

NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (09)

Minutes of a Meeting held on
Monday 22nd November 2010 in
The Board Room, Glynhill Hotel, Junction 27 M8
Paisley PA4 8XB

PRESENT:	Peter Daniels	Chair
	Professor Joe McKie	Lay Member
	Mrs Catherine Anderton	Deputy Lay Member
	Prof Howard McNulty	Non Contractor Pharmacist Member
	Mr Alasdair MacIntyre	Contractor Pharmacist Member

IN ATTENDANCE:	Dale Cochran	Community Pharmacy Development Supervisor
	Richard Duke	Contracts Manager – Community Pharmacy Development
	Janine Glen	Contracts Manager – Community Pharmacy Development
	David Thomson	Deputy 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.

ACTION

1. APOLOGIES

Apologies were submitted on behalf of Colin Fergusson and Alex Imrie.

Section 1 – Applications Under Regulation 5 (10)

2. MINUTES

The Minutes of the meeting held on Wednesday 27th October 2010 **PPC[M]2010/07** were approved as a correct record.

3. ANY OTHER BUSINESS NOT INCLUDED IN AGENDA

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

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

Case No: PPC/INCL05/2010

Salwan Pharmacy Ltd, 27 Main Street, Howwood PA9 1AW

The Committee was asked to consider an application submitted by Salwan Pharmacy Ltd to

provide general pharmaceutical services from premises situated at 27 Main Street, Howwood PA9 1AW 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 Salwan Pharmacy 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 Neeraj Salwan ("the Applicant"), assisted by Mr Arvind Salwan. The Interested Parties who had submitted written representations during the consultation period and who had chosen to attend the oral hearing were Mr Charles Tait (Boots UK Ltd) ("the Interested Party").

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: Howwood, Spateson and Johnstone.

The Committee noted that the premises were constructed and were currently operating as the Village Store. The pharmacy area was not yet fitted out. The Committee had gained access to the premises and had toured the wider area.

The procedure adopted by the Pharmacy Practices Committee ("the PPC") at the hearing was that the Chair asked the Applicant to make his submission. There followed the opportunity for the Interested Party and the PPC to ask questions. The Interested Party was then asked to make their submission. There followed the opportunity for the Applicant and the PPC to ask questions. The Interested Party and the Applicant were then given the opportunity to sum up.

The Applicant's Case

Mr Salwan commenced his presentation by seeking clarification on a point relating to previous applications for a pharmacy which had been submitted for the same neighbourhood. One of these applications had been granted by the PPC and was subsequently overturned at National Appeals Panel (NAP) level

Mr Salwan advised that the NAP had now given guidance which stated that previous

applications were decided on their own merits and that decisions on these were final. All new applications must be heard in their own right. Mr Salwan suggested that before the hearing commenced, the Committee should take the NAP's advice on board and accept that whatever decision was taken in the past remain there and that the Committee make a fresh decision on this current application

Mr Salwan then went on to provide the Committee with some personal background and the reasons why he had decided to submit this application.

On purchasing his first pharmacy at Johnstone Castle in 2001, he became aware of prescriptions being presented from residents in Elderslie as there was no local provision within their locality. Further examination encouraged him to submit an application which, despite the positioning of an extended hours pharmacy close by and opposition from established contractors, was successful. In September 2008 he acquired the Spateston Pharmacy

He suggested that the Committee may have noticed that his pharmacies were not based on the traditional model of being situated around a surgery but positioned at the heart of the community they served. This was the particular model of pharmacy he was seeking to replicate in Howwood and by providing good quality services and building up loyalty and goodwill locally, demonstrate that residents need no longer rely on pharmacies situated several miles away.

Mr Salwan averred that it was said that opening a pharmacy in Elderslie would have a detrimental affect on current services; however in his opinion there had been little effect. His pharmacies had won numerous awards in recognition of their impact on the community including a Business Development Award not long after the Elderslie pharmacy opened. This had had a positive impact on the neighbourhood with an increasing number of previously empty shop units becoming occupied. Other awards included:

- Managing Healthcare Services in the Community 2007- Scottish Chemist Review Awards;
- Education and Self Development 2008 – Scottish Chemist Review Awards;
- Pharmacy Services and Innovation Award 2009- Alliance Pharms Awards.

He proposed that only a pharmacy situated at the heart of a community could champion these causes. These types of issues could not be tackled by a 'faceless pharmacy'. For example, "How could a driver delivering prescriptions win the Pharmacy Services and Innovation Award?; How could a pharmacy situated in the town centre of Johnstone win the Managing Healthcare Services in the Community Award when it wasn't situated in the community?". The pharmacy in Elderslie was now open every Christmas and with the relationships established with the GPs, receptionists and nurses in Johnstone over the last 10 years he believed he could easily replicate in Howwood what had been achieved in Elderslie

He had applied for pharmacy contracts in the past and before entering into the process always took a full and rounded view on whether it made sense to apply. Whether he had the support of the residents of the neighbourhood was, in his opinion, crucial, more so on the adequacy and desirability for services rather than on convenience. He emphasised that he

didn't enter into this process lightly as he was well aware of the workload involved. For Howwood he had looked at current government objectives and policies with regard to health care outcomes. The underlying theme in recent white papers had set out ease of access to services as a priority.

The Government's core aim was to improve the long-term health of Scotland's communities and, significantly, Mr Salwan believed that the granting of this application would allow his company to deliver Scottish Government objectives on effective healthcare and intervention, management of chronic and acute illness, health inequality and social inclusion of rural and remote communities. For example, he suggested that granting a pharmacy application in this neighbourhood would contribute towards *Delivering for Remote and Rural Healthcare: The Final Report of the Remote and Rural Workstream (May 2008)*.

The existing pharmaceutical provision in this area was inadequate. The single, most significant inadequacy was that of accessibility and social exclusion for the growing community of Howwood. This included a demonstrably ageing population, with increasing healthcare needs and mobility challenges. When the residents of Howwood ventured out of the area to use a pharmacy, it was because they were already ill. They were not being afforded the same proactive care as residents of other neighbourhoods who could access pharmacies in the course of their day to day lives.

- [Health Improvement](#) for the people of Scotland - improving life expectancy and healthy life expectancy;
- [Efficiency](#) and Governance Improvements - continually improve the efficiency and effectiveness of the NHS;
- [Access](#) to Services - recognising patients' need for quicker and easier use of NHS services; and
- [Treatment](#) Appropriate to Individuals - ensure patients receive high quality services that meet their needs.

Examples included:

- Through smoking cessation services, support 8% of your Board's smoking population in successfully quitting (at one month post quit) over the period 2008/9 - 2010/11.
- Achieve agreed number of inequalities targeted cardiovascular Health Checks during 2010/11.

Mr Salwan advised that he had mentioned these examples as a pharmacy at Howwood would help achieve these targets. In addition he cited the target for .

- NHSScotland to reduce energy-based carbon emissions and to continue a reduction in energy consumption to contribute to the greenhouse gas emissions reduction targets set in the Climate Change (Scotland) Act 2009.

Mr Salwan advised that a pharmacy situated in Howwood could contribute towards a reduction in the number of people travelling by cars, and supported the reason for quoting the above targets.

Mr Salwan then went on to speak about what he perceived were the inadequacies of the current service.

He suggested there was a fault in the formal NHS Complaints procedure as no one really knew about it. He didn't even know and he had been qualified 15 years. He advised that on questioning his pharmacy colleagues they didn't know about the process either, so he questioned how the public would be expected to know.

Despite this situation, numerous complaints regarding the lack of access to the current provision had been made directly to the Councillors representing Howwood and to the Community Council. Mr Salwan advised that this was evident in the supporting surveys and letters along with letters sent directly to the Community Pharmacy Development Team and which were included in the papers to be considered by the Committee

He advised that in Johnstone it currently averaged one and half weeks to get a doctor's appointment and recent efforts by patients to get round this by taking emergency appointments had resulted in a more rigorous application of the appointment process. Mr Salwan had obtained information on the practice list sizes for the surgeries in Johnstone from ISD which helped to explain why the waiting times were so high. He felt this also helped explain why the pharmacies were so busy in Johnstone and why patients and carers experienced a long period of delay before prescriptions were dispensed. In addition, not every medication was always in stock resulting in patients having to make multiple journeys to collect balances. Waiting times were described as 'horrendous' by numerous contributors to the surveys.

- The Linden Medical Centre had 14,466 registered patients
- Johnstone Health Centre had 6,593 registered patients
- Ravenswood Surgery had 6,037 registered patients
- Riverview Medical Centre had 5,096 registered patients.

According to ISD on-line, prescription volumes in Scotland increased from 63.1 million in 2000/01 to 89.0 million items in 2009/10. This growth reflected not only the availability of new or more effective medicines, but also increasing patient expectation, demographic changes and the implementation of clinical guidelines and recommendations. The number of prescriptions per person on general practitioners' lists grew from an average of 11.8 in 2000/01 to 16.2 in 2009/10. If as mentioned this total figure of registered patients in Johnstone surgeries was multiplied by the average amount of prescriptions written per person; this would equate to 502,195 prescriptions written in a year with 80% of these being for repeat supply giving a total of 401,756. If this figure was then divided by the number of pharmacies in Johnstone (6): this equated to 5600 items dispensed per pharmacy per month and was well above the accepted average figure of 4000 items per pharmacy. If this figure was then multiplied by the average item figure of 16.2 per person x 2000 population/ 12 = 2700 items a month then the total prescriptions potentially generated by the population of Howwood could exceed the break even figure of 2000 items required to operate a pharmacy and make it financially viable. Mr Salwan had applied this reasoning based on his experience as the owner of other pharmacies.

Mr Salwan advised that whilst working as a full time pharmacist in his Johnstone branch, he undertook the daily drive round to collect prescriptions from each surgery in the town. This routine had occurred every day at lunchtime for two years so he felt he was well aware of how hard it was to drive through Johnstone and park due to the level of congestion. None of the established pharmacies had dedicated parking facilities which added to the difficulty for some in accessing these facilities

Working directly as a pharmacist in Johnstone had provided him with an awareness of the current issues. Mr Salwan's pharmacies regularly received phone calls to undertake deliveries for patients that were not regular customers as their normal pharmacy was closed or was unable to deliver until the next day

He advised that the compliance aid situation was worsening in Johnstone. He had spoken at length to Janette Sims, an interface pharmacist at the Royal Alexandria Hospital whose role was to assess if a hospital patient would benefit from the use of a weekly pill pack to increase their level of concordance and alleviate any potential confusion on when to take their medication. Ms Sims liaised with community pharmacies to help identify those with capacity to take on the organisation of a person's medication into a weekly compliance aid. She then followed this up at the patient's home to check if the aid was proving beneficial and hadn't de-skilled them too much in terms of their understanding of the medication they were on. Mr Salwan's pharmacies had been taking on compliance aid patients who were not regular customers for the reason that the pharmacies in Johnstone were unable to take on more patients due to work load. Ms Sims had said the opening of a pharmacy in Howwood would be a welcome addition to take on this work for the residents who stayed in the village, providing the patient with choice and also an opportunity of having their medication dispensed into a compliance aid from their local pharmacy and not from a remote hub which deskilled them and made the intervention less personal, where they could actually collect the aid and ask the pharmacist any questions in relation to the medicine inside the pack.

Mr Salwan's other pharmacies already participated in the Heart Failure Service and liaised with the heart failure pharmacist coordinator in the surgery to decide on which Heart Failure patients would benefit from enrolling on to this scheme. This provided a greater level of pharmaceutical care for patients diagnosed with heart failure. At the initial stage, the co-ordinator would write to the patient's nominated pharmacy and ask the pharmacist in charge to arrange an appointment with the patient to discuss their medication. If the pharmacist didn't continue to follow up with the patient then the patient would be passed onto another pharmacy. Mr Salwan's pharmacies had been taking on patients that were not regular customers or registered with them previously. Investigation verified that patient's were being transferred because the first nominated pharmacies had not contacted their patients.

Mr Salwan then went on to describe the services that would be provided from the new pharmacy, if the application were granted. As he alluded to earlier, the old model of leap-frogging to position your pharmacy close to a surgery was the norm 20 years ago, but this model simply conflicted with today's requirements when considering the new contract's aims and the infrastructure required to support and deliver it. This essentially aging infrastructure, designed for another purpose could not hope to adequately deliver a modernised, community-based contract in every single neighbourhood especially now the

expectation and requirement to treat closer to patients homes was greater than ever. As such, there was under-provision in some residential areas, which had perhaps had difficulty supporting a pharmacy in previous times. Indeed the strengthening of the pharmacy contract had brought this inadequacy to light, as the residents were now relatively worse off than residents of other neighbourhoods, who had immediate access to the full range of new and improved modern community pharmacy services.

Mr Salwan advised that the Chronic Medication Service (CMS) was a service which was time consuming with various stages to be completed with the patient. CMS had been designed to reduce GP workload, reduce the number of journeys elderly patients made to their surgery to collect their prescriptions and direct key services to pharmacy (in essence making more organised pharmacies busier). This was to ensure easy local access but, without a pharmacy or indeed a GP, the residents of Howwood were losing out on both fronts. Health Boards were actually encouraging individual pharmacies, especially busy ones, not to take on too many patients on this scheme as they wouldn't be able to cope with the time required to complete individual elements of CMS such as Pharmacy Care Record and Pharmaceutical Care Planning. A pharmacy in Howwood would be able to focus and secure this service for local residents in addition to all the other services. Currently residents from Howwood were finding it difficult to register for CMS which was going against the ethos of providing this service locally. As long as this isolated neighbourhood had poor access to pharmacies the service would not have the impact or provide the benefits intended by the Government.

During the day there were a number of elderly residents and mothers with young children around the village, a statistic which was backed up by the active bowling club. The Community Hall also ran a playgroup four mornings a week. The primary school meant children of this age were about Howwood at 3.00pm when they finished school and were collected by their parents. These groups of the population did not have ready access to private transport during the day as the main bread winner may be working and using the car, meaning they had poor access to the Minor Ailment Service, the Chronic Medication Service, the Public Health Service and the Acute Medication Service. Mr Salwan questioned the point of having these services available in pharmacy when the other pharmacies were too busy to offer them. People found it difficult to access these services or simply were unaware of their existence, evidenced by the results of the survey and letters submitted with his application.

In the past, the absence of a GP surgery may have suggested that a pharmacy was not required in an area. Now the opposite could be true. With the modern contract, pharmacists could provide a wider range of NHS services to local populations within their own community. The Minor Ailments Service (MAS) was designed to be the first port of call, and in order for this to be achieved it must be readily accessible. The pharmacy had to be at least as close as, and preferably closer than the GP. But in Howwood pharmacies and GP practices were over a mile away from the defined neighbourhood.

Mr Salwan then went on to say that Howwood had never had a pharmacy and that the village had seen a sustained increase in size since it was established. In 1991 the population was 1035. In 2001 this had increased to 1500 and recent development since has taken the population to nearer 2000. It was also important to consider how the population increased during the day with different elements of the community using the

amenities within the village, which would make the pharmacy much like in a shopping centre. Passing traffic on Main Road regularly stopped at the Howwood store or public houses/post office which generated an estimated footfall of over 350 customers a day. This equated to 25 people per hour in the Howwood store. In addition, there were a number of outlying holdings and farms that helped increase the daily population going into Howwood.

The Scottish Neighbourhood Statistics website suggested a population of 1602 in 2009 but advice from the website helpline was that this did not take into account new developments or births since the last census. Councillors and the Community Council representing Howwood provided information that indicated there were 1602 adults residing in Howwood and recorded on the Electoral Roll. There were 340 people in the under the 16 age category not on the Electoral Roll, equating to 20% of the population. These figures were the same as on the General Register of Scotland which was based on electoral roll information. Mr Salwan was confident that the next census would confirm a further increase in the population.

Mr Salwan advised that having spent a year researching the healthcare needs of Howwood and speaking to local residents, he considered their pharmaceutical care requirements were similar to those of other neighbourhoods where he had pharmacies. The demographics fitted with those of the population who use pharmacy the most i.e. families with young children and the elderly and infirm. Mr Salwan had considerable experience in operating pharmacies in this type of area and would not be applying his efforts in this way if he thought a pharmacy in Howwood would not help the neighbourhood or not be viable. He also indicated that Howwood residents relied heavily on carers as they did not have direct access to healthcare and had issues of isolation and relying more on relatives or carers to look after them. Mr Salwan advised there was also an issue of dignity where the elderly wanted to retain a degree of independence.

He considered that walking to the local pharmacy would be beneficial to the resident's health for two reasons. It was a reason to get away from the significant loneliness experienced in the house and provided an opportunity for social activity where the pharmacist would ask about their health and their family etc. Apart from providing a good source of exercise this potentially could provide interaction with the only person they may have come into contact with during that week. The scenarios he had highlighted presented difficulties for the elderly currently due to the distances involved in accessing services.

Mr Salwan then went to make comparisons between the current application and applications that had been granted in other areas with similar populations. He noted that previous applications had been granted by PPCs and NAPs in neighbourhoods with a comparable size of population or smaller. Some examples included Falkland with a population of 1189; Carmunnock with a population of 1400 and Gartcosh with a population of 940. Mr Salwan advised the Committee that the population of Spateston was 1783. He advised that the social demographics of Howwood were similar to these areas. He also wished to draw the Committee's attention to a recent application for a contract in Logan, a small village in East Ayrshire. Its population was less than Howwood and it had many more surrounding pharmacies providing a service to the village. The PPC granted the application on the grounds that it was desirable in order to provide easier access to pharmaceutical services which would then have a positive effect on community health.

Mr Salwan advised that Gartcosh was as an example of an area similar to Howwood in terms of socio demographic statistics e.g. car ownership, public transport infrastructure, isolated village, high percentage of carers, and was almost a mirror image apart from having a population of 940. The PPC's reasons for granting this contract were: *"Within the neighbourhood as defined by the PPC there were no existing pharmacies. The Committee considered this to be a distinct community which was relatively isolated from other areas. While the Committee did not have any formal evidence to support their assertion, they had a sense that the area contained a significant section of population who would remain within the area during the day. Whether this was because they were young, old or due to illness they were nevertheless the elements who most utilised pharmaceutical services. The Committee considered that while the granting of a further contract in the area may not be necessary, the extended role of the pharmacist and the opportunity to provide the population with access to the wider services provided by the new pharmacy contract increased the desirability factor. The Committee considered that Ms Salani's comments around the potential effect that a further pharmacy would have on her business in Glenboig was speculation and could not be quantified. The Committee was confident that Gartcosh and Glenboig were two separate and discreet areas each with their own amenities and resident population. There was no evidence available to the Committee which would suggest that any of the existing contractors within the wider area would be adversely affected if a contract were granted in Gartcosh. The Committee accepted that sections of the population within Gartcosh may be considered mobile, however they felt it inappropriate that residents were required to travel by bus, taxi or car to access modern pharmacy services, including the minor ailments service and the other extended services provided under the new contract. The Committee noted that this argument had been used by Ms Salani in her own application for a pharmacy in the neighbouring area of Glenboig, and had been accepted by the National Appeals Panel in their deliberations."*

For the Spittal application, the NAP concluded that *"there were no contract pharmacies in the neighbourhood, but there were several outwith which, given the terrain and distances, could only be reasonably accessed by public or private transport. The distances to the pharmacies were not suitable for walking by the elderly or mothers with young children. New contract services were not available to the neighbourhood population as planned as the resident population had to travel to the vicinity of their GP to obtain pharmaceutical services. The Panel had to consider whether the application did no more than make up the shortfall in the pharmaceutical provision which it had identified or whether it might go further and result in a degree in over-provision. The Panel accepted that pharmaceutical services were available to those presently resident in the Spittal area but the level of services provided were inadequate. Granting of the contract would result in an over-provision of pharmaceutical services but it considered that it would still be desirable to grant the application in order to secure adequacy."*

For the Carmunnock application, the PPC said *"residents were required to travel to nearby Castlemilk to access pharmaceutical services or East Kilbride or Busby which were further away. The Committee were mindful that the new pharmacy contract was not solely dependent on the dispensing of prescriptions, but rather the provision of services within a neighbourhood, by a pharmacist providing care at the heart of the community. As the new contract developed and electronic transfer of prescriptions reduced the requirement to visit*

a GP surgery, there would be more need for pharmaceutical intervention within a neighbourhood. Those suffering from acute and chronic conditions within the village did not have access to immediate services. The Committee agreed that in terms of the way in which pharmaceutical services were developing in response to government initiatives, the current services available in the neighbourhood of Carmunnock were not adequate."

In addition, the deprivation rankings for Kilbarchan were the same as Howwood and Bridge of Weir was actually less deprived with a score of 1. Both these neighbourhoods had pharmacies.

Mr Salwan then went on to make comments around several issues. On transport, he advised that the public transport system for Howwood was extremely poor. There was no bus stop on Bowfield Road which was the very steep hill that led to the original part of Howwood. The Arriva service that ran through the village didn't even have lowered floors or spaces for buggies. The bus service was highly unreliable, only ran every half an hour and was expensive. A return journey from Howwood to Johnstone cost £5.00, which equated to £2.50 each way.

In terms of accessibility from Corseford Avenue to end of Midton Road there were no street lights. Mr Salwan had driven the road many times over the last year and had hardly seen anyone walking on it. Traffic was heavy and often travelled at over 40mph. By 4.00pm in the winter it was dark and presented dangers as the headlights of oncoming cars blinded pedestrians. Along the route, Mr Salwan had noticed that walls at the side of the road had been knocked down due to cars hitting these walls. Mr Salwan had attempted to obtain information on the number of accidents occurring across this stretch of road, but the Council had been unable to provide this in time for the hearing. In addition, there was also only one entrance and exit out of Howwood meaning when there were road works on Beith Road residents were totally isolated and stuck in Howwood, a similar situation when it snowed. Mr Salwan had walked from the entrance of Howwood to Johnstone and it had taken him 35 minutes. He considered that this was not a walk a young mother was going to make with young children.

In terms of support, Mr Salwan advised that he had considerable support for the application. Several politicians had leant their support, including Bill Wilson MSP, Ian Hudghton MEP and Andy Doig MEP.

Mr Salwan read out some quotes from the local GPs:

Dr Dhiya- Welcomed the pharmacy in Howwood and said it would be a good service for his patients who lived in Howwood.

Dr Harris- Quarryside Medical Practice – it would definitely be very beneficial especially for the residents who stayed at the top half of the scheme on the steep hill.

Dr Khanna- Linden Medical Practice- had patients from Howwood so he knew they would appreciate it. He ran a branch surgery in a similar area known as Kilbarchan and this had a pharmacy.

Dr.Cassidy- had no objection. If the pharmacy did CMS this would save Howwood residents having to make the long trip to the practice.

He advised that cross-party political support was also evident - the local councillor and the local MSP spoke at a public meeting (April 2010) which was attended by 120 residents. In reflection of the level of public and political support, there was also strong media support.

Tracie McGhee, Councillor for Johnstone South, and Howwood advised *“They believe that there was a drastic need for a chemist in Howwood. At the moment the nearest chemist to the village was in Spateston and the public transport system was not suitable. There was a large population of elderly residents in Howwood who would benefit from a local chemist; therefore they would be giving this proposal their full support.”*

Councillor John Caldwell stated *“Through Councillor Tracie McGee, I became aware of the broad based community campaign, involving local councillors from various parties, Howwood Community Council and Dr. Bill Wilson MSP. I have also signed the public petition.”*

Councillor John Hood stated *“In my opinion the case for a Howwood village pharmacy was unassailable as it had the complete backing of the local community, a community which was growing and thriving. For example, Howwood was a distinct rural community which was increasingly popular as a commuter village for both Glasgow and North Ayrshire. It was also a village which had a thriving small business sector.”*

Councillor Iain McMillan stated *“The nearest pharmacy was in Johnstone, which was some miles away and crucially not accessible by public transport from the village after 6pm. The whole principle underpinning health care was that it was accessible at the point of need, and not determined by affluence or income. Howwood needs a pharmacy to improve the quality of life in the village and to provide a vital public service.”*

Mr Salwan advised that the St Vincent's Care at Home service based at the St Vincent Hospice on Midton Road welcomed a pharmacy in Howwood as it would be very beneficial for Howwood residents. The pharmacy would also be their nearest pharmacy so would be handy for their carers.

The Renfrewshire Community Health Partnership in conjunction with the Council, a key partner in the new CHP, would develop close links with specialist hospital based staff and independent health professionals, such as GP's, dentists, pharmacists and opticians to plan and develop services across Renfrewshire. This would provide a quicker and more straightforward way to deliver care and services in the community.

It was also important to consider the findings of two independent surveys' which further support the desirability and necessity of a pharmacy. The first one was distributed in the Howwood Community Council Newsletter and the results were:

- over 80% of residents stated that a Community Pharmacy was required in Howwood;
- around 70% were not signed-up to the Minor Ailment Scheme, which was a fundamental entitlement; this high response shows that local pharmacies were failing their Public Health remit, in terms of information and support to local communities.

At an interim stage of the survey, 80% of respondents stated that they had not signed up

to the Minor Ailment Service.

It was also noteworthy that a pharmacy in Howwood could quite well help attract a GP.

A second Community Health Council Questionnaire was carried out the results of which were :

43 completed forms- 80% said Howwood needs a Community Pharmacy

How satisfied or dissatisfied were you with current pharmacy services for Howwood residents- 67% dissatisfied.

69.2% of respondents had not signed up to the Minor Ailments Service (MAS)

49.2% were unaware of MAS.

At this point, Mr Salwan asked the Chair if he could present responses from the survey. The Chair advised that hard copies of the responses were included in the papers being considered by the Committee, which each member had read. Mr Salwan clarified that he wished to read out a selection of the responses received. After due consideration, the Chair advised that there was no need for Mr Salwan to read out a selection of the responses as the Committee were already in possession of the information and would give all responses due consideration.

There were a lot of comments in the survey regarding caring for dependents which was a big issue. Census data showed that percentage of households with more than one carer was 21% which was 5% above the Scottish average. Of this 61% were employed (9% above the average) and 5% were less than 16 years (3% above Scottish average). These carers did not have time to travel 6 miles into Johnstone or spend time on a 2 hour return journey on public transport to Johnstone. Also 8% of the care in Howwood was unpaid, so spending money on bus fares to access pharmacies was just like another tax. If you were working and a carer you needed facilities to be close at hand.

Also the fact that the service would be made available in a local setting meant that if a patient was ill, they could get immediate access to treatment, negating the need for a bus journey or drive to town which they could ill afford and which they didn't really want to make. This was not a suggestion cloaked in convenience but a reality backed up by testimonials from the residents that would improve their healthcare status. If services such as Emergency Contraception, Chlamydia Testing and Smoking Cessation were available locally then uptake would be a lot greater as the local pharmacy would actively promote these services when residents come into the pharmacy and feature on window displays for passing traffic.

In terms of premises, Mr Salwan advised that the application was a great opportunity to promote pharmacy services to a larger customer base. Normally establishing a new contract requires time and effort to build up a footfall into the pharmacy. Using the current footfall of roughly 350 customers a day into the village store they had a ready made customer base to tap into and the pharmacy would be busy from day one. Being situated on a main road would attract customers to whom they otherwise may not have had access. - Imagine as

the customer walks into this DDA compliant premises after parking in the adequate parking outside of the shop or the car park behind it. As soon as they enter the store they would see the pharmacy promoting the current Scottish Government Public Health Service messages through the Public Health Poster Campaign some of which would be:

Smoking cessation 22 November-2 January 2011

Adverse drug reactions 3 January-13 February 2011

Prescription charges TBC 14 February-20 March 2011

They would go up to the counter where they would have access to a full range of Pharmacy and GSL medicines. For people looking to obtain advice on smoking cessation there would be a carbon monoxide monitor on the counter to encourage people to take a carbon monoxide test and enrol on the Nicotine Replacement Therapy Scheme. Mr Salwan would also invest in a Cardio Pod, a machine he had installed in one of his other branches. The system calculates a patient's chance of developing cardiovascular risk in the next 10 years through recording blood sugar levels, cholesterol, BMI and blood pressure readings. The end result was a report into which any actions discussed with the patient could be added, with the aim of lowering the patient's risk score. The ability to instantly capture these vital signs measurements means that the full Health Check in accordance with the HEAT target could be carried out in one sitting.

The networking capabilities of the Cardio Pod allow for all data to be instantaneously and securely sent to all major practice management systems from any location. The machine gives a very reliable prognosis of the patients' health allowing the trained assistant or pharmacist to refer the patient to their GP to discuss healthcare issues that have been identified. The system allows staff to recalculate this score by showing the patient what would happen if they made slight adjustments to their lifestyle – providing the patient with a tangible demonstration of what benefits can be achieved as a result of simple changes to their lifestyle.

Such services stand alone but also complement and integrate with the full range of primary care NHS services. These were pharmacy services, although not part of the core services described in the current Regulations. Nevertheless they should be given full consideration in determining adequacy as the legal test gives no indication of restriction to the "core services" which of course were not in existence when the legal test was decided.

The pharmacy would also have a networked laptop at the counter area to encourage customers and patients to sign up for the Minor Ailment Service.

There was a significant inadequacy in the offering of Public Health Services and this was exactly the type of scheme that the Scottish Government was trying to promote through pharmacy.

The Interested Party Questions the Applicant

In response to questioning from **Mr Tait**, the Applicant confirmed his definition of the

neighbourhood as that previously defined by the NAP i.e. the village of Howwood.

In response to further questioning from Mr Tait, the Applicant accepted that the village of Howwood was less deprived than the areas of Spittal and Logan, with which he had made comparisons during his presentation. He reiterated however that both areas were comparable to Howwood in terms of the lack of access to pharmaceutical services.

In response to final questioning from Mr Tait, the Applicant confirmed his awareness of the eligibility criteria for MAS. He agreed that many of the residents of Howwood may not be eligible for the service.

The PPC Question the Applicant

In response to questioning from **Mr Thomson** regarding whether he had any evidence regarding the difficulty faced by patients in accessing CMS, the Applicant advised that he had spoken to colleagues regarding the issue and he was also aware of the difficulties via his own pharmacies. He advised that the pharmacies in Johnstone were unable to fully engage with the service as they were so busy with repeat prescriptions. He confirmed his view that an additional contract in Howwood would ease this situation.

In response to final questioning from Mr Thomson, the Applicant agreed that the pharmacy in Spateston was relatively the same distance from St Vincent's as the proposed pharmacy in Howwood. He advised that the pharmacy in Spateston would serve the resident population in the area rather than the hospice itself.

In response to questioning from **Mrs Anderton**, the Applicant confirmed that St Vincent's Hospice currently accessed pharmacy services from several of the existing pharmacies. As an example, the Hospice received oxygen services from the Applicant's pharmacy in Johnstone.

In response to further questioning from Mrs Anderton, the Applicant confirmed that the residents of Howwood did not use the pharmacy in Spateston with any regularity as they did not have occasion to travel into Spateston. Most of the Howwood residents would travel in the opposite direction towards Johnstone to where the GP surgeries were situated.

In response to questioning from **Professor McKie** regarding potential staffing in the proposed pharmacy, the Applicant confirmed that a few of his current staff lived in Howwood and this could be convenient during episodes of bad weather. His intention was to staff the pharmacy with one pharmacist and one technician. He would be able to utilise the delivery driver used by his other pharmacies. He confirmed that in times of bad weather the members of his current staff who lived in Howwood would make the pharmacy ideally placed to serve the residents of the village if they were cut off by the weather.

In response to further questioning from Prof McKie regarding the support expressed for the application, the Applicant confirmed that many of those who had lent their support were understanding of the restrictions of the current pharmacy regulations and that these could only be amended through an act of parliament. The Applicant advised that the MPs who had given their support were familiar with the concept of HEAT targets and how

pharmacy services had changed over the last few years. They were fully aware of the need for a more modern model of community pharmacy. He further confirmed that some of those who had given support were decision makers who set the agenda.

In response to final questioning from Prof McKie, the Applicant confirmed that in his opinion the major change which had taken place since the previous applications was the further implementation of the Pharmacy Contract.

In response to questioning from **Professor McNulty** regarding the defined neighbourhood, the Applicant confirmed his definition of neighbourhood as being the village of Howwood. He accepted that the definition of neighbourhood, put forward on the attachment to the original application form, included outlying areas.

In response to further questioning from Professor McNulty, the Applicant confirmed his belief that the current pharmaceutical services in the neighbourhood were inadequate especially in terms of access. The cost of public transport from the village to the existing services, along with the long waiting times in the pharmacies in Johnstone and the need for patients to make multiple journeys rendered the services inadequate for the neighbourhood population.

In response to further questioning from Professor McNulty around patients who needed to make multiple journeys to complete their prescription, the Applicant advised that of those who responded to the survey, 80% had had the occasion to make multiple journeys.

In response to final questioning from Professor McNulty, the Applicant advised that other inadequacies existed around delivery of prescriptions, where the delivery was not always made at the time stated and also in terms of the Pharmaceutical List which showed that pharmacies in the area were not offering the full range of pharmaceutical services available.

In response to questioning from **Mr MacIntyre**, the Applicant reiterated his understanding of the frequency of public transport services. The bus service operated every half hour. When asked about a bus route from Ardrossan which operated every hour, the Applicant advised that he was unaware of this service. He accepted that there was a train service, but claimed that on occasion the train did not turn up and advised that the train service was expensive in the region of £3.00 per journey.

In response to final questioning from Mr MacIntyre, the Applicant confirmed that his other pharmacies sometimes received calls from GP surgeries after other pharmacies in Johnstone were closed asking for the supply of medication to patients.

In response to questioning from **the Chair**, the Applicant confirmed that in his opinion there were no pharmacies currently within a one mile radius of the village of Howwood. Currently the nearest pharmacies were 1.2 miles (Spateston) and 1.6 miles (Kilbarchan) away. He accepted that nine pharmacies in a three mile radius was a considerable amount, however he reiterated that many of these pharmacies had high prescription loads which prevented them from actively providing other services like CMS.

The Interested Party's Case (Mr Charles Tait – Boots UK Ltd)

Mr Tait advised that he accepted the definition of neighbourhood put forward by both the PPC and the NAP in previous applications for Howwood. He did not believe the neighbourhood included the rural areas adjoining the village. Mr Tait was of the opinion that residents in these areas could avail themselves of services at any of the existing pharmacies in the wider area.

He advised that the village of Howwood was a distinct neighbourhood with a population of around 1609 according to the mid 2009 statistics which took into account registered births and deaths.

He confirmed there were only two statistical units within the neighbourhood. The Scottish Index of Deprivation Ranking putting the deprivation scores for the units at 5040 and 3860. Accordingly, Mr Tait did not feel that the area was significantly deprived. In terms of health, the two units scored 4712 and 3975, putting the residents at the healthier end of the scale.

Travel times from the area to the nearest GP was 3.5 minutes, to the nearest pharmacy was 2.5 minutes.

Mr Tait advised that Howwood was an area of comparative affluence. The amount of residents over 65 was 32% lower than the Scottish average. The number of residents under the age of 16 was below the Scottish average and car ownership was above the Scottish average, with 1/3 of the households in Howwood having access to more than one care.

Mr Tait asserted that the application had called the area "remote and rural". While he agreed that Howwood could be termed rural, he did not agree that it was remote. In his opinion, Howwood was within easy distance from significant towns, villages and services. There were a lower number of people eligible for services such as MAS and most of the residents within the village wouldn't be entitled to access such a service.

Mr Tait asked if it was acceptable to have a neighbourhood without a pharmacy, and suggested the answer to this issue be "Yes". He advised that previous applications had not shown any evidence of inadequacy within the area, and in his opinion this situation had not changed. Mr Tait suggested that the residents of Howwood enjoyed access to adequate services provided by the existing network in other neighbourhoods.

Mr Tait advised that there had been no attempt on the part of Boots UK Ltd to engineer a neighbourhood to include a pharmacy; rather this was a rural area, whose residents travelled outwith to access services. The bus service operated out of the village every half hour. This was not unusual in such a setting. Mr Tait suggested that the application was not necessary or desirable and reminded the Committee that MPs did not understand the constraints of the Regulations and neither did members of the public.

In his opinion, he asserted the application came down to a support for services for when the village was cut off by bad weather. He suggested that the area was one of comparative affluence, with access to cars. There was not a high proportion of those elements of the population which normally required pharmaceutical services i.e. the elderly

and the young.

Mr Tait advised that nothing had changed in the two years since the previous application. The only new service introduced was CMS. The other services mentioned by the Applicant were already in existence at the time the previous application had been considered. There was no evidence of inadequacy in this relatively affluent neighbourhood and therefore the application should fail.

The Applicant Questions the Interested Party

In response to questioning by **the Applicant**, Mr Tait accepted that people in relatively affluent areas suffered sickness, but reiterated that statistically they were not sick as often as those from less deprived areas, and neither was their sickness as severe. Mr Tait asserted that due to their relative affluence, such residents did not have difficulty in accessing services.

In response to further questioning from the Applicant, as to whether he agreed that contracts had been granted in other comparable areas on the basis of the new pharmacy services. Mr Tait advised that the application for Howwood should be considered on its own merits and should not be compared to contracts granted in other areas. He repeated that the only service which had been introduced since consideration of the last application was CMS. The current pharmacies were providing all other services prior to this.

In response to further questioning from the Applicant around why he thought a pharmacy was situated in Kilbarchan, which was an area of comparable affluence to Howwood. Mr Tait advised that he could not take account why there were pharmacies in some areas and not others. The pharmacy in Kilbarchan may have been established prior to the introduction of the current pharmacy regulations.

In response to final questioning from the Applicant, Mr Tait did not agree that the current pharmacies in the area were not providing additional services because they were too busy to do so. He further confirmed that the Boots branch in Houston Court would not be closing.

The PPC Question the Interested Party

In response to questioning from **Mr MacIntyre** regarding the level of desirability that a pharmacy in Howwood would have for a mother with a pram and no car, Mr Tait advised that in statistical terms, residents in Howwood were more likely to have access to car than residents from other areas. He suggested that there would always be a situation for some elements of the population where access to any service would cause a minor irritation or where they would be unable to access whatever service they would wish. This did not mean to say that there should be pharmacy every few streets.

In response to questioning from **Professor McNulty**, Mr Tait suggested that if a GP had to make a home visit to a resident in Howwood, they would be able to telephone one of the existing pharmacies in Johnstone, quote the electronic bar code from the prescription, which would allow the pharmacy's system to draw the prescription down from the GP system, and allow it to be dispensed. He did not accept that routine medication would

normally be out of stock and therefore cause difficulties in fulfilling the prescription.

In response to further questioning from Professor McNulty regarding the allegations levelled at Boots in the survey carried out, Mr Tait did not feel that the situation was as bad as was made out in the survey.

In response to further questioning from Professor McNulty regarding the public transport service in the area, Mr Tait responded that the cost of the bus journey would, in all probability, have been costed in terms of distance travelled. He advised that children and the elderly would travel free of charge.

In response to final questioning from Professor McNulty, Mr Tait confirmed that residents in Howwood would consider it “nice” to have a pharmacy in their village. In his opinion, this was akin to saying it would be really convenient to have a pharmacy in the village.

In response to questioning from **Professor McKie** regarding the assertion put forward from the survey that many patients were unable to have their prescription completely filled on the day of presenting, Mr Tait advised that not knowing the background to the particular instances he would assert that such instances were in all probability due to national shortages experienced by manufacturers/wholesalers. He did not consider there were issues over supplies. He further responded that all of the current pharmacies would experience such instances; however it was a well known practice among community pharmacies where they would borrow supplies from neighbouring pharmacies if they did not have an item in stock. If a patient presented a prescription which the pharmacy could not fill due to an item not being in stock, the pharmacist would make attempts to borrow the item from neighbouring pharmacies.

In response to questioning from **Mrs Anderton**, Mr Tait advised that he did not have statistics for the number of patients eligible for MAS in the village of Howwood.

In response to questioning from **Mr Thomson**, Mr Tait advised that he would personally estimate that number of residents eligible for MAS was 30% to 35% lower than the Scottish average in the village of Howwood.

In response to further questioning from Mr Thomson, Mr Tait advised that when he made the comment around “comparative affluence” he was comparing the level of affluence between Howwood and the Scottish Average.

Finally, Mr Thomson invited Mr Tait to comment on the situation which had arisen during the Committee’s site visit where the pharmacist had been unable to speak to the Committee when they visited the pharmacy in Johnstone due to work pressures. Mr Tait suggested this was not a frequent occurrence. He disagreed with Mr Thomson’s assertion that the survey carried out would appear to contradict his view.

In response to questioning from **the Chair**, Mr Tait advised that if granted, the contract in Howwood was unlikely to affect the viability of the pharmacies in Johnstone. He reiterated however that Howwood was at the bottom end of the scale in terms of health needs. The health of the residents was fairly good, and granting an application would result in a limited service being provided to a small population.

In response to final questioning from the Chair, Mr Tait agreed that the application had gathered significant support. He asserted that those resident in affluent areas tended to be articulate and able to put forward their views. In addition, politicians tended to be mindful of the views of such residents especially at election time.

In response to a follow up question from Professor McNulty, Mr Tait advised that all the services proposed by the applicant were already available from existing pharmacies within the area.

Summing Up

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

Mr Tait advised that he had no further comments to make.

The Applicant advised that as an Independent Prescriber and the potential of CMS he would seek to make the pharmacy in Howwood the type of walk in healthy living centre as envisaged by “The Right Medicine”. The pharmacy would seek to reach out to the population and provide a wide range of diagnostic services. The pharmacy would offer a health MOT service, where the pharmacist would test patients for diabetes, measure cholesterol and blood pressure. None of this was being offered at the moment.

The Scottish Government had published the action plan ‘Better Health, Better Care’ (2008). It said they “*must do all they could to put the expectations of people and patients at the heart of decision making in NHS Scotland*” and sets out to, amongst other things, improve services for long-term conditions.

The new pharmacy contract was all about providing services on a local level at the heart of communities from easily accessible pharmacies. Prescription collection and delivery services were an important service provision as part of a pharmacy offering, especially in neighbourhoods like Howwood, yet a delivery driver could not provide the services as envisaged as part of the new contract, only a pharmacy could deliver these services with good uptake at a local level.

He advised that the Committee should be very careful when applying the legal test as it must never be seen as some sort of formula which was totally rigid. In Mr Salwan’s opinion, the legal test was there as part of the Control of Entry Regulations to maintain a rational distribution of community pharmacies otherwise a situation arises as in England where 100 hour pharmacies open indiscriminately. Mr Salwan advised that he would find it hard to argue against what the residents who live in Howwood were telling the Committee. They were saying they were isolated with no pharmacy nearby within a reasonable walking distance, no adequate or reliable public transport links available to reach these pharmacies, poor pharmacy delivery services in operation, multiple trips incurred to pick up medication owing, bad parking in the town, long waiting times, and relative inaccessibility to core services CMS, EMAS, AMS, PHS.

According to the legal test of proving inadequacy and making sure it was secured he believed he had proven this. He was committed to delivering this much needed health

resource to this community and would gather more evidence if so needed going forward. He had staff resident in Howwood who were astounded by this situation.

In conclusion, Mr Salwan asked the Committee to be mindful that there were pharmacies in many affluent areas. He reminded the Committee there were 350 children in Howwood under the age of 16.

Before the applicant and interested parties left the hearing, the Chair asked Mr Salwan and Mr Tait to confirm that they had had a full and fair hearing. Both 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;
 - National Co-operative Chemists Ltd – 18 Quarry Street, Johnstone PA5 8DZ; and
 - Penman Pharmacy – various addresses.
- 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 Daily Express (advert run on Wednesday 24th March 2010) – six responses received;
- e) - Renfrewshire CH(C)P – response received;
- f) The following community councils:
 - Howwood – 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 PA9.1, PA10.2 and PA5.0;
- j) Information from Renfrewshire Council's Housing Land Supply regarding future plans for development within the area;
- k) NHS Greater Glasgow and Clyde plans for future development of services;
- l) Patterns of public transport in the area surrounding the Applicant's proposed premises; and
- j) Additional information submitted by the Applicant.

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: A737 trunk road;
East: Beith Road, meeting at Torbracken Street;
South: most Southern point of Hill Road; and
West: Where B787 and the A737 meet.

The committee agreed that the defined neighbourhood formed the village commonly known as Howwood which was a rural area, surrounded by areas of greenbelt.

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 nearest existing pharmacies were located in other areas of population more than one mile away from the Applicant's proposed premises.

In the Committee's opinion, given the terrain and distances from Howwood to the nearest pharmacies access could only be gained by using public or private transport. The distances to the pharmacies were not suitable for walking by the elderly or mothers with

young children due to poor pathways and no street lighting.

The Committee considered that the full range of pharmaceutical services were not available to the neighbourhood population as planned as residents currently had to travel either to the vicinity of their GP to obtain pharmaceutical services, or to the village of Spateston, which was over one mile away and which did not contain any other amenities that would be used by residents of Howwood, the direction of travel being in the opposite direction towards the larger township of Johnstone.

The Committee agreed that the level of expectation from patients regarding the new services offered by community pharmacies would have increased in the two years since the previous application was considered. The Committee therefore agreed that the existing pharmaceutical service provision to the population of the village of Howwood was not adequate. The Committee further agreed that the population's difficulty in accessing GP services may increase the need for a pharmacy in the neighbourhood, given that this would be initial point of contact for health related issues in the general area.

After due consideration, the Committee agreed that the granting of the contract was necessary to secure adequate pharmaceutical services in the neighbourhood as currently the residents had to travel a considerable distance to access services.

In accordance with the statutory procedure the Chemist Contractor Members of the Committee Alasdair MacIntyre 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 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.

**Contractor
Services
Supervisor**

The Chemist Contractor Members of the Committee Alasdair MacIntyre and Board Officers rejoined the meeting at this stage.

The Chair declared an interest, as chairman of Glasgow University's Estates Committee, in the next item of business and left the room. Professor McKie assumed the chair for this item.

5. APPLICATIONS STILL TO BE CONSIDERED

The Committee having previously been circulated with Paper 2010/35 noted the contents which gave details of applications received by the Board and which had still to be considered. The Committee agreed the following application should be considered by means of an oral hearing:

- Mr Neeraj Salwan, Level 1, Fraser Building, 65 Hillhead Street, University of Glasgow, Glasgow G12 8QF

The Chair rejoined the meeting at this stage.

6. MATTERS CONSIDERED BY THE CHAIR SINCE THE LAST MEETING

Minor Relocation of Existing Pharmaceutical Services

Case No: PPC/MRELOC04/2010 – Rowlands Pharmacy, 198B Harvie Avenue, Newton Mearns, Glasgow G77 6UT

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

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 1995 as amended.

The Committee noted that the Chairman had refused the application, having been satisfied that the application did not fulfil the requirements laid down in the Pharmaceutical Regulations.

Case No: PPC/MRELOC05/2010 – Lloydspharmacy Ltd, 2-4 Dubbs Road, Port Glasgow PA14 5AY

The Committee considered the action taken by the Chairman on an application for a minor relocation of a NHS Dispensing contract currently held by Lloydspharmacy Ltd, at the above address.

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 1995 as amended.

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

NOTED/-

7. INFORMATION SESSION – FREQUENTLY USED TERMS

Mr. Thomson gave the members of the Committee a short presentation focusing on generally used terms, which the new members of the Committee might not be familiar with.

AGREED/- that the Contracts Manager make the hand-outs from the presentation available to all members of the Committee.

**Contracts
Manager**

8. CONTROL OF ENTRY TO THE PHARMACEUTICAL LIST

The Committee had previously been distributed with the recent report developed by the

Scottish Government in response to the consultation exercise undertaken earlier this year.

The Committee was pleased to note that many of the suggestions and comments made by the Board and the Committee had been incorporated into the proposed changes to the Regulations.

It was, at this point, unclear as to when the proposed changes would be made to the Regulations and no further action was required by the Committee until further guidance was available from the Scottish Government

NOTED/-

9. ANY OTHER COMPETENT BUSINESS

There was no other competent business.

10. DATE OF NEXT MEETING

To be arranged.