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**

   Apologies were submitted on behalf of David Thomson

   **Section 1 – Applications Under Regulation 5 (10)**

2. **APPLICATION FOR INCLUSION IN THE BOARD’S PHARMACEUTICAL LIST**

   **Case No:** PPC/INCL02/2010
   JMC Healthcare Ltd, Unit 7, Crosslee Crescent, Houston, PA6 7DT

   The Committee was asked to consider an application submitted by JMC Healthcare Ltd to provide pharmaceutical services from premises situated at Unit 7, Crosslee Crescent, Houston PA6 7DT under Regulation 5(10) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 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 JMC Healthcare Ltd 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 as amended (“the Regulations”). In terms of this paragraph, the PPC “shall determine an application in such a manner as it thinks fit”. In terms of Regulation 5(10) of the Regulations, the question for the PPC is whether “the provision of pharmaceutical services at the premises named in the application is necessary or desirable to secure adequate provision of pharmaceutical service in the neighbourhood in which the premises are located by persons whose names are included in the Pharmaceutical List.”

The Applicant was represented in person by Mr Jim Campbell (“the Applicant). The Interested Parties who had submitted written representations during the consultation period and had chosen to attend the oral hearing were: Mr Andrew Mooney (Boots UK Ltd), assisted by Ms Emer O’Sullivan and Mr Nisith Nathwani (Lloydspharmacy Ltd), assisted by Mr Niral Nathwani. Ms Joan Penman (Boots UK Ltd) joined the hearing as an observer.

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: Linwood, Craigends, Crosslee, Houston & Bridge of Weir.

The Committee noted that the proposed premises were not yet constructed, although the Committee could identify the location and position of the proposed building.

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

**The Applicant’s Case**

**Mr Campbell** thanked the Committee for allowing JMC Healthcare Ltd to present their case. He commenced his presentation by briefly introducing the company and explaining that JMC Healthcare Ltd was a company jointly owned by himself and James McKeever; both of whom were pharmacists previously employed by Lloydspharmacy Ltd within their business development team.

The company currently operated two pharmacies. One in Prestonpans, East Lothian; a town of 7,000 people where they were one of three pharmacies and Muirend Pharmacy on Glasgow’s Clarkston Road. The company provided all aspects of the community pharmacy contract and in addition provided drug addiction services including supervised methadone and needle exchange. The company were currently in negotiations with Lothian Health Board to provide additional services from their premises in Prestonpans.
He advised the Committee that they were there to determine JMC Healthcare Ltd’s application to provide pharmaceutical services at Unit 7 Crosslee Crescent, Houston, but before he started putting forward the company’s case he thought it might be useful to provide some history of this site.

He advised that there had been at least three previous applications at the site; one by Lloydspharmacy and two by a local independent pharmacist. He advised that furthermore the Alliance/Boots group had expressed an interest in the site going as far as agreeing heads of terms with the developer. It was his view that that Alliance/Boots see this as a viable site for a community pharmacy and believed that there was a need for a pharmacy on this site.

Mr Campbell reminded the Committee that it was their role to determine the merits of JMC Healthcare Ltd’s application and therefore he sought to move to put their case for inclusion onto the pharmaceutical list for the proposed premises. He intended to do this in four sections; firstly, he would briefly discuss the legal test; secondly, he would define the neighbourhood, he would then move on to discuss the adequacy of the existing provision within the neighbourhood and finally he would present how the application would resolve the current inadequate provision of services within that neighbourhood.

He advised that as the Chair had indicated in his preamble the legislation under which the Committee determined such applications was Regulation 5(10) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations. He paraphrased the regulation stating that the application should only be granted if the board (Committee) was satisfied that 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.

He advised that some interesting legal opinions had been formed around this regulation and Lord Drummond Young, in one of these opinions had set out a simple two stage process in his opinion on the motion by Lloydspharmacy versus the National Appeals Panel.

Mr Campbell averred that the Committee must consider whether the existing provision of pharmaceutical services in the relevant neighbourhood was adequate. If it decided that such provision was adequate then that was the end of the matter. If it decided that the provision was not adequate then it must consider a second question; whether the provision of pharmaceutical services at the named premises was necessary or desirable in order to secure adequate provision.

Lord Drummond Young had also given useful direction on the question of adequacy. He stated that it was proper to consider probable future developments for two reasons. Firstly because the standard of adequacy in a particular neighbourhood may change with time. The relevant neighbourhood may change, for example through the construction of new housing developments or such like. Likewise changes may also occur in pharmaceutical practice and the standards of “adequate” pharmaceutical care must accordingly develop over time. Secondly, Lord Drummond Young gave direction on the word “secure” which was contained in Regulation 5(10).

Lord Drummond Young had stated that the Committee should look at more than achieving
bare adequacy of the existing pharmaceutical service. “Secure” suggested that it should be possible to maintain a state of adequacy into the future even though this may result in some form of over provision.

Mr Campbell suggested that in his submission he would discuss how the changes taking place within the neighbourhood and in pharmaceutical practice had rendered the current pharmaceutical services inadequate now and also how this would deteriorate over the very near future.

Mr Campbell then went on to say that the neighbourhood had been tested on two occasions by the National Appeals Panel and had been determined on both occasions to be populated areas of Houston, Crosslee and Craigends. The boundaries were considered to be the open farmland adjacent to the residential settlement and were marked in red on the map Mr Campbell had distributed to the Committee and the Interested Parties at the beginning of the meeting. Mr Campbell advised that JMC Healthcare Ltd respectively concurred with the National Appeals Panel with respect to the neighbourhood definition and felt there was no merit in continuing the argument of two separate neighbourhoods.

The Applicant did wish however to examine the make up of the neighbourhood which would highlight that the current pharmaceutical service was inadequate.

The neighbourhood had two distinct areas with Houston being an old conservation village with very little amenities. Craigends and Crosslee were fairly new developments of housing. The main retail parade serving the area was located in this part of the neighbourhood and the main primary school for the area was also located at Crosslee. The population of the area in 2008 was 6,450, which was in Mr Campbell’s opinion a considerable number of residents to be serviced by only one pharmacy.

At this point Mr Campbell produced a document which had not previously been distributed to the Committee or the Interested Parties. The document included information on demographics of the neighbourhood and population statistics. Copies of the document were given to each member of the Committee and each Interested Party. The Chair asked those present if they required an adjournment to allow them to familiarise themselves with the document’s content. All agreed that an adjournment was not necessary.

Mr Campbell advised that he had read in previous appeal hearings where the neighbourhood had been classed as “rural”. He pointed to the Scottish Government’s official definition of rural which was “settlements with a population of less than 3,000”. This neighbourhood was not a rural location – it was in official terms an accessible small town. A small town where people had the right to access adequate pharmaceutical care as any other small town with a population of around 6,450.

Mr Campbell advised that the bulk of the population lived south of the B790 in Crosslee and Craigends. He estimated that this split would be in the region of 75% to 25% looking at the population maps included in the Committee’s packs. This would give approximately a population of 4,000 people living in the Craigends/Crosslee area, which by any standards was a considerable amount. In 2008 20% of the total population were children
under the age of 16. This equated to just fewer than 1,300 children. Compared to a Scottish average of 17%. Those of working age accounted for 64% of the population. This compared with the Scottish national average of 62% and was therefore not significantly different from other areas of Scotland. Those of pensionable age accounted for 15.2% of the population or 982 people. This compared with a 19% for Scotland as a whole. Despite the elderly demographic being less than the Scottish average in 2008, Mr Campbell advised that logically as the area matured so would its residents. There was documented evidence that this was the case. The Scottish Neighbourhood Statistics website showed that the percentage of the population of pensionable age was only 10.7% in 2001 and had grown steadily over the past eight years to 15.2%. Analysis of the current growth rate predicted that by 2015 the population of pensionable age would be 20% of the total, bringing the demographic in terms of age range into line with the rest of Scotland.

This was one of the changes in the make up of the neighbourhood as alluded to by Lord Drummond Young that may determine the future adequacy of existing provision. It was clear that the population of the neighbourhood was aging and this would put additional demands onto the existing pharmaceutical service. There was more than a probable change in the neighbourhood as we would all age.

Mr Campbell then went on to look at the adequacy of the existing provision of pharmaceutical services within the neighbourhood.

He believed that the existing pharmaceutical service was inadequate now and this would deteriorate. There was currently one pharmacy within the neighbourhood located at the far north east of the area on the edge of the village of Houston adjacent to the local medical centre.

The pharmacy was open Monday – Friday – 8.30am – 5.30pm and on Saturday from 9.00am – 12.30pm. On a site visit by Mr Campbell on Monday 25th May it was also noted that there was no pharmacist available between 1.30pm and 2.00pm.

Mr Campbell believed that the pharmacy’s opening hours were inadequate as the 5.30pm closure time did not allow for those who worked outwith the area sufficient time to access their local pharmacy after work. Nor did it allow parents who may be picking up children in day care facilities to access the Minor Ailment Service (MAS) if they found that their child had taken ill during the day. The early closure on a Saturday meant that a population of 6,450 had no pharmacy on a Saturday afternoon – one of the busiest periods for patients realising they have run out of medication or that they needed MAS.

The pharmacy did not have disabled access and on the same site visit the entrance to the consultation room was not accessible to wheel chairs or buggies due to stock boxes being piled beside the entrance. The consultation room also appeared on the site visit to be doubling up as a stock check off point meaning that any patient wishing to use the room would have to wait until the area was cleared.

The Applicant believed that the existing premises were inadequate as they were not easily accessible to patients with a disability or patients with push chairs and buggies. They also believed that the premises were inadequate as clearly the staff had to use their consultation room as a multi-purpose facility.
In addition to the physical premises being inadequate they also believed that the location of the pharmacy created a situation of inadequacy. The pharmacy was poorly located in relation to the bulk of the population, particularly those living in the settlements of Crosslee and Craigends where 75% of the population lived. For patients living outside of Houston it was difficult to access the pharmacy by foot or by public transport. For the bulk of residents who lived south of the B790 the most direct route was to cross the B790 and walk up the Quarrie Brae Pathway. He advised that the Quarrie Brae pathway was a semi paved pathway which was unsuitable for the less mobile and for mothers with young children with poor lighting and steep inclines. It was also possible to walk to the site by walking up Kirk Road which had only a narrow pavement with no street lighting.

There was a longer route which involved from the shopping centre going through the underpass at the B789, along a further pathway, up a flight of stairs onto another pathway with uneven paving and intermittent lighting until you reached another underpass which went under the B790 to the start of Houston Main street. From here there was still a half mile walk to the far end of the town to reach the pharmacy.

There were no public transport links servicing the health centre site. The closest bus stop was located on Main Street Houston, next to the Primary School and Church, which left over half a mile to walk to the health centre and another half mile back to catch another bus. There were two regular bus routes which linked the two areas of the neighbourhood. The No. 7 ran at half hourly intervals with the No 8 running as an hourly service. There were three buses in total per hour, with 10 minutes between both at some points in the timetable.

Realistically the pharmacy was only easily accessible by those who had access to a car. To understand how this might affect the local population we needed to understand the levels of car ownership in the area. From the census data 8% of households had no access to a car with 40% of households having only one car. While Mr Campbell did not seek to deny that there were some within the area who had more than one car, he did not wish the Committee to ignore those without any car. As there was a high level of employment in the area it could be assumed that at some point during the working day, there were few cars in the area. This could be evidenced by visiting the site when school was starting or finishing and many parents would be seen walking to pick their children up.

The Applicant believed that there was a high percentage of patients who had no access to a motor vehicle during the day and would have to rely on foot or the inadequate public transport to access a pharmacy. This was clearly inadequate.

Mr Campbell advised that some would question whether this was a matter of convenience rather than inadequacy and he would argue that if someone has no access to a car in Craigends or Crosslee then the journey to the pharmacy was extremely difficult especially so if they were ill or with small children. At this stage inconvenience became inadequacy.

Mr Campbell noted that Mr Tait of Boots concurred with this view on the distinction between convenience and inadequacy. Mr Campbell quoted from the NAP hearing from 5th December 2006 for Boots application at Unit 1, Palace Towers Retail Park, Hamilton – a town centre location. “As the Applicant believed that there was a high percentage of patients who had no access to a motor vehicle during the day and would have to rely on foot or the inadequate public transport to access a pharmacy. This was clearly inadequate.
he argued that at some point a degree of convenience leads to desirability and equally something may be so inconvenient as to be inadequate.” Mr Campbell advised that he would argue strongly that the location of the current premises was inconvenient to the point that it was inadequate.

In Mr Campbell’s opinion, it was clear that the current pharmacy’s location was not easily accessible to the bulk of the population unless they used cars to access the pharmacy. This he believed created a state of inadequacy.

The Applicant noted that there were also other pharmacies outwith the neighbourhood which again were all accessible only by those using a car. The two next nearest pharmacies were both Boots Pharmacies located in Linwood and Bridge of Weir. There was therefore little choice in the way of pharmacy operator for patients living within the neighbourhood. This lack of choice impacted on patient care in two important areas which affected the adequacy of the existing service.

Mr Campbell advised that on his site visit he overheard a member of staff discussing an out of stock medication. It was the Applicant’s understanding that Local Boots Pharmacies had only Alliance as their single wholesaler with no back up 2nd line supplier. Given that stock shortages were a current issue the Applicant felt that this was an inadequate situation such that if Alliance were out of stock then the pharmacy had no mechanism to order this stock from other wholesalers. Mr Campbell illustrated this issue by pointing to the situation that had arisen over the Christmas period when Alliance Healthcare failed to deliver on a number of occasions due to the weather. He reported that AAH Pharmaceuticals did not miss any deliveries during that period. If Alliance Healthcare were out of stock of a medication this would result in a delay to the patient receiving their medication or having to travel outside the area to find a pharmacy with adequate supply arrangements. The fact that all the nearest pharmacies also use the same single supplier exacerbated this situation such that they did not create a safety net for supply issues.

The ability to supply medication in a timely manner was a prerequisite for an adequate pharmaceutical service. In this neighbourhood there was a pharmacy which had not availed itself to the safety net of a second line wholesaler for commercial reasons leaving the population without a safety net. This was clearly an inadequate situation which impacted adversely on pharmaceutical service.

JMC Healthcare Ltd had full line wholesale accounts with both Alliance Healthcare and AAH Pharmaceuticals. Furthermore they had accounts with three short line wholesalers which gave more cover should one wholesaler run out of medication.

Mr Campbell provided a further example of how this lack of choice impacted on patient care in the form of access to competitively priced medication. He advised that JMC Healthcare had looked at a sample of commonly purchased medication and compared Boots pricing with another local independent pharmacy in Johnstone. They chose ten common lines which were available as own brand lines and purchased them in Boots Pharmacies in Houston, Linwood and Bridge of Weir. They then purchased equivalent products in independent pharmacies in Johnstone. They expected there to be a difference but were surprised to discover that the basket of ten lines in Boots cost £32.64 whilst the total cost from the independent pharmacies was only £19.99. A difference of 63%.
Furthermore on all occasions in all three Boots stores they were offered more expensive branded products and had to request own brand alternatives, which gave the impression that Boots staff had been trained in these three pharmacies to offer the more expensive product which would have made the price comparison even more evident.

Mr Campbell then went on to look at the current pharmaceutical provision in more detail.

The Acute Medication Service (AMS) was the dispensing service for both acute and repeat prescriptions. There had been considerable growth in dispensing figures over the last few years with no reason to suggest that prescription numbers would fall with an aging population, additional drug regimes and more preventative medicine such as the growth in statin prescribing. The question the Committee must ask was whether a single pharmacy which had space constraints, serving a population of 6,400 could continue to safely provide such a service into the future as the demands on it continue to grow.

The Minor Ailment Service (MAS) gave access to free advice and treatment for minor ailments to those in the population that were exempt from prescription charges. These included children under 16, those over 60, pregnant mothers, those with a medical exemption and various other categories. To put some number to this there were 1,300 children who were eligible for this service and over 900 people of pensionable age. These two groups alone accounted for almost 35% of the population or 2,200 which was a conservative estimate.

Patients wishing to access this important service had to do so by making the long journey to the Boots pharmacy located on the edge of the town making access to this service more difficult for this patient group who were less likely to have access to multiple cars to allow access during the pharmacy's opening times.

On the site visit when he purchased children's medicines, the Applicant said he was never signposted to the Minor Ailment Service. The Applicant believed that the location of the pharmacy inhibited eligible patients from accessing this valuable free service.

The Public Health Service (PHS) aspect of the pharmacy contract was set up to provide easy access to preventative health advice and care to the public in easily accessible locations.

There were a number of strands to the service, including:

- the prominent display of targeted healthcare messages from the Scottish Government and the availability of health care literature. Recent campaigns had included flu advice and bowel cancer screening.

One of the reasons for choosing pharmacy to promote these messages was that hard to reach groups were more likely to see these messages in conveniently located pharmacies than in Doctors surgeries where only the currently ill accessed services. In the neighbourhood in question the only pharmacy was located in an area which was only accessed by patients using the GP surgery and pharmacy. It was not located in a place where people passed the site in the normal course of their day. Health Care promotional material was therefore not being seen by those hard to reach groups such as men and
teenagers.

- stop smoking service

Scottish pharmacies were able to provide a non-smoking service which provided a supported programme for those who wished to stop smoking. The pharmacist was able to prescribe NRT to patients and provide them with support to stop smoking. This service could be accessed by patient request, referral by other healthcare professionals or by pharmacist intervention. From his experience, Mr Campbell averred, a number of patients requested this service from seeing it advertised on the service offering POS, a large number of these were not regular patients but people who had considered quitting but had not been aware of this service. The Applicant again questioned whether or not the current pharmacy was located in the correct location to maximise the effect of this important service.

- sexual health services

Scottish pharmacies currently provided easy access to emergency hormonal contraception free of charge in easily accessible and discrete locations. Whilst the service was open to all women of child bearing age it was predominantly targeted at younger women over 13 years of age. The current location of the pharmacy within the health centre did not provide easy access for those most likely not to have access to a motor car and who were unlikely to wish for parental support to access this site for emergency contraception.

A pharmacy located within the neighbourhood centre would be easily accessible. There would be no stigma attached to attending the GP surgery site with any potential awkward questions of why she was on that site. It would also be much easier to promote this service to those girls who required it as they would pass this site much more frequently than they did the current pharmacy site.

In Mr Campbell’s opinion further sexual health services were planned including Chlamydia screening and treatment.

Mr Campbell referred the Committee back to the judgement of Lord Drummond Young and asked that they considered his thoughts on how standards of adequacy could develop over time. He had shown how the recent changes in pharmaceutical practice had changed in Scotland over the past few years with his outline of the new services. What he suggested was that these changes could turn a service that was once thought of as adequate into one that was no longer so.

Much of the recent changes were made so that patients could access pharmaceutical services in their community without the need to visit GPs or clinics. Mr Campbell had cited reasons why he felt that the location of the existing pharmacy in the neighbourhood failed to maximise these opportunities that the new contract brought especially in relation to MAS and PHS which had a detrimental effect on the overall adequacy of the neighbourhood and ultimately to patient care.

The current pharmacy services available through the Scottish Pharmacy Contract were considerable and placed a heavy workload on pharmacies. The Applicant believed that
the current provision of service within the neighbourhood was inadequate because the current pharmacy was poorly located for access. It was already tasked with providing a large number of services for a large population and its location was completely inappropriate and inadequate to provide a good quality PHS provision.

Mr Campbell then went on to look at the introduction of the Chronic Medication Service (CMS) which was currently being implemented and the effect that this would have on the pharmaceutical provision within the neighbourhood.

CMS would be targeted to those patients who were on medication to control long term conditions such as asthma, diabetes, high blood pressure and thyroid problems. These conditions were present in all demographic groups and affected the affluent as well as those from lower income backgrounds.

It was estimated that 2/3 of prescribed medication was prescribed to patients with Long Term Conditions. This information was taken from The Right Medicine 2002 A Strategy for Pharmaceutical Care in Scotland.

CMS was being introduced to improve care for those patients living with long term conditions by creating a shared care model between the patient, pharmacist and the GP. CMS involved the registration of a patient with long term conditions with the pharmacy. Each of these patients would need to be assessed by their pharmacist using a pharmaceutical assessment tool to determine if they were using their medication and to highlight any issues with their care. If there were any unmet pharmaceutical care needs the pharmacist and patient would agree a pharmaceutical care plan which would identify those issues and what actions were then required. This care plan would be regularly monitored and reviewed.

A copy of the plan would then be sent to the GP who would decide if the patient was suitable for a serial prescription which would allow the pharmacist to dispense their medication on a regular basis for either 24 or 48 weeks. At the end of this period the pharmacist had to complete an end of care summary and send this to the GP who might issue another prescription.

Mr Campbell advised that even this brief outline highlighted the incredible increase in workload involved to successfully implement this service. It would, in his opinion, take up a great deal of the pharmacist’s time and use the consultation room for long periods. Not only would this put pressure on the AMS but would also take up much of the time already used for providing public health services.

Pharmacies were expected to sign up 50 patients before the end of the year; however after Christmas the number of patients would not be limited and would be expected to increase as the Scottish Government publicised the service. Putting the service into perspective, Mr Campbell advised that the incidence of the main disease areas across Scotland were: high blood pressure – 12.5% (630 patients), asthma – 5.5% (280 patients) and diabetes – 3.9% (200 patients).

Mr Campbell advised that CMS was not only about numbers – it was about Quality of Care and Quality of Outcomes. It wasn’t about signing up as many patients as you could or
filling in as many care summaries as you could. It was about working in partnership with patients and GPs to ensure that the healthcare of the patient improved through proper interaction between healthcare provider and patient. It was a step change in how patients were looked after and it couldn’t be done without proper facilities and the time to spend with patients.

There was a clear change in pharmaceutical practice that affected how the standards of adequate pharmaceutical service would develop. The Applicant believed that the current pharmaceutical service was inadequate at present however it must now be clear that the introduction of CMS would put an intolerable strain on the current service rendering it even more unable to provide a full pharmaceutical service to the population of the neighbourhood.

Mr Campbell then went on to describe how the proposed pharmacy would solve the existing inadequacy within the neighbourhood.

Firstly it would be located in the heart of the community in an area that was easily accessible and was already accessed on a daily basis by large amounts of the local population.

The pharmacy was 133 m² and would have room for a large dispensary, two consultation rooms and a large selection of P and GSL medicines.

The pharmacy would be able to promote healthcare messages in a high footfall area, would be easily accessible for patients without access to a car including those too young to drive or have access to their own motor vehicle.

The presence of two pharmacies in the area would reduce the pressure to provide CMS from one site.

The Applicant would have adequate cover in terms of supply chain to minimise any supply issues unlike Boots.

They would have a delivery service to ensure that patients with mobility problems could have medication delivered to their homes.

In summary, Mr Campbell contended there was a large neighbourhood with a population of around 6,400 which was continuing to mature in terms of age.

The current pharmaceutical service was inadequate for the following reasons:

- the pharmacy was poorly located on the edge of town, was only easily accessible by car rendering it inaccessible for some patients during the day when they had no access to a car.
- the current pharmacy was small, cramped and had no disabled access.
- the consultation room was used as an office and a stock drop off point.
- the reliance on one single wholesale supply exacerbated any supply issues.
- the Boots monopoly in the area exacerbated this supply issue even further.
- due to its location the pharmacy was not maximising the opportunities to improve
healthcare through the PHS.
- prescription numbers were growing and would continue to grow as the documented
growth in elderly patients resulted in higher prescribing rendering the existing service more
inadequate.
- there were a large number of patients eligible to use MAS – these patients were those
more likely to have difficulties accessing the current site.
- lack of choice was putting a premium on the cost of self medication.
- the introduction of CMS would further render the existing service inadequate.

Mr Campbell believed that the proposed pharmacy resolved all of the above issues and
therefore contended that it was both necessary and desirable to secure an adequate
pharmaceutical service to the neighbourhood.

The Interested Parties Question the Applicant

In response to questioning from Mr Mooney, around the differences between this
application and the applications previously considered for premises in this area, the
Applicant contended that the last application had been heard in 2007. Since that time
changes had occurred in the age demographics of the neighbourhood. Developments had
taken place in the pharmacy contract with the introduction of CMS. Lord Drummond
Young had suggested that such changes could be taken into consideration when
determining applications and that consideration should be given to future changes that
might render the current provision of services inadequate.

In response to further questioning from Mr Mooney regarding the Public Health Service,
the Applicant advised that the proposed pharmacy’s approach would be one where the
services of the pharmacist would be combined with the more traditional approach of poster
message. He advised that many patients were not aware of PHS unless it was provided
from a place convenient to them.

In response to further questioning from Mr Mooney regarding what the proposed
pharmacy would offer that would be different to that offered by the existing network, the
Applicant advised that services would be offered from a pharmacy which could be easily
accessed within the neighbourhood. The location would be convenient to the bulk of the
population; it was not on the outskirts of the neighbourhood and it would offer the
population choice.

In response to further questioning from Mr Mooney regarding the demographic information
presented by the Applicant, Mr Campbell advised that by 2015 the number of elderly
patients in the neighbourhood would be in line with the Scottish average. He accepted
that currently the proportion of elderly patients was less than the Scottish average;
however felt that this was increasing at a faster rate compared to Scotland.

In response to further questioning from Mr Mooney, the Applicant advised that he had not
conducted any surveys to gauge public opinion regarding service provision in the area, nor
had he engaged with the community council. He was aware that previous applicants had
provided evidence which would suggest dissatisfaction with the current service. He further
stated that location should be a factor in consideration of adequacy and that this was not
just his own interpretation.
In response to further questioning from Mr Mooney, the Applicant confirmed that he was not aware if any formal approaches had been made to the Health Board regarding the inadequacy of service provision within the neighbourhood. He further advised that he was unable to comment on why the GP surgery and the Community Council had lodged objections to the development of a further pharmacy.

In response to further questioning from Mr Mooney regarding viability, the Applicant confirmed that he felt the proposed pharmacy would be viable.

In response to further questioning from Mr Mooney, the Applicant advised that he had no information which would allow him to agree or disagree that the area of Houston was a dormitory settlement. He further confirmed that the residents within the neighbourhood would have a choice of places from which to do their weekly shop.

In response to further questioning from Mr Mooney regarding public transport, the Applicant advised that any patient travelling to Bridge of Weir on a Saturday afternoon for a MAS consultation and using public transport would be doing so because currently they had no other option. There was no choice for them at the moment.

In response to final questioning from Mr Mooney, the Applicant agreed that the population statistics provided for 2008 had declined slightly from the 2001 Census statistics. He contended that the population was however getting older and as such more in need of pharmaceutical services.

In response to questioning from Mr Nisith Nathwani, the Applicant advised that the residents of the neighbourhood would currently access other amenities such as shops and banking in a number of areas such as Johnstone, Paisley, Glasgow and Linwood.

In response to further questioning from Mr Nathwani, the Applicant confirmed the proposed location as being the heart of Houston and Crosslee. He advised that not many towns contained all of the amenities of a large town.

In response to further questioning from Mr Nathwani around the price comparison exercise, the Applicant contended that this was not the sole reason for granting a further contract in the neighbourhood, but that adequacy was made of many aspects. The issue of price may be a significant issue for some residents within the neighbourhood.

In response to further questioning from Mr Nathwani regarding the Minor Ailment Service, the Applicant confirmed that he did not have an eligible patient with him when he was undertaking the price comparison exercise.

In response to final questioning from Mr Nathwani, the Applicant advised that he did have evidence on how CMS could impact the workload for pharmacies. He had been a senior manager with Lloyds and that this was only an opinion of the likely impact of the service

**The PPC Question the Applicant**

In response to questioning from Dr Johnson, the Applicant confirmed that he did not go in
to the Co-operative store within the parade of shops at Crosslee to compare the price of paracetamol with Boots. He had concentrated on P only medicines.

In response to further questioning from Dr Johnson, the Applicant confirmed that he was aware that the Board had received a letter from the Community Council objecting to the opening of a further pharmacy. He further advised that this may have been to do with issues around methadone supervision and services to drug misusers, which he knew were issues that were raised in objection to new pharmacies. He did not feel there would be a significant demand for such services at the proposed location.

Professor McKie asked the Applicant whether his contention that the practice of Boots not having a second back-up wholesaler being detrimental to patient care, meant that all Boots pharmacies were providing an inadequate service. The Applicant advised that adequacy comprised more than one element. The restrictions imposed by having only one wholesaler was only one element, but a significant one nevertheless and one which could lead to patients being let down due to the lack of availability of some medicines.

In response to a follow up question from Professor McKie around whether the proposed pharmacy might find themselves in a similar situation, the Applicant advised that the availability of medicines was an issue for every pharmacy at the moment. Wholesalers did run out of stock, however the existence of a second full line wholesaler and three other shop wholesalers greatly reduced the chance of this happening. He further contended that this was one factor that didn’t in itself prove inadequacy, but added another reason to why the service was inadequate.

In response to further questioning from Professor McKie, the Applicant advised that they would be looking to employ one full time pharmacist in the proposed pharmacy. The company might take on another part time pharmacist to work between two of their pharmacies.

In response to questioning from Mr Dykes, the Applicant advised that he would not expect a pharmacist to sign away their rights under the European Working Times Directive to a break. He had found it strange that the pharmacist was not available at a time the neighbouring GP surgery was open; however he would leave the arrangement of breaks to the pharmacist.

In response to further questioning from Mr Dykes regarding parents taking their children to school on foot, the Applicant advised that residents living in the neighbourhood benefitted from the pleasant surroundings however this did not change their fundamental right to access to services.

In response to further questioning from Mr Dykes regarding the price comparison exercise, the Applicant advised that medication might not be of better quality if it was more expensive and that aciclovir cream was certainly not £2.40 better than that bought from an independent pharmacy. He accepted that the residents of the neighbourhood might not be unhappy paying a premium.

In response to questioning from Mr Irvine, the Application confirmed that the proposed premises were not yet constructed. He confirmed that the building warrant was in place.
and the developer had estimated a 12 week build period. The pharmacy would be up and running within six months.

In response to further questioning from Mr Irvine, the Applicant confirmed that he did not have any health statistics for the neighbourhood.

In relation to questioning from Mr Reid, the Applicant confirmed that if the current Boots Pharmacy had been situated in a different location, he might view the service provision more positively. He again reiterated that adequacy comprised several different elements; the current premises were inadequate over several of these. The premises themselves were not adequate in terms of the consultation room which was used for other things. There were valid issues around lack of access to PHS and MAS.

In response to final questioning from Mr Reid, the Applicant confirmed his view that the lack of signage for the Stop Smoking campaign would have a detrimental effect on access to the service.

In response to questioning from the Chair regarding the Community Council's assertions that the current pharmacy's location was convenient for immediate access from the GP surgery, the Applicant suggested that this represented an outmoded view of pharmacy. He would like to speak to the Community Council to help them understand how the work of community pharmacy was moving away from the supply of medication and to explain the benefits these changes would have for patients.

There were no questions to the Applicant from Mr Gillespie.

The Interested Parties' Case – Mr Andrew Mooney (Boots UK Ltd)

Mr Mooney thanked the Committee for giving him the opportunity to respond to the arguments raised.

He advised that Boots UK Ltd’s definition of neighbourhood was that previously defined by the NAP as part of their decision on the previous Lloyds application in September 2002 in respect of the same site at 55a Crosslee Shopping Centre. They concurred the neighbourhood should be defined by the postcode area PA6 7 and that Houston, Crosslee and Craigends constituted one neighbourhood with the neighbourhood centred in Houston with shared facilities. He referred to the General Register Office for Scotland statistics, which showed the population of the neighbourhood of PA6 7 (classified as the settlement of Houston), on the census day (29th April 2001) as being 6,610. The area was affluent and mobile. The Glasgow Centre for Population Health provided indicators covering a range of health issues. In nearly every indicator the post-code showed below the Scottish average.

The most recent population updated were estimates for settlements mid-2008. There were available on the General Register Office website and detailed Houston’s population as 6,510 which represented a slight reduction in the 2001 census level, with an increased proportion of young people within this figure. Mr Mooney therefore suggested that the population had stabilised at around the 6,600 level, especially given that the current local development plan deemed there would be no requirement for additional housing.
addition, there was strong local opposition to no more housing and this showed that the probability of future growth was not there.

Mr Mooney advised that the critical test for determining the application should be granted was that set out in Regulation 5 (10) of the current Pharmaceutical Regulations. He wished however to draw the Committee’s attention to the construction of this regulation which was interpreted in June 2004 by Judicial Review in the Second Division, Inner House, Court of Session by Lord Justice Clerk, Lord MacFadyen and Lord Drummond Young in the Lloyds Pharmacy Limited v NAP + E A Baird.

In the opinion of the Judges, the decision maker, having identified the neighbourhood, must approach the decision in two stages. First it must consider whether the existing provision of services in the relevant neighbourhood was adequate. If it decided that such provision was adequate that was the end of the matter and the application must fail. Mr Mooney didn’t think that the Applicant had given evidence of inadequacy. The examples he had highlighted were based on personal opinion and anecdotes. Mr Mooney suggested that if services were as bad as the Applicant had made out, the Health Board and/or Boots would have received complaints.

The fundament criterion against which the application was to be judged was the adequacy of pharmaceutical services in the relevant neighbourhood. The test of adequacy was a simple one, in that there was no room for a spectrum of adequacy – the existing services were either adequate or not.

Mr Mooney advised that there was good interaction between the pharmacist in the current pharmacy and the GP practice. The building blocks of CMS had already been put in place and an agreement had been reached that would see Pharmaceutical Care Plans undertaken in partnership between the two. The pharmacy already provided a full and comprehensive range of pharmaceutical services for the residents of the village. This included a free collection and delivery service, domiciliary oxygen provision and CDS dispensing in addition to the core services of the new contract. Furthermore, when the need had arisen historically the pharmacy had provided supervised methadone administration, although there wasn’t a high demand for this service in the area.

The pharmacist and her team had historically participated in all local initiatives. Therefore pharmaceutical care services which involved clinical audit, compliance aid assessment and holistic medication reviews were already being delivered in Houston. The major benefit at present was that the pharmacist delivered theses services with the help and support of the local general practice, both from within the pharmacy in Kirk Road and during domiciliary visits; if these were required. The current model of provision was facilitating the integration of pharmacy into the primary care team and making better use of the pharmacist’s clinical skills and knowledge to improve patient care. This was “The Right Medicine” and the Scottish Government’s modernisation agenda in action.

Mr Mooney contended that in the past Boots UK Ltd had provided letters of support from the GP practice and local community groups to support their position and this would be on record within the NAP hearing files. These issues were all clearly discussed in previous hearing and nothing the Committee were hearing today was new, including the issues around suppliers. Boots UK Ltd had access to a delivery service network that would allow
the pharmacy to obtain medication from another store in the event of a shortage.

In terms of dispensing activity the pharmacy dispensed around the average number of items per year based on ISD information for GG&C’s 311 pharmacies in 2009. Given this business profile and the high percentage of PCS the pharmacy had the capacity and capability to meet the challenges of the new contract.

Mr Mooney pointed to the community health and well-being profile for Houston, produced by the Glasgow Centre for Population Health supported their proposition that the population was healthy, affluent, mobile and had lower health needs.

This evidence supported the Boots view that the current pharmaceutical service provision was adequate and the new contract was neither necessary nor desirable in order to secure adequate provision of services in the defined neighbourhood.

Mr Mooney advised that with regard to future adequacy of pharmaceutical services, Boots UK Ltd was committed to continually reviewing and developing their service and infrastructure to meet the challenges of the new contract and improve care for patients. The company had made significant investment in the pharmacy and in their staff who would be key in providing services to ensure that they could meet patient need and expectation. They relied on communication and feedback from both customers and the Health Board on their requirements. To this end if the current opening hours were not deemed long enough the company could review to ensure that any need was catered for. There had been no demand for services on a Saturday afternoon and the public transport service to Bridge of Weir ensured access was maintained during this time.

**The Applicant Questions Mr Mooney**

In response to questioning from Mr Campbell around disabled access to the current pharmacy, Mr Mooney advised that access for those with a disability was achieved via a push button on the outside of the door. This would alert staff to bring a portable ramp out for assistance. He further advised that the company’s Property Team had deemed this the most effective solution for this issue.

In response to further questioning from Mr Campbell, Mr Mooney advised that while Boots UK Ltd might wish to relocate their current pharmacy to a more centralised position, this was not currently an option as moving away from the current location would leave it open to others to make applications for inclusion in the Health Board’s List at the vacated premises. It was Mr Mooney’s contention that the neighbourhood would be unable to sustain two pharmacies.

In response to questioning from Mr Campbell regarding stock issues, Mr Mooney advised that all contractors could at any time experience difficulties in obtaining stock. It was up to them to arrange pragmatic solutions to such issues and as such he felt it entirely reasonable for Boots to obtain any medication in short supply from their other branches or independent pharmacies nearby. He contended that Boots monitored the availability of medication robustly and did everything they could to ensure continuity of supply.

**There were no questions to Mr Mooney from Mr Nathwani.**
The PPC Question Mr Mooney

In response to questioning from Mr Reid, Mr Mooney advised that Boots UK Ltd as a company were required as part of their NHS contract to keep records of any complaints or representations made regarding their services. In addition, the company encouraged the submission of feedback from customers via customer telephone lines. He was not aware of any service issues being raised in this neighbourhood.

In response to further questioning from Mr Reid, Mr Mooney advised that if granted, the application would not cause the Local Boots Pharmacy in the neighbourhood to close, but would affect the prescription volume and dilute service provision, which would lead to an inadequate provision.

In response to questioning from Mr Dykes, Mr Mooney advised that the current opening hours allowed those residents who commuted outwith the neighbourhood for work to access the pharmacy in the morning. The opening hours of the pharmacy mirrored the hours of the medical practice. He was not aware of why the pharmacist would be unavailable during a time when the medical practice was open. He anticipated that this might have been an isolated incident.

In response to further questioning from Mr Dykes, Mr Mooney advised that Boots operated a standard pricing policy across all its stores.

In response to questioning from Professor McKie, Mr Mooney advised that Boots had considered applying both for a relocation of the current premises and for an additional contract within the neighbourhood. They were mindful that in moving away from the surgery they could be left open to defending applications from others to open a pharmacy at the current premises. The current regulations did not allow the relocation of a community pharmacy for the sole reason of moving to a more adequate unit.

In response to further questioning from Professor McKie around proposed staffing for the new services coming on board, Mr Mooney advised that the operating model would evolve through time. Boots UK Ltd’s on-going policy was to upskill their dispensing team to free up the pharmacist to provide the additional services. This having been said, the company had access to a network of pharmacists and could tap into a second one to allow flexibility. At this point it was difficult to say as the final operating model was not known.

In response to questioning from Dr Johnson, Mr Mooney advised that he disagreed with the Applicant’s assertion that the introduction of CMS would place an intolerable strain on the current pharmacy so as to render its services inadequate. He advised that the pharmacist was already undertaking local services. The introduction of CMS would be a step change. The current pharmacy dispensed a moderate prescription volume and could easily accommodate new services.

In response to further questioning from Dr Johnson, Mr Mooney agree that moving the current pharmacy away from the GP practice would have a detrimental effect on the professional relationship that had been developed with the GPs in the practice. The company had taken all issues into consideration and considered the current situation to be
ideal scenario. While the premises might not be perfect, they were nevertheless adequate.

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

The Interested Parties’ Case – Mr Nisith Nathwani (Lloydspharmacy)

Mr Nathwani commenced his submission by addressing the issue of neighbourhood. The neighbourhood had previously been defined at the last NAP hearing for Crosslee against Mr Jim Rae as the two council wards of Bridge of Weir North and Craigends and Houston and Langbank, less the Langbank area. The neighbourhood was situated in a rural area and the boundaries were natural adjacent to open farmland.

It seemed logical to uphold the previous definition of neighbourhood as since 2007 there had not been any substantive changes in the neighbourhood in terms of population, housing or demographics.

He advised that JMC Healthcare referred to a population in their application of 6,600 and this was the same population as considered by the NAP in 2007, although it had since decreased slightly. Mr Nathwani felt this supported the fact that there had not been much in the way of change. The Applicant had not provided any evidence that anything had changed substantially to justify an additional NHS contract. This was a particularly affluent neighbourhood with high multiple car ownership and a mobile young healthy population.

The Applicant stated in their supporting letter that the population could support an additional pharmacy and that the retail parade had a large footfall. They also stated that patient choice and desirability was also of importance. These factors were only really of any consideration if the existing provision of pharmaceutical services were considered to be inadequate and as the PPC was aware choice of service provider was not a matter for consideration under the regulations.

The defined neighbourhood had two existing pharmacies, and there were a number of pharmacies nearby in Linwood and Clippens all providing an adequate service.

The Lloydspharmacy in Linwood complied with all aspects of the new Scottish contract and offered a delivery service to Crosslee, Craigends and Houston.

Mr Nathwani asked the PPC to take these comments into consideration and in the absence of any substantive evidence the same decision as previous should be upheld and to refuse the application.

The Applicant Questions Mr Nathwani

In response to questioning from Mr Campbell, Mr Nathwani advised that many of the residents in the neighbourhood accessed Lloydspharmacy as they were registered with the GP practice in Linwood.

There were no questions to Mr Nathwani from Mr Mooney.
The PPC Questions Mr Nathwani

In response to questioning from Dr Johnson, Mr Nathwani confirmed that Lloydspharmacy had access to two wholesalers. AAH was their primary supplier with Unichem being a back-up. He further confirmed that the company had been let down on occasion when the wholesaler had run out of stock, however they had good relations with their neighbouring independent pharmacies and they had not experienced a significant delay.

In response to questioning from Mr Dykes regarding the Lloydspharmacy premises in Linwood and what plans were in place for the demolition of the shopping centre, Mr Nathwani advised that the pharmacy would relocate to portacabin premises adjacent to the medical practice when the centre was demolished. Subsequent to the general practice relocating to new premises in the redeveloped area, the pharmacy would co-locate with them.

In response to questioning from Mr Irvine, Mr Nathwani confirmed that the Lloydspharmacy branch in Linwood delivered to patients in the Houston area. The numbers were however, not substantial.

There were no questions to Mr Nathwani from Professor McKie, Mr Reid, Mr Gillespie or the Chair.

Summing Up

The Interested Parties were then given the opportunity of summing up.

Mr Nathwani advised that the Applicant had provided no evidence of inadequacy. The uptake of PHS and MAS were below average. The area was affluent and mobile. The impact of CMS was at the moment, conjecture and there was no evidence of public dissatisfaction. The Committee should reject the application.

Mr Mooney advised that the Committee had heard no evidence to suggest the current services were not adequate. Expert panels had looked at this issue on a number of occasions. The application was not necessary or desirable to secure adequate provision of services. He further considered that any new pharmacy might be detrimental to the development of services in the area.

The Applicant advised that there had been changes in the neighbourhood in terms of demographics. There were more elderly patients which in turn equated to more need for services. There had been significant changes in pharmaceutical practice which had rendered the current provision of services inadequate. The application should be granted.

Before the Applicant left the hearing, the Chair asked the Applicant and Interested Parties to confirm that they had had a full and fair hearing. Each of them 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 Party 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 – various addresses;
   - Lloydspharmacy – 18/20 Burnbrae Avenue, Linwood;
   - Penman’s Pharmacy – various addresses; and
   - The Co-operative Pharmacy – 18 Quarry Street, Johnstone

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

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

The Committee noted that in accordance with the requirement to consult the public, notification of the application had been sent to:

d) - The Paisley Express (advert run on Friday 26th February 2010) – one response was received;

e) - Renfrewshire CH(C)P Public Focus/Patient Involvement Group – response received;

f) The following community councils:
   Houston – no response received;

The Committee also considered:-

g) The location of the nearest existing pharmaceutical services;

h) The location of the nearest existing medical services;

i) Demographic information regarding post code sectors PA5.8, PA6.7 and PA11.3.;

j) Information from Renfrewshire Council’s Planning & Transport Department regarding future plans for development within the area;

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

l) A pattern of public transport in the area surrounding the Applicant’s proposed premises; and
j) A document tabled by the Applicant containing information relating to demographic information and commercial information.

**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, the Community Pharmacy Subcommittee and previous NAPs in relation to the application. The Committee considered that the neighbourhood should be defined as the populated areas of Houston, Crosslee and Craigends. The neighbourhood was situated in a rural area and as such the minor road (B790) was not considered to be a natural boundary. The boundaries defined by the Committee were natural, being adjacent to open farmland.

**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 was one pharmacy. The pharmacy provided pharmaceutical services including core services and supplementary services. The Committee considered that the level of existing services provided satisfactory access to pharmaceutical services within the defined neighbourhood. The Committee therefore considered that the existing pharmaceutical services in the neighbourhood were adequate.

The Committee noted the Applicant’s comments around the changing face of pharmaceutical service provision and how the implementation of CMS might have such a significant effect on the established community pharmacy to render the services provided by it to become inadequate. The Committee was mindful that CMS had only been introduced from 11\textsuperscript{th} May. At this stage it was too early to quantify what effect this would have on community pharmacy as a whole. It was known that the implementation of the other elements of the pharmacy contract i.e. MAS did not result in a “big bang” effect and uptake of these services had developed at a pace that allowed pharmacies to develop their work practices to comfortably accommodate any additional workload. There was no evidence at the moment to suggest that pharmacies would not be able to incorporate the workload generated by CMS into their current practices.

The Committee were further aware that the population of the neighbourhood had declined since the last census in 2001. While the number of people of pensionable age had increased slightly, it was still less than the Scottish average. As there was unlikely to be any further housing developments within the area, the Committee felt certain that the
population had stabilised at this level. The existing pharmacy provided adequate services to meet the needs of the population.

The Committee was satisfied that no evidence had been produced by the Applicant, or had been made available to the Committee via another source which demonstrated that the services currently provided to the neighbourhood were inadequate.

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

In accordance with the statutory procedure the Chemist Contractor Members of the Committee Mr Kenneth Irvine & Mr Gordon Dykes and Board Officers were excluded from the decision process:

DECIDED/-

The PPC was satisfied that the provision of pharmaceutical services at the premises of the Applicant was not necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises were located by persons whose names are included in the Pharmaceutical List and in the circumstances, it was the unanimous decision of the PPC that the application be refused.

The Chemist Contractor Members of the Committee Mr Kenneth Irvine & Mr 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 2010/17 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:

- Farhat and Ramzan Ali – 1371 Barrhead Road, Crookston, Glasgow G53 7DA

6. NATIONAL APPEALS PANEL

The Committee having previously been circulated with paper 2010/18 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:

Mr Kasim Gulzar Ltd – 1/3 Kennishead Avenue, Thornliebank, Glasgow G46 8PR (PPC/INCL06/2009)

The Committee noted that the National Appeals Panel had dismissed the Appeal submitted against the PPC’s decision to grant Mr Gulzar’s application to establish a pharmacy at the above address. As such Mr Gulzar’s name was included in the Board’s
Provisional Pharmaceutical List. The new pharmacy was due to open later in the year.

NOTED/-

7. ANY OTHER COMPETENT BUSINESS

None.

8. DATE OF NEXT MEETING

To Be Arranged.