The Interested Parties would then make their submissions. There followed the opportunity for the Applicant and PPC to ask questions of the Interested Parties in turn. The Interested Parties and the Applicant were then given the opportunity to sum up.

The Applicant’s Case

Mr Houlihan advised the Committee that the new pharmacy would be located at Unit 2, Greenlaw Village, which was one element of the regeneration of the site, that when complete would include retail, commercial and leisure facilities, a new school and new housing. He reported that the retail park was a £25 million project that was both imaginative and prestigious.
The neighbourhood in which the pharmacy was to be located was the development site bounded to the north by the railway line, to the east by Stewarton Road, to the west by the M77 and to the south by where Stewarton Road met the M77 to form a triangle.

Greenlaw Village was the focal point of the entire project. Mr Houlihan advised the committee that this was an ambitious plan by the council to prevent leakage of a £36 million spend from the locality. If the retail park was core to the overall project and the success of this element would be the catalyst for the rapid completion of the development, then the emphasis on health services was the key to the success of the retail park. This was a community project bringing both employment and amenities to the neighbourhood and as such had cross-party support and support of community leaders.

The pharmacy would occupy Unit 2 on the plan included in the Committee’s papers (Page 28 refers). The building was under construction and due to be competed mid February 2010. Allowing for one week to fit it out would see the pharmacy opening in the first week of March 2010.

The majority of the units had been let with Tesco Express being the anchor store. The units that had not been let had all received multiple interest. These units had been deliberately held back to maximise the rental return as news of the scale of the development was released and prestigious anchor tenants were in place. The latest update on the retail park was:

Unit 1 – Tesco Express;
Unit 2 – Pharmacy;
Unit 3 – Baker e.g. Greggs;
Unit 4 – Bet Fred;
Unit 5 – Newsbox;
Units 6 & 7 – Hot food take away consent approved;
Unit 8 – Dry cleaners;
Unit 9 – split into two – Coffee Shop and Indian Restaurant; and
Unit 10 – Italian Restaurant.

There were parking facilities including spaces for the disabled and the pharmacy would provide easy access for the disabled as well.

Phase 2 of the development which had already received planning consent approval would be an 8,000 square foot health centre. There had been negotiations with a number of GPs to relocate to a modern, purpose built health centre but Dr Arfan (Practice C on Committee’s information sheet – Page 46 refers) had a four month exclusivity clause on the health centre. Dr Arfan was keen to move her practice and was confident that the Health Board would approve the relocation. There would be two GPs moving and she hoped to recruit a new partner. Dr Arfan’s practice list size was approximately 3,000 between her two surgeries in Harvie Avenue and Pollokshields. Mr Houlihan suggested that the majority of her patients attended the Pollokshields practice due to the lack of space in the Crookfur surgery and also to do their shopping. Dr Arfan hoped to address both of these issues by relocating to the new practice and she hoped to grow her practice numbers significantly. The build would take four months from NHS approval with an
estimated completion date June/July 2010. Phase 3 would be built at the same time and there were a number of large chain pub/restaurants vying for the unit.

Phase 4 of the development had planning permission submitted with approval expected early next year. There had already been discussions with the Council and the developers were confident that planning would be approved for a 36,000 square foot supermarket. Waitrose had put their name to the application for planning permission. Discussions with the company had been ongoing for many months and Waitrose had signed an exclusivity clause covering a 2 mile radius of the existing site. This was how confident they were that they had found the correct location. This was a ten month build with completion expected in October 2010 with an opening date expected before Christmas 2010. This would be Waitrose’s first outlet in the West of Scotland. Waitrose had a unique reputation as a highly regarded food retailer which would create a real buzz of excitement when its opening was announced and the supermarket would attract shoppers from all over the city. There were 188 car parking spaces in front of the supermarket.

Phase 5 had had planning permission submitted in August 2009, with approval expected imminently and building work completed by July 2010. This phase would hold a fast food drive-thru and a petrol station with two other units comprising 16,000 square foot to be allocated. This was a reserved matters planning application so the principal had already been agreed.

Mr Houlihan advised that this was a summary of the retail development, which was only part of the whole project. The Isobel Mair School, a special needs school did not have an exact opening date, but the Council’s design team had been working on the project and a start date was expected soon. This was a £12million development which would of course bring teachers, students and parents into the neighbourhood.

There were 450 homes to be built in total on the development site. 300 private homes and just over 100 to be build by the Arklet Housing Association. Phasing for this part of the development would be led by the market however Stewart Milne homes had been on the site for some time and a number of the units had been completed and were occupied. Persimmon Homes had started work on their site. The former Manorlane sites were currently on the market and timescales for development would become clearer as sales were concluded.

The final part of the development of the neighbourhood was the business park. The first phase of which comprised three office buildings totalling 100,000 sq ft with construction due to start early next year. The master plan allows for up to 500,000 sq ft of offices which will be demand led. There would also be a hotel and negotiations were at an advanced stage.

A reserved matters planning application for a 90 bed care home had been submitted and should lead to construction starting early next year. This would not only generate employment but would also bring in visitors.

Mr Houlihan advised that the retail park would employ a conservatively estimated 350 staff although this was expected to rise. The business park hope to eventually employ 7,000 as it reached completion.
The visitors to the park were estimated based on information using a national database. The roads consultants prepared a traffic assessment where they looked at comparable developments across the UK and then take an average which is entered into the database. The evidence is used to make a programme which produces a visitor profile. This was accepted by the Council to calculate the number of traffic journeys and a multiple of 1.2 is used to calculate the number of visitors. These figures show a weekly total of over 44,000 visits to the retail park.

Mr Houlihan sought to draw the Committee’s attention to the new housing development both within and adjacent to the proposed neighbourhood and asked the Committee to consider the definition of “neighbourhood”. Mr Houlihan suggested the word meant an area which was relatively near to the premises in question which need not have any residents. On this approach, Mr Houlihan suggested a retail park could properly be regarded as a neighbourhood.

Mr Houlihan asked the Committee to consider that there would be a new neighbourhood created by the development and they should consider the rights of those who would be expected to visit the neighbourhood for the purposes for which it was being developed. He had given an estimated number of expected visitors, both employees and patrons and an indication of the purpose of their visit. The visitors would purposely travel to the development and a high percentage would not be resident within the immediate area. Mr Houlihan asked the Committee to give careful consideration to the needs and interest of all the people expected to be in the neighbourhood in the course of their daily business and the likelihood that they would require pharmaceutical services while visiting the neighbourhood.

Within the neighbourhood there was no pharmacy and therefore there was an inadequacy of supply of pharmaceutical services. The awarding of a pharmacy contract within the new development would secure the provision of pharmaceutical services both presently and into the future. Mr Houlihan asked the Committee to consider changes in pharmaceutical practice that had occurred with the introduction of the elements of the pharmacy contract, all changes since adequacy of existing services would have been reviewed. Mr Houlihan asked the Committee to look to achieve more than a basic present adequacy when it looked at the current level within adjacent neighbourhoods.

Mr Houlihan advised that his plan was to open a modern, clinical looking pharmacy in keeping with the look and style of the new development. The pharmacy would provide a comprehensive pharmaceutical service covering all aspects of the pharmacy contract as he did in his existing pharmacies. He advised that his company always strived to achieve the best for their customers and this was the philosophy that had seen the Group grow from one shop over the last ten years.

Mr Houlihan advised that he encouraged all his staff to participate in training and courses to develop their skills and to earn promotion. He believed that rather than competing with pharmacies in adjacent neighbourhoods that his company worked closely together to improve on pharmaceutical services and thus the health of the people both visiting and residing in the south side of Glasgow.
Mr Houlihan stated that he was unaware of any specific complaints about pharmacy services in the neighbourhood. He was aware however that Boots in the Mearns (Number 3 on the Committee’s information sheet – Page 47 refers) had a waiting list for patients wishing help with their medication in the form of “Dosette” boxes and that this list was closed. He understood that local Boots policy for “Dosettes” was that as there was no specific payment to community pharmacies, they were not cost effective.

Fraser’s Pharmacy was in Mr Houlihan’s opinion so far away from the proposed site that any visitor to the retail park needing pharmaceutical services and new to the area would be extremely unlikely to find their way to Fraser’s Pharmacy.

Mr Glendinning’s pharmacy would, in Mr Houlihan’s opinion continue to provide an excellent service to his patients most of whom would be registered with the GP practice to the rear of the premises, but he would be concerned with operating a pharmacy on a split level if a real surge in numbers occurred because of the new development. There were also problems with parking in front of this parade of shops and Mr Houlihan was not sure how easy accessible the premises were for the disabled.

The nearest pharmacy to the retail park was Rowland’s Pharmacy on Harvie Avenue (Number 5) on the Committee’s information sheet – Page 47 refers). He was not aware of any complaints about this pharmacy. He was aware that there were a large number of people who were registered with Dr Arfan because she was one of the few female Asian GPs and that many of her patients did not access local services because of a language barrier. Mr Houlihan advised that he was fortunate to have a number of employees, pharmacists, technicians and counter assistants who were at least bilingual and who he would be earmarking to work in the new pharmacy and he would thus be able to address this problem.

Mr Houlihan suggested that it was necessary to grant this application so that the transient and resident population of this new neighbourhood were not disadvantaged by a lack of pharmaceutical services. It was important to consider the expectations of these people who would be able to work, eat, shop enjoy leisure facilities and avail themselves of both GP and dental advice and would want to use a pharmacy. It was also desirable to grant this application as it would secure the adequate provision of pharmaceutical services within the neighbourhood both presently and into the future.

The Interested Parties Questions the Applicant

In response to questioning from Mr Fraser, Mr Houlihan confirmed his neighbourhood as:

**North:** railway line;
**East:** Stewarton Road;
**South:** Barrhead Road;
**West:** M77.

In response to further questioning from Mr Fraser, Mr Houlihan advised that it would be difficult to quantify the average age of the population within the neighbourhood as it was transient in nature. He further confirmed his agreement that many of the visitors coming to the neighbourhood would travel by car.
In response to a question from Mr Fraser regarding where visitors to the development would normally access GP services, Mr Houlihan suggested that most of them would be registered with a GP in the neighbourhood in which they lived.

In response to a series of questioning from Mr Fraser around expected prescription volume and viability, Mr Houlihan advised that he felt the pharmacy would be sustainable if providing pharmaceutical services for a population of 4000. He did not feel this would be unattainable as the visitor figures showed there to be an expected 44,000 visits per week to the development. Mr Houlihan suggested that 10% of this figure would be a reasonable expectation of visitors who might require to access pharmaceutical services.

In response to further questioning from Mr Fraser, Mr Houlihan confirmed his assertion that the neighbourhood was the development itself. He agreed that it would attract visitors from outwith the neighbourhood, but that only a percentage of these visitors would require access to pharmacy services.

In response to further questioning from Mr Fraser regarding Mr Houlihan’s existing pharmacy in Darnley, Mr Houlihan confirmed that it was only a couple of miles away from the development and in his opinion could be reached by car in 10 minutes. He further confirmed that the pharmacy in Darnley provided a collection and delivery service to some patients in the Newton Mearns area.

In response to further questioning from Mr Fraser, Mr Houlihan confirmed that he would not have objected to an application if another applicant had applied for a contract at the development.

In response to final questioning from Mr Fraser, Mr Houlihan confirmed that he would provide a collection and delivery service from the new pharmacy and that the delivery service would be undertaken by one of the company’s drivers. He further agreed that the residential element of the development may take some considerable time to complete given the current economic climate; however he asserted that the retail element was the catalyst for the success of the development.

**There were no questions to the Applicant from Mr Young or Mr Glendinning.**

**The PPC Question the Applicant**

In response to questioning from **Mr Dykes**, regarding public transport routes into the new development, Mr Houlihan confirmed that as part of the development plans, a Green Travel Plan had to be submitted which addressed the potential increase in the number of car journeys into the area, and how this could be managed. He also confirmed that public transport routes into the development were planned, with new bus routes being made available.

In response to further questioning from Mr Dykes, Mr Houlihan advised that there was no deficiency in services provided in adjacent neighbourhoods. The creation of a new neighbourhood would bring in a significant transient population many of whom would require access to pharmaceutical services. A new pharmacy would provide a
comprehensive range of services to this population. Mr Houlihan however questioned Glendinning Pharmacy’s capacity to cope with the additional workload that the new retail park would have on existing pharmacies if the new contract was refused.

In response to questioning from Mr Reid regarding the number of patients in Dr Arfan’s practice that lived in the neighbourhood, Mr Houlihan confirmed that the patient list size for this practice was in the region of 3,000. He further confirmed that many of these patients chose to consult Dr Arfan at her surgery in Maxwell Drive, in Pollokshields. This was due to the lack of space within the surgery at Crookfur Road. He asserted that these patients would be accommodated more easily in the new build surgery in the development and Dr Arfan would also be able to grow her practice.

In response to further questioning from Mr Reid regarding some of the statistics used in his presentation, Mr Houlihan confirmed that 44,000 was the expected number of visits to the retail development in one week. 7,000 was the number of employees expected in the business development once at full capacity.

In response to final questioning from Mr Reid, Mr Houlihan expanded on his comments regarding working closely with other pharmacies in the area. He advised that where a pharmacy perhaps experienced a shortage of medication, or for example methadone, it would not be unusual to work with another pharmacy to overcome these shortages.

In response to questioning from Dr Benton, Mr Houlihan confirmed that Dr Arfan was only one of several GPs who had expressed an interest in moving to the new health centre within the development. He confirmed that the relocation of this practice was not definite, but was supported by the Health Board. He advised that if Dr Arfan didn’t move, another of the GPs in the area would move into the facility.

In response to further questioning from Dr Benton, Mr Houlihan advised that a community pharmacy was able to survive without the existence of a GP surgery nearby. A number of contracts had been approved where this was the situation. He did not believe that the pharmacy would be adversely affected if there was an issue in the phasing which meant the pharmacy would open in the absence of the GP surgery.

In response to Mrs Roberts’ request for clarification on a point of fact, Mr Houlihan confirmed that the proposed Waitrose store would be the first new-build Waitrose in the west of Scotland.

In response to further questioning from Mrs Roberts regarding viability, Mr Houlihan confirmed that he expected the new pharmacy to be viable from the day of opening. There would perhaps be a requirement for the other pharmacies in the Group to provide support in the early stages, but he was confident that at the end of year 1 the pharmacy would not lose money.

In response to final questioning from Mrs Roberts, Mr Houlihan advised that the following services would be provided from the new pharmacy: dispensing of NHS prescriptions, dispensing of private and veterinary prescriptions, advice and consultations, nicotine replacement therapy, Minor Ailment Service (MAS), Public Health Services, screening for diabetes, blood pressure monitoring, health promotion, methadone supervision, needle
exchange, weekly dosettes, collection and delivery service for the elderly and inform and health failure service.

In response to questioning from Prof McKie, Mr Houlihan confirmed that his application was based on the needs of the development as a whole. The residential component of 500 houses was a small element of this and any delay in completion because of the economic climate would not have an effect on the overall success of the development.

In response to further questioning from Professor McKie, Mr Houlihan advised that the number of expected visits to the development had been calculated by using a national database specifically designed for this purpose.

In response to further questioning from Professor McKie, Mr Houlihan advised that there had been several community pharmacy contracts granted for similar developments where the neighbourhood comprised non-residential elements e.g. Livingston, Glasgow Airport, various universities. In terms of his own development, he would consider this to be of medium size. An estimated 44,000 visits to the development each week, was in Mr Houlihan’s opinion a significant development.

In response to questioning from the Chair, Mr Houlihan confirmed that the proposed primary school coming into the development would not be a general purpose school, but one catering for special needs.

In response to further questioning from the Chair, Mr Houlihan confirmed that the figure of 44,000 represented the estimated number of visits to the retail development in one week. He estimated that 10% of those visits could be expected to require access to pharmacy services. He accepted that this figure could be lower.

In response to the Chair’s request for clarification on his point regarding Boots and the policy around dosette patients, Mr Houlihan asserted that it was his understanding that Boots were not keen to take on additional patients requiring “Dosette” boxes, due to the lack of payment associated with this service. Boots had a waiting list of patients who had asked for this service and this list was only accessed when space became available.

In response to final questioning from the Chair regarding the residential element of the development, Mr Houlihan advised that he could not say where those living in the residential element would consider they came from. He did not know whether they would consider themselves as part of the wider area of Crookfur.

The Interested Parties’ Case – Mr David Young (Rowland’s Pharmacy)

Mr Young advised the Committee that the first thing that needed to be addressed was the neighbourhood. Mr Young was quite surprised at the Applicant’s neighbourhood which conveniently negated any of the pharmacies in Newton Mearns but more importantly seemed to negate human beings within that population.

Mr Young was sure that Mr Houlihan would debate around the idea of what a neighbourhood was and that there was no need to have a person in a neighbourhood for it to be a neighbourhood. Mr Young did not wish to argue this point.
Mr Young suggested a more logical neighbourhood to be that put forward by the CP Subcommittee:

**North:** Whitecraigs golf club to the junction with the M77;  
**East:** A77 – Ayr Road;  
**South:** A77 to the junction with the M77; and  
**West:** M77.

With the neighbourhood defined, Mr Young turned his attention to the existing pharmaceutical services in the neighbourhood or the adjoining neighbourhoods.

He advised there were four pharmacies within his defined neighbourhood. Rowland’s Pharmacy on Harvie Avenue was only 0.5 miles away from the proposed premises. Glendinning’s Pharmacy was located 1.2 miles away and Boots and Superdrug were located 1.5 miles away.

He advised that there was absolutely no substitute for the face to face interaction between the pharmacist and the patient. All four pharmacies operated a repeat prescription collection and delivery service but Mr Young would agree with anyone who said that nowadays this was not good enough.

The question, in Mr Young’s opinion was: **“Do patients in the defined area have difficulty accessing pharmaceutical services?”**, but he also felt that the idea of future provision should be looked at in terms of **“Would any new patients from the potential increased population in and around the Applicant’s proposed site have difficulty accessing pharmaceutical services?”**

To answer this, Mr Young proposed to look at three specific areas: demographics, opening hours and public transport.

He advised that much could be said about demographics however you simply had to drive around Newton Mearns to realise how affluent an area it was and he invited the Committee to agree with this from their site visit.

Statistics from “SCROL” showed:

- The life expectancy for both males and females in Newton Mearns was above the Scottish average.
- 78% of the population had good general health compared to the Scottish average of 68%.
- Ownership of cars and vans – 90.3% of the population had access to one or more cars.

Mr Young felt it reasonable to assume that a large percentage of this population would be transient and would travel outwith the defined neighbourhood and indeed Newton Mearns itself to go to work or access other services as part of their day to day lives. If those people were at work Monday to Friday 9.00am – 6.00pm, they might find it difficult to access a pharmacy during the week. Indeed, the Applicant’s opening hours certainly wouldn’t help the majority of this affluent population as they were proposing to close at
6.00pm each night during the week and 1.00pm on a Saturday.

Mr Young posed the question “What would a patient do if they needed a prescription outwith normal pharmacy trading hours”. The answer, in his opinion was simple; they would access the excellent services provided at Mr Houlihan’s extended opening hours pharmacy in Darnley which was only two miles away. This pharmacy was open 365 days a year and was open to 10.00pm at night.

The people who worked throughout the week and who obviously drove regularly had absolutely no problems accessing pharmaceutical services with this level of provision on the doorstep.

Mr Young advised that the stay at home mums and dads with young children, the elderly and the less able could not simply be forgotten and as such public transport was an issue for these elements.

There was an excellent public transport network running throughout Newton Mearns. There was a bus stop outside Rowland’s Pharmacy, Glendinnings Pharmacy and the Mearns Centre itself. Mr Young had lost count of the number of stops as they seemed to be every few hundred yards throughout the wider area. The buses ran frequently throughout the day and many of them were low ride buses suitable for wheelchair access and children’s buggies. Mr Houlihan had already stated that the new development would be accessible by bus.

Mr Young advised that he struggled to see how anyone living in this area had any difficulty whatsoever in accessing pharmaceutical services. In his opinion, access was not an issue and the current provision must be considered adequate as a result.

Mr Young then went on to describe the current pharmaceutical service provision. Rowland’s Pharmacy in Newton Mearns was classed as a low dispensing volume branch within the Rowland’s estate. It was not a busy pharmacy at all. It was a modern, refitted branch which offered every possible service without exception. Mr Young advised that not once had the branch been approached to provide needle exchange services by the Health Board; however they were willing to provide this if approached.

Amy Chan, the Pharmacy Manager was a qualified supplementary prescriber and currently ran a heart failure clinic in Dr Arfan’s practice in Newton Mearns and Pollokshields. Amy was due to attend the independent prescriber conversion course on 5th November.

Furthermore, Amy was seconded two days each week with NHS GG&C’s Community Pharmacy Development Team to help implement services in all pharmacies across the Board’s area. Rowland’s did not make any money for enabling Amy to fulfil this role. Only locum costs were reimbursed, however the company believed that such a venture could only serve to strengthen relationships across the primary care sector and contribute to a more service drive profession.

Mr Young questioned whether anyone could say that the current provision was inadequate when in fact Rowlands were undertaking services which could be classed as above and
beyond the call of duty.

Mr Young advised that Lord Drummond Young had stated previously that future provision could be considered. Mr Young accepted that there was going to be population growth in the neighbourhood with the proposed new developments and the future demand had to be taken into account. There had been no evidence to suggest though that the existing contractors in the area were not coping and more importantly would not cope moving forward.

Mr Young had already mentioned that Rowland’s Pharmacy was a low dispensing volume pharmacy. It could easily double the workload with little effort and would have no issues in dealing with pharmaceutical needs of an increased population. Even if a health centre was built and there was no guarantee this would happen, the company would be under no pressure at all.

The current service provision was more than adequate and any future demands would be met with ease.

The Applicant Questions Mr Young

In response to questioning from Mr Houlihan, Mr Young did not agree that a retail park could be defined as a neighbourhood.

In response to further questioning from Mr Houlihan, Mr Young agreed that the development would draw a significant number of people to the neighbourhood.

The Interested Parties Question Mr Young

In response to questioning from Mr Glendinning, Mr Young confirmed that the Rowlands Pharmacy branch in Harvie Avenue had capacity to take more patients on to provide monitored dosage systems.

There were no questions to Mr Young from Mr Fraser.

The PPC Question Mr Young

In response to questioning from Mrs Roberts, Mr Young agreed that the new development would attract a significant amount of visitors. He did not necessarily feel that many of those visitors would require or would wish to access pharmaceutical services while they were there. Mr Young advised that there was no requirement to provide pharmacy services at every retail facility. Most people would not think to have a prescription dispensed when they were shopping, preferring rather to have their prescription dispensed at a pharmacy near to where they lived or accessed GP services.

In response to questioning from Dr Benton, Mr Young advised that in his opinion the relocation of the GP surgery in Crookfur Road would not have a detrimental effect on the services provided from Rowland’s Pharmacy. If the surgery moved and there was an increase to Dr Arfan’s patient list, the patients might use a pharmacy in the retail development for convenience, however many patients would continue to use Rowlands
Pharmacy and there would be no detrimental effect.

In response to a question from Mr Reid regarding residents in the area and whether they would take a prescription to be dispensed while they were using the retail facilities, Mr Young advised that in his opinion this would not be the case.

In response to questioning from Mr Dykes, Mr Young advised that Rowlands had been in talks with the landlord of the premises in Harvie Avenue to establish a ramp which would provide wheelchair access to the pharmacy.

In response to further questioning from Mr Dykes, Mr Young advised that although he was not aware of any specific occasions when Mr Houlihan’s company had assisted Rowlands, there had always been a practice of collaborative working between community pharmacies. This normally happened when a pharmacy had no stock of a particular item and a neighbouring pharmacy would help them out.

In response to final questioning from Mr Dykes, Mr Young confirmed that he did not feel that Rowlands Pharmacy would benefit from an increase in visitors to the development requiring pharmaceutical services. Mr Young did not consider it to be that type of development. He felt that an increase in residential population would more likely provide benefits than a retail development attracting a transient population.

In response to questioning from the Chair, Mr Young agreed that the population of Newton Mearns might increase by approximately 1,200 with the new residential development. He further confirmed that the estimated population of Newton Mearns was 10,738, being served by four current pharmacies. This was manageable even providing for the potential increase in population.

There were no questions to Mr Young from Professor McKie or Mr Gillespie

The Interested Parties’ Case – Mr Douglas Glendinning (Glendinning Pharmacy)

Mr Glendinning thanked the Committee for allowing him the opportunity to voice his objections and concerns to the application by Mr Houlihan.

He started by pointing out that Mr Houlihan’s neighbourhood did not exist at the moment and while in the middle of the worst recession for many years, may not exist for the foreseeable future as one construction company had gone bankrupt and others had currently put their plans on hold.

A more realistic neighbourhood would, Mr Glendinning suggested, be triangular in shape; bounded by the M77 to the west down to where it met Ayr Road to the east, and at the north, from Whitecraigs Golf Club through to the M77. This was essentially the neighbourhood accepted by the Area Pharmaceutical CP subcommittee who felt the application was neither necessary nor desirable.

The neighbourhood was currently very well served by four existing pharmacies. According to Scottish Neighbourhood statistics, in 2008 this neighbourhood had a population of 10,738 meaning each pharmacy had an average customer base of just over 2,500. This
was around the Scottish average. The Applicant had stated that a total of 453 housing units were to be built over the next four years. With an average of 2.6 residents per house in the Newton Mearns area, this would provide an increased population of only 1,200 people. This number could easily be accommodated by the existing pharmacies in the neighbourhood.

Mr Glendinning advised that as the Committee would already have seen when driving through the area, the neighbourhood was very affluent. The Glasgow Centre of Population Health website showed that 76% of the population of Newton Means had managerial, supervisory, administrative or professional occupations. Life expectancy for both males and females was above the Scottish average and 78% had good general health compared to the Scottish average of 68%.

90.3% of the population had access to one or more cars, with drive times to the nearest GP surgery varying from 0.7 minutes to 3.4 minutes and drive times to the nearest pharmacy varying from 0.8 minutes to 3 minutes. All existing pharmacies had adequate car parking spaces adjacent to them. While parking to the front of Glendinning Pharmacy was troublesome at times there was a dedicated car park to the rear of the pharmacy. The travelling times clearly indicated that the facilities were within walking distance, however for the remaining 9.7% of the population who did not have a car and perhaps were not mobile, Glendinning Pharmacy and others provided a comprehensive free prescription collection and delivery service.

Mr Glendinning strongly believed that the pharmaceutical service provided to this neighbourhood was excellent and more than adequate. The four existing pharmacies provided all core services as well as many supplemental services such as Palliative Care, Smoking Cessation, Supervised Methadone, EHC, Oxygen therapy, advice to Care Homes and the Heart Failure Service. Mr Glendinning questioned how the Applicant could hope to improve the already comprehensive professional excellent service currently being offered by the existing pharmacies. Mr Glendinning had spoken to his local surgeries and none had confirmed they were willing to relocate to the Greenlaw site.

Mr Glendinning advised that he was a sole independent business. He recently employed a full-time dispenser to replace a part-time counter assistant who retired. He therefore increased his capacity to cope with increased prescription numbers and to free himself to spend more time with patients. He refitted his pharmacy and had a private consultation room constructed at his own expense, with no funding made available from the Health Board. He hoped that this investment in his business helped to show his commitment to provide a high level of care for his patients and to meet the requirements of the contract. He was very concerned that the granting of anew contract would have very serious financial implications for my business. All community pharmacies had suffered from the effects of Category M and the reduction in remuneration. A further decrease in customer numbers would at the very least make staff redundancies likely, and could seriously threaten the viability of his pharmacy.

He therefore asked the Committee to reject Mr Houlihan’s application, as it was neither necessary nor desirable. As he had previously said such a small increase in population will not require additional pharmaceutical services as the population of the neighbourhood was ready very well provided for.
The Applicant Questions Mr Glendinning

In response to questioning from Mr Houlihan, Mr Glendinning did not agree that a retail park could be defined as a neighbourhood.

In response to further questioning from Mr Houlihan, Mr Glendinning agreed that the development would draw a significant number of people to the neighbourhood.

There were no questions to Mr Glendinning from Mr Young or Mr Fraser

The PPC Question Mr Glendinning

In response to questioning from Mr Dykes, Mr Glendinning confirmed that the downstairs access to his premises was not suitable for wheelchairs. He advised that he had had several assessments carried out which had all said that access was reasonable as the door handle to the premises was in a reachable position.

In response to further questioning from Mr Dykes, Mr Glendinning confirmed that a loss of prescription volume in the region of 10-20% may mean he would need to lay off staff. He had employed a full time dispenser to allow him to spend more time with patients. He might need to rethink this if the new application were granted.

In response to questioning from Mr Reid, Mr Glendinning confirmed his doubts over some of the figures and timescales put forward by the Applicant. He advised that he had spoken to one of the local councillors who had advised that progress on the residential element of the development was slower than normal due to the effects of the recession and that there would be little movement within the next 18 months.

In response to final questioning from Mr Reid, Mr Glendinning advised that he had employed a full time dispenser to allow him to spend more time with patients. Currently he counselled patients, provided cholesterol, blood pressure and diabetes testing and provided new services associated with the pharmacy contract.

In response to questioning from Mrs Roberts, Mr Glendinning confirmed that the back access to his pharmacy was widely known by patients. There was a GP surgery (Practice B) of the Committee’s information sheet – Page Number 47 refers) situated at the back of the pharmacy and a dedicated car park. Patients registered with the GP practice were well aware of the access to the pharmacy.

In response to final questioning from Mrs Roberts, Mr Glendinning advised that if granted, the new pharmacy would require to establish a customer base in the short term before the retail park and the business development were at full capacity. The only way Mr Glendinning considered this could be done, was by taking patients away from the current pharmacies. This would have a negative impact on his business.

In response to questioning from the Chair, Mr Glendinning confirmed that he would not benefit greatly from the increased visitors to the new retail development, if the application were refused. He did not feel that the increase in visitors would impact his business
greatly but considered that if granted his business would be greatly affected as existing patients were attracted to the new facility.

**There were no questions to Mr Glendinning from Dr Benton, Professor McKie or Mr Gillespie.**

**The Interested Parties’ Case – Mr Colin Fraser (Fraser’s Pharmacy)**

**Mr Fraser** advised the Committee that Fraser’s Pharmacy was a small, independent community pharmacy at 271 Mearns Road, Newton Mearns which had served the local population for 28 years. Mrs Eileen Fraser and Mrs Eileen McBride managed the community pharmacy.

Currently the pharmacy provided the following services:

- Collection and delivery of repeat prescriptions;
- Minor Ailments Service;
- Filling out weekly dosette boxes;
- Smoking Cessation;
- Emergency Hormonal Contraception;
- Blood pressure monitoring;
- Blood glucose monitoring;
- Heart Failure;
- Stoma Appliances;
- Medication Review;
- Domiciliary Oxygen;
- Pharmaceutical Public Health.

The pharmacy’s repeat prescription collection and delivery service was provided personally by a pharmacist and was a much more professional service than that offered by a delivery driver. The pharmacist had a much greater knowledge of the patient, their medication and was much better qualified to offer advice and deal with patients’ questions.

The pharmacy currently provided an excellent personal service to the patients of Newton Mearns. They had accounts with three national wholesalers enabling them to source drugs for patients if one wholesaler was out of stock. This practice cost the pharmacy £300 per month, but provided patients with an excellent service and only very rarely were they unable to fill a prescription.

Mr Fraser advised that Newton Mearns was one of the most affluent suburbs of Glasgow. It had a population of 22,637. The Applicant’s proposed neighbourhood consisted of low density housing, below the national average of pensioners (excluding Wellmeadow Nursing Home) and households with multiple car ownership. This mobile population did all of its shopping at supermarkets, where, as a consequence of deregulation, many medicines could be purchased.

Patients in Newton Mearns, were uniquely, registered at GP practices across the whole of Glasgow. Some patients were registered at surgeries in Clarkston, Giffnock and further afield including Shawlands, Govanhill, Anderston and Maryhill. There was no health
centre in Newton Mearns, consequently patients travelled longer distances to access their medical services and were more likely to have their prescriptions dispensed in pharmacies adjacent to those premises.

The proposed site was on the very outskirts of Newton Mearns. There was no community at this site. It was immediately adjacent to the motorway and was not surrounded by houses. Patients would have to travel by car to access the site. There was no doctor’s surgery there and given the current economic climate, it was unlikely that there would ever be one.

Additionally, the neighbourhood was well served by the existing five pharmacies in Newton Mearns.

Rowlands Pharmacy on Harvie Avenue was only 0.6 miles away and one minute by car; Boots and Superdrug at Mearns Cross Shopping Centre were only 1.2 miles away and two minutes by car.

Glendinning Pharmacy on Ayr Road was only 1.2 miles away and three minutes by car.

Frasers Pharmacy on Mearns Road was only 1.7 miles away and four minutes by car.

Mr Fraser advised that Mr Houlihan’s pharmacy at Darnley was only 1.7 miles away and four minutes by car and questioned the need for another pharmacy at the proposed site when the Applicant had another pharmacy close by.

Mr Fraser contended that a pharmacy at the proposed site would not be viable unless a surgery was established in an adjacent unit and, even then the current population was insufficient to sustain another community pharmacy. The Applicant would need to take business from the current pharmacies in the area in order to survive, thereby, jeopardising the pharmaceutical services currently enjoyed by patients in Newton Mearns.

The housing development at Greenlaw would, according to planning estimates, consist of 350 private dwellings with a further 103 social houses. Population estimates for this area were approximately 1,100 people. In the current economic climate, it would be many years before this figure was realised. To illustrate this point, Mr Fraser pointed to the fact that one of the house builders had recently gone into administration and approximately 160 plots were currently for sale. Very few houses in the development had been built and even fewer had been sold. House prices in the development were over £500k. The houses would not be occupied by poor people with great social and healthcare needs. They would be owned by affluent individuals who would travel everywhere by car. Nevertheless the existing community pharmacies were well able to absorb the growth in population and serve their pharmaceutical needs.

**The Applicant Questions Mr Fraser**

In response to questioning from Mr Houlihan, Mr Fraser did not agree that a retail park could be defined as a neighbourhood.

In response to further questioning from Mr Houlihan, Mr Fraser agreed that the development would draw a number of people to the neighbourhood, but advised that it was speculation as to when the development would be complete.
There were no questions to Mr Fraser from Mr Young or Mr Glendinning.

**The PPC Question Mr Fraser**

In response to questioning from Dr Benton, Mr Fraser advised that his pharmacy had parking to the rear of the parade of shops. He agreed that most of the population in Newton Mearns was affluent and would travel by car and contended that they travelled throughout Newton Mearns.

In response to questioning from Mr Reid, Mr Fraser confirmed that many people resident in Newton Mearns were registered with GPs outwith this area. Many people travelled far afield to access GP services and they had retained their GP from their previous residential area. As a result the existing pharmacies relied on business coming in to the area as the patients who were registered with GPs outwith Newton Mearns oftentimes got their prescription dispensed at pharmacies located beside the GP surgery.

In response to further questioning from Mr Reid, Mr Fraser advised that the increase in the number of visitors caused by the retail development would have no real benefit for the current pharmacies. Mr Fraser advised that people would travel to the development because it was new and not necessarily because they were specifically looking for health services. Patients could buy many medicines from the supermarket and there was no need for them to go to a pharmacy.

In response to questioning from Mr Dykes, Mr Fraser confirmed that Fraser’s Pharmacy had had accounts with three wholesalers for 10 years. Mr Dykes asked Mr Fraser if he felt that their pharmacy attracted drive-by customers and he answered that he believed so.

In response to a further question from Mr Dykes, to Mr Fraser around DDA compliance Mr Fraser confirmed that the pharmacy had a small number of customers in wheelchairs. Mr Dykes commented that Mr Fraser’s pharmacy had been the most DDA compliant that the Committee had witnessed during their site visit.

In response to questioning from the Chair, Mr Fraser contended that many people from Newton Mearns who commuted into Glasgow would already stop at the Avenue Shopping Centre to visit Boots and Superdrug already, but argued that the numbers would increase dramatically if there was pharmacy provision situated just off the first junction they came to when they pulled off the motorway on their way home.

In response to further questioning from the Chair, Mr Fraser did not agree that patients visiting the development or coming back into Newton Mearns would find it convenient to use Rowland’s Pharmacy in Harvie Avenue. He contended that it was not likely that patients would make the detour into Harvie Avenue from Crookfur Road and then turn back to Crookfur Road for their journey home.

In response to final questioning from the Chair regarding why he had chosen to attend the hearing today as his pharmacy could be considered quit a distance from the proposed site, Mr Fraser advised that most of the patients who lived in Newton Mearns travelled outwith
the area to go to work. As such they were more likely to access pharmacy services outwith the area. The granting of a further contract would increase this dilution effect and impact on other pharmacies including his.

There were no questions to Mr Fraser from Professor McKie, Mrs Roberts or Mr Gillespie.

Summing Up

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

Mr Fraser advised that the area was currently well served by the existing five community pharmacies. The Applicant had provided no evidence of inadequacy of pharmaceutical services in the area. The hours of opening and the pharmaceutical services on offer were inferior to those currently provided by existing contractors. The proposed housing development was small, likely to take many years to complete and was insufficient to sustain another community pharmacy. Granting the contract would have a detrimental effect on the pharmaceutical services currently provide by existing contractors.

Mr Glendinning advised that the population of Newton Mearns were affluent, healthy and mobile. The area was currently well served. The application was unnecessary and not desirable.

Mr Young advised the Committee that if the contract were granted, Rowlands Pharmacy would lose business. Although there would be a transient population coming in to the new retail development from outwith Newton Mearns, people from Newton Mearns would also visit the new site and may start to use a new pharmacy through simple convenience – not necessarily need. Conversely, if a contract was not granted Rowlands Pharmacy and others would benefit from an increase in population.

If a pharmacy was granted for the new retail development, it would be used; people would use it although not because there was need. They would live elsewhere and could use other pharmacies closer to their home. Mr Young advised that the issue of the legal test seemed to have been lost in this case. Whether the Committee agreed with the Applicant’s neighbourhood or whether they agreed with Mr Young’s neighbourhood the question remained – is the current service adequate (including future provision) – the answer to this in Mr Young’s opinion was yes. A transient population visiting a retail development did not need a pharmacy for the provision to be deemed adequate.

Mr Houlihan advised that Lord Nimmo Smith had agreed that a retail park could be considered a neighbourhood in its own right. When the Greenlaw Village development was complete there would be 44,000 visits to the site per week. This was surely a neighbourhood. The pharmacy would be fully DDA compliant, the only one in the neighbourhood.

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

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

a) Neighbourhood;

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

In addition to the oral submissions put before them, the PPC also 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, namely:

- Boots UK Ltd – The Avenue at Mearns, Glasgow G77;
- Superdrug PLC – The Avenue at Mearns, Glasgow G77;
- Rowlands Pharmacy – Harvie Avenue, Glasgow G77;
- Glendinning Pharmacy – Ayr Road, Glasgow G77;

b) The NHS Greater Glasgow & Clyde Area Pharmaceutical Community Pharmacy Subcommittee;

c) The Greater Glasgow & Clyde Area Medical Committee (CP Sub-Committee);

The Committee also considered;-

d) The location of the nearest existing pharmaceutical services;

e) The location of the nearest existing medical services;

f) Demographic information regarding post code sectors G77.6, G77.5 and G78.1;

g) Information from East Renfrewshire Council’s Roads Planning and Transportation Service regarding future plans for development within the area;

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

j) Patterns of public transport in the area surrounding the Applicant’s proposed premises; and

k) Two letters tabled by Mr Glendinning from GP practices in the area.

**DECISION**

Having considered the evidence presented to it, and the PPC’s observation from the site visit the PPC had to decide firstly 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 in relation to the application. The Committee considered that the neighbourhood should be defined as follows:

**North:** railway line following east to Stewarton Road;  
**East:** Stewarton Road, following south to it's meeting with Barrhead Road  
**South:** Barrhead Road;

The Committee agreed that the railway was a physical boundary. Stewarton Road was a significant trunk road acting as a main arterial road which marked the edge of the neighbourhood and formed the main non-motorway route out of the area. The M77 to the west was a significant physical boundary, but also one which marked the edge of residential/retail area with areas of green field. The Committee agreed that the neighbourhood was ostensibly the area that would become the Greenlaw Village Development.

**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 within 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.

The Committee noted that within the neighbourhood as defined by the PPC there were no pharmacies. The Committee agreed that the new development would create a clearly defined, discreet neighbourhood comprising a transient population and a residential population. This neighbourhood would be quite separate from the neighbourhood on the other side of Stewarton Road. The Committee had heard timescales for the completion of the retail development and was confident that a significant transient population would form in the neighbourhood within the next six months. There would no pharmacy within the neighbourhood to meet the population's pharmaceutical requirements.

The Committee noted that there was one pharmacy just outwith the defined neighbourhood. The Committee considered that it was not appropriately positioned to adequately meet the needs and demand of the new population. For these reasons the Committee concluded that the neighbourhood did not have access to the adequate provision of pharmaceutical services.

The Committee agreed that the granting of the contract was necessary and desirable to provide the significant new population (both transient and residential) with access to services within their own neighbourhood. They considered that many visitors would travel to the new development either for work, leisure or shopping. The development would become a focus for the new community and as such the provision of pharmaceutical services would be necessary and desirable for the population.
In accordance with the statutory procedure the Chemist Contractor Member of the Committee Gordon Dykes and Board Officers were excluded from the decision process:

**DECIDED/-**

The PPC was satisfied that the provision of pharmaceutical services at the premises of the Applicant was necessary and 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 Member of the Committee Gordon Dykes and Board Officers rejoined the meeting at this stage.

5. APPLICATIONS STILL TO BE CONSIDERED

The Committee having previously been circulated with Paper 2009/31 noted the contents which gave details of applications received by the Board and which had still to be considered. The Committee agreed the following applications should be considered by means of an oral hearing:

- Mr Ian Robert Mouat, 11 Kennedy Path, Townhead, Glasgow G4 0PP

6. MINOR RELOCATION OF EXISTING PHARMACEUTICAL SERVICES

Case No: PPC/MRELOC05/2009 – Houlihan Pharmacy Ltd, 11 Fieldhead Square, Glasgow G43 1HL

The Committee considered the action taken by the Chairman on an application for a minor relocation of a NHS Dispensing contract currently held by Houlihan Pharmacy Ltd.

The Committee noted that the application did not fulfil the criteria for a minor relocation under Regulation 5 (4) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009.

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

**HOMOLOGATED/-**

Case No: PPC/MRELOC09/2009 – Lewis (Glasgow) Ltd, T/A Houlihan Pharmacy Partick, 5 Gardner Street, Glasgow G11 5NR

The Committee considered the action taken by the Chairman on an application for a minor relocation of a NHS Dispensing contract currently held by Lewis (Glasgow) Ltd, T/A Houlihan Pharmacy Partick.

The Committee noted that the application fulfilled the criteria for a minor relocation under...
Regulation 5 (4) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009.

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

7. MODEL HOURS OF SERVICE SCHEME – UPDATE TO MONITORING EXERCISE

The Committee having previously been circulated with Paper 2009/20 noted the contents which gave details of applications received by the Board to operate opening times which did not meet the current Model Hours of Service Scheme.

i) Lloydspharmacy, 83 Seres Road, Glasgow G76 7NW
   Lloydspharmacy, 39 Eastwoodmains Road, Glasgow G76 6PW

   The Committee noted that they had previously refused an application from Lloydspharmacy, 83 Seres Road, Glasgow G76 to close all day on a Saturday.

   The company had come back to the Committee with a revised proposal for managing the opening hours between their two pharmacies situated in close proximity.

   The Committee noted that the Model Hours of Service scheme provided the minimum level of service required to ensure the Board’s population had reasonable access to pharmacy services. It was the Committee’s contention that all contractors included on the Board’s Pharmaceutical List should comply with this minimum requirement unless there were extenuating circumstances which physically prevented them from opening.

   The Committee agreed that the company’s proposals represented a pragmatic solution to the issue of service provision in the area on a Saturday. Accordingly, approval was granted for the Lloydspharmacy branch at 83 Seres Road to open from 9.00am – 1.00pm on Saturday and for the branch at 39 Eastwoodmains Road, to open from 1.00pm – 5.30pm.

   DECIDED/-

   That the application is granted.

8. NATIONAL APPEALS PANEL

The Committee having previously been circulated with paper 2009/33 noted the contents which gave details of the National Appeals Panel’s determination of appeals lodged against the Committee’s decision in the following cases:

Lloydspharmacy Ltd – Unit 5 Glasgow Road, Clydebank, Glasgow G81 (INCL15/2008)
The Committee noted that the National Appeals Panel had dismissed without oral hearing the Appeal submitted against the PPC’s decision to refuse Lloydspharmacy Ltd’s application to establish a pharmacy at the above address. As such Lloydspharmacy’s name was not included in the Board’s Provisional Pharmaceutical List, and the file on the application had been closed.

9. ANY OTHER COMPETENT BUSINESS

None.

10. DATE OF NEXT MEETING

To be arranged.