NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (05)
Minutes of a Meeting held on
Thursday 3rd March 2011 in
The Glynhill Hotel, Paisley Road
Renfrew PA4 8XB

PRESENT:
Peter Daniels  Chair
Mr William Reid  Deputy Lay Member
Mrs Catherine Anderton  Deputy Lay Member
Professor Howard McNulty  Deputy Non Contractor Pharmacist Member
Mr Colin Fergusson  Contractor Pharmacist Member
Mr Kenny Irvine  Deputy Contractor Pharmacist Member

IN ATTENDANCE:
Dale Cochran  Contracts Supervisor – Community Pharmacy Development
Janine Glen  Contracts Manager – Community Pharmacy Development
Elaine Paton  Development Pharmacist - Community Pharmacy Development

Prior to the consideration of business, the Chairperson asked members to indicate if they had an interest in the application to be discussed or if they were associated with a person who had a personal interest in the application to be considered by the Committee.

No member declared an interest in the application to be considered.

1. APOLOGIES

Apologies were submitted on behalf of Councillor William O’Rourke.

Section 1 – Applications Under Regulation 5 (10)

2. MINUTES

The minutes of the meeting held on Thursday 20th January 2011 PPC[M]2011/03 were approved as an accurate record.

3. MATTERS ARISING NOT INCLUDED ON AGENDA

There were no matters arising from the minutes, which were not already included in the Agenda.
4. APPLICATION FOR INCLUSION IN THE BOARD'S PHARMACEUTICAL LIST

Case No: PPC/INCL.11/2010
Kazim Gulzar Ltd – 10 Cromdale Road, Port Glasgow PA14 6LP

The Committee was asked to consider an application submitted by Kazim Gulzar Ltd to provide general pharmaceutical services from premises situated at 10 Cromdale Road, Port Glasgow PA14 6LP 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 Kazim Gulzar 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 Kazim Gulzar (“the Applicant). The Interested Parties who had submitted written representations during the consultation period and who had chosen to attend the oral hearing were Mr Matthew Cox (Lloydspharmacy) and Mr John Boyle (David Wyse Pharmacy Ltd), assisted by Mr Cian Lombard. (“The Interested Parties”).

The Chair asked those persons assisting to confirm that they were not appearing as a Counsel, Solicitor or Advocate. Mr Lombard confirmed that he was not.

Prior to the hearing, the Panel had collectively visited the vicinity surrounding the Applicant’s proposed premises, existing pharmacies, GP surgeries and facilities in the immediate area and surrounding areas following:

The Committee noted that the premises were constructed and were currently empty. The pharmacy area was not yet fitted out. The Committee had gained access to the premises and had viewed them in their entirety.

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 Parties and the PPC to ask questions. The Interested Parties were then asked to make their submissions one by one. After each submission, there
followed the 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**

The Applicant thanked the Committee for allowing him to present his case for the establishment of a pharmacy at 10 Cromdale Road, Port Glasgow.

He advised that he had been a pharmacist for nearly six years and had previously managed pharmacies for other companies.

Mr Gulzar advised the Committee that in his view community pharmacy had a lot to offer the general public and his aim was to help this happened where there was a possibility. In the current climate where the wait for a GP appointment could range from 1-2 weeks there had never been a more appropriate time for pharmacy to take a more direct approach. To fulfill the demand for face to face timely advice and for pharmacists to be the first port of call to patients, eliminating that need to wait for a GP appointment. In this situation it was possible for the Minor Ailment Service to be utilized by the pharmacist for example. The pharmacist was in a position to aid the workload of GPs in providing minor ailments, chronic medication service, smoking cessation and medication reviews. All services that both aide the NHS overall and benefit the general public.

He advised that the proposed site for the pharmacy was 10 Cromdale Road, Port. Glasgow

The opening hours of pharmacy were to be:

Monday – Friday: 0800 – 1800  
Saturday: 0900 – 1700  
Sunday: CLOSED

There was currently no pharmacy within the neighbourhood which offered patients the option of these opening times. The Applicant questioned what a patient would do who could only get an early appointment with a subsequent prescription needing dispensed, or what happened to patients who worked and where an early visit to a pharmacy was the only opportunity they may have. The proposed pharmacy would cater for such situations. Also the hours of opening reflected the opening hours of the local health centre where a prescription needed dispensed urgently before 9.00am. This couldn’t be done anywhere else in the area.

The Applicant then went on to describe his boundary. At this point the Applicant asked if he could circulate a map of his neighbourhood, which the Chair allowed as the map had already been circulated to the Interested Parties as part of the Applicant’s supplementary information.

North: railway line running parallel and in between both Greenock Road and Glasgow Road;  
East: Briary Lane onto the fields running south behind Bute Avenue, Arran Avenue and Sandray Avenue continuing west around the residential area;  
West: the grounds of Port Glasgow Golf Club that lay west of Montrose Avenue, Glenside Road onto Devol Road to the junction where it joined Dubbs Road.
onto the greenery that Ardmore Road cut through onto Clune Brae until the railway line that run east towards Glasgow.

The population in the proposed neighbourhood was near 10,000. 20% of the population was children and 20.11% were pensioners. This information had been taken from Scottish Neighbourhood Statistics and used datazones: S01004025 – S01004041.

He advised that Port Glasgow was commonly referred to in two parts. The “upper part” and the “lower part”. The “upper part” which was the entire proposed neighbourhood was self sufficient in that there was a post office, banking facilities, a Co-op, a pharmacy, schooling at both primary and secondary levels, fast food facilities, newsagents and a health centre. There was little need for residents within this area to travel to “lower” Port Glasgow on a daily basis. He advised that while this neighbourhood may not be the neighbourhood that was ultimately agreed upon by the Committee, it was the neighbourhood that was being served by the current pharmaceutical network.

Currently there was one pharmacy within the defined neighbourhood serving all 10,000, where the national average per pharmacy was 4,400. In the Applicant’s opinion this workload put pressure on providing an adequate service. Prescription figures from Lloydspharmacy would no doubt reflect this. In the instance where the neighbourhood was expanded to include both “lower” and “upper” Port Glasgow, the population was nearly 16,000 as indicated on the SCROL website and would see the proposed pharmacy viable and necessary in ensuring an adequate pharmacy provision as each of the four pharmacies would be serving roughly 4,000 of the population. The addition of an additional pharmacy would not affect the viability of Lloydspharmacy. The propose pharmacy would offer a desirable spread of pharmacies in the wider area.

Mr Gulzar then went on to describe what he saw as the negative attributes of the current pharmacy provision within the neighbourhood.

He advised that when visiting Lloydspharmacy by car, it was difficult to find a parking space despite there being space outside the pharmacy. He felt this was perhaps due to the other shops contributing to the busy nature of the area surrounding Dubbs Road.

Furthermore there was no choice available to patients. Lloydspharmacy was the only pharmacy in the defined neighbourhood. The next nearest pharmacy was situated in “lower” Port Glasgow and was 2.1 miles and over a 40 minute walk away.

He advised that the opening hours were not as flexible as they could perhaps have been. In addition, the distance for those living in Bardrainney was difficult for those with disabilities and those with small children to access easily in case of urgency. Google Directions showed that it would take at least 12 – 15 minutes one way to get to Dubbs Road, walking from Bardrainney and this was for someone who was fit and healthy. This was not to mention the steep declines and inclines in the return journey.

To illustrate his point the Applicant asked if he could circulate photos he had taken of the hills and pavements in the defined neighbourhood. The Chair agreed that these could be handed round and the Interested Parties did not object.
In terms of the pharmacies in the “lower” part of Port Glasgow, the Applicant advised that the prescription figures would clearly reflect that both pharmacies were very busy. In his opinion, the more busy a pharmacy would the closer it was to reaching its prescription dispensing potential and the less time was spent on services such as smoking cessation, medicines review, reviews on healthy lifestyles. He was aware that there were two pharmacies on duty in the David Wyse branch on Fore Street, but in his opinion the pharmacy was still busy and would find it difficult to find time to spend with patients. He advised that all three current pharmacies were coping with a high prescription load and an additional pharmacy would only help with this. It would allow the current pharmacies to take on more dosette boxes, offer more methadone spaces and provide every other service available relieving the strain that was causing an inadequate pharmacy provision.

The Applicant turned his attention to the health statistics with the Port Glasgow area which showed that some of the data zones ranked as low as 323/6505 (S01004039) on the SIMD. He advised that the greater the deprivation, the poorer the health and the greater the need for local level intervention to improve health outcomes and promote health. He advised that Lloydsparmacy and the other two pharmacies in “lower” Port Glasgow were not coping with the demand for such services due to the high prescription load.

Another statistic that showed the inadequacy in local level intervention was looking at the number of women smoking at their antenatal booking visit. 42.3% of women were found to be smoking. This was more than double the national average which was 19.6% The Applicant advised that it had been mentioned many times that the single greatest intervention of improve overall health outcomes was smoking cessation. He questioned whether the defined neighbourhood received an adequate service.

He suggested that inadequacy in local level intervention could also be seen in the statistics that highlighted only 15.6% of women were breast feeding at 6-8 weeks where the national average was 36%. In the “Better Health Better Care” strategy document the government had set a minimum of 30% by 2010. Hospital admissions for alcohol misuse was sitting at more than double the national average, while hospital admissions for drug abuse were sitting at more than five times the national average.

The Interested Parties Questions the Applicant

In response to questioning from Mr Boyle, the Applicant confirmed that in his opinion the two David Wyse Pharmacies were providing services to a population of approximately 6,000

In response to further questioning from Mr Boyle, the Applicant confirmed that he had established his travel times from the defined neighbourhood to Dubbs Road and the Town Centre, from Google directions.

In response to final questioning from Mr Boyle, the Applicant confirmed that the railway line mentioned in his presentation was the one behind the main road.

In response to questioning from Mr Cox, the Applicant agreed that the responses received by the Health Board during the public consultation process were clear in that they did not have any issues with the current pharmaceutical provision. He further confirmed that he
had a petition and letters from other elements of the population who clearly supported the application. He had not submitted these as part of this application as there had been no time.

In response to further questioning from Mr Cox, the Applicant confirmed that it was his view that you could not have an overprovision of pharmacy services in an area where the population was large.

In response to further questioning from Mr Cox around the relationship between prescription load and the ability of the pharmacy to engage with other services, the Applicant advised that in his opinion a pharmacy which dispensed a large volume of prescriptions would find it difficult to devote time to other services.

**The PPC Question the Applicant**

In response to questioning from Professor McNulty, the Applicant confirmed that his neighbourhood was ostensibly the area commonly referred to as “upper” Port Glasgow. There was one pharmacy currently in the area.

In response to further questioning from Professor McNulty regarding whether a pharmacy in Cromdale Avenue would serve residents in Parkhill Avenue, the Applicant advised that he had noticed that lots of residents within the defined neighbourhood currently accessed services from Lloydspharmacy. It was therefore difficult to say whether they would move to use the new pharmacy if the application were granted. He felt that Lloydspharmacy served the neighbourhood but not fully. He considered someone living on Arran Avenue may continue to utilize services from Dubbs Road. In terms of residents living in Orinsay Avenue he advised that they would be more likely to walk across Kilmacolm Road and access the new pharmacy. There were footpaths through to Cromdale Avenue from this area.

In response to further questioning from Professor McNulty seeking how he would define the crucial inadequacies in the area, the Applicant advised that the current spread of pharmacies in the area was not adequate. If someone in the area was looking for, say, paracetamol or indigestion remedies, they needed to travel to Dubbs Road or the town centre to access this. This was inadequate. People currently had to walk a significant distance to access services, along considerable inclines/declines. This was not adequate for parents with small children or the elderly. Statistics showed that there was not enough hand on provision.

In response to questioning from Mrs Anderton, the Applicant confirmed that his proposed premises were situated in the area of Bardrainney. Slaemuir Avenue was part of this area. There were bus services from Bardrainney to the town centre, most of these run along Malaig Road.

In response to final questioning from Mrs Anderton, the Applicant confirmed that he could not quantify the exact population of the area known as Bardrainney.

In response to questioning from Mr Reid, the Applicant confirmed that his pharmacy would open more hours than those currently offered in the area. He further confirmed that the
parking at the proposed premises was better to that in the vicinity of the current pharmaceutical network.

In response to further questioning from Mr Reid, the Applicant explained that the pharmacy contract was changing the face of community pharmacy, moving it away from the traditional volume dispensing model to a model more focused on service provision. The current network was not coping with this shift as the existing pharmacies dispensed too high a volume of prescriptions to allow them to devote time to dealing with patients. This was, in the Applicant’s opinion inadequate in terms of service provision.

In response to further questioning from Mr Reid around how the Applicant would improve the uptake of the smoking cessation service, the Applicant advised that his pharmacy would result in a decrease in workload for the other pharmacies in the vicinity thus allowing them more time to devote to meeting their targets. In terms of where he would draw clients from, the Applicant envisaged that he would draw most of his patient base from the upper part of Port Glasgow.

In response to questioning from Mr Fergusson, the Applicant advised that he was not 100% convinced that the ACT (Accredited Checking Technician) role freed up pharmacist time to allow them to devote to patients. In the Applicant’s opinion, the Pharmacist was still needed to undertake the final check and he didn’t feel this role would solve the issues completely.

In response to questioning from Mr Irvine, the Applicant clarified that his west boundary was separate from the town centre. He advised that he had used Clune Road because of the steep declines. He advised that residents of Port Glasgow very rarely walked this route due to the steepness of the hill and this was why he had used this as a boundary.

In response to questioning from Mr Irvine, the Applicant confirmed that Lloydspharmacy offered a collection and delivery service and that it would be his intention to offer this service from the proposed premises if the application were granted.

In response to a suggestion from Mr Irvine, that his case had been based on the ineffectiveness of the smoking cessation service, the Applicant agreed that many of the issues relating to uptake of services were national issues and not confined to the defined neighbourhood, however he could only look at his neighbourhood and use national averages, deprivation and health statistics to show the services were not being optimised.

In response to final questioning from Mr Irvine, the Applicant advised that even thought his application had met with negative response from an element of the population; he had received positive response as well. A further pharmacy would provide adequate services and the residents in the vicinity of Cromdale Road would be positive about this development if the Applicant had been able to speak to them.

In response to questioning from the Chair, the Applicant confirmed that he had said in his opening statement that a GP appointment could take between 1 and 2 weeks. He further confirmed that he was aware of the 48 hour commitment made by GP practices that a patients would be seen by a member of the Primary Care Team within this timescale, however he clarified that he had been talking about a patient who had opted to see a
particular GP.

In response to further questioning from the Chair regarding the terms “upper” and “lower” Port Glasgow, the Applicant confirmed that these were terms commonly used by the residents in the area. This was where he had learned of the terms. Current residents defined the town in terms of “upper” and “lower”.

In response to further questioning from the Chair regarding how the Applicant knew that a further pharmacy was required in the area to “reduce the strain” on the current network, the Applicant advised that he had spoken to people who had told him about current waiting times. He pointed to the health statistics which clearly showed that time was not being spent combating illness and the volume of dispensing showed that the current network was not focused on service provision.

In response to final questioning from the Chair regarding the failure of the smoking cessation service and whether the current pharmacies were to blame for this, the Applicant advised that pharmacy was the first point of call for many patients. He pointed to the statistic that 42% of pregnant women smoked in the area. In his opinion, community pharmacists were key people in the provision of this service. Patients were referred to the pharmacy from GPs, from practice nurses. He was clear that when community pharmacies were busy they did not have the energy or time to counsel patients. It was known fact that properly counseled patients stood a much better chance of quitting than those who weren’t.

There were no questions to the Applicant from Mrs Paton.

**The Interested Parties’ Case (Mr John Boyle – David Wyse Ltd)**

Mr Boyle advised that wished to clarify that in terms of the Applicant’s neighbourhood, residents living at Parkhill Avenue would not be likely to travel to Cromdale Avenue to access services. Residents in this area would be more likely to travel to the town centre. He advised that both of his pharmacies were well placed to meet the demands placed upon them. There was enough staff to cope with business. He further advised that most residents traveled to the town centre by either bus or car. Most residents traveled to Greenock for their weekly shopping.

His pharmacies provided a full collection and delivery service and he had two drivers who collected prescriptions from Greenock.

He advised that there were two pharmacists on hand at any time of day in the Fore Street branch and one in John Wood Street making it possible to offer many different services to the community.

His pharmacies provided monitored dosage systems on behalf of 250 patients with no limit on patient numbers. His pharmacies were currently taking part in a pilot scheme to provide assessment of new and existing MDS patients.

He further advised that methadone supervision was provided from both shops with the John Wood Street branch investing in a “methameasure” methadone pump to improve the
services for drug users. Needle Exchange was provided in John Wood Street, thus allowing greater numbers of patients’ access to drug treatment services.

Other services offered were:

- Minor Ailment Service;
- Chronic Medication Service;
- Weight Management Service;
- Heart Failure project provided in store, and where required by home visit;
- An Active Smoking Cessation Service;
- Emergency Hormonal Contraception;
- Cholesterol Testing;
- Diabetes and Glucose Monitoring;
- Health Start Vitamins Scheme; and
- Blood Pressure Monitoring.

Mr Boyle advised that his pharmacies participated in awareness days and offered space for careers in store to promote their activities and reach out to new patients in Inverclyde.

He reminded the Committee that there had been five previous applications for premises in Port Glasgow. All applications had been refused, along with two appeals considered by the National Appeals Panel.

He advised that he objected to the application for the following reasons:

- A large proportion of the population in the Applicant’s defined neighbourhood would find it much easier to travel to the existing pharmacies than to travel to Cromdale Road.

- The pharmacies in Port Glasgow had already demonstrated on previous occasions in the recent past that the existing services were fully adequate – the Pharmacy Practice Committee had refused to grant earlier applications.

- There was a collection and delivery service for the proposed neighbourhood.

- It was clear from the letters received prior to the hearing that the local population nearest to Cromdale Road was actually against the proposed pharmacy. This simply confirmed what the customers using David Wyse Ltd were saying.

For the above reasons Mr Boyle believed that the application to open a pharmacy at 10 Cromdale Road was neither necessary nor desirable and that the application should be refused.

**The Applicant Questions Mr Boyle**

In response to questioning by the Applicant, Mr Boyle confirmed that most community pharmacies offered a collection and delivery service. While this might not be the best for the patient, it was nevertheless what most people did.

In response to final questioning from the Applicant, Mr Boyle confirmed that a resident in Parkhill Avenue would travel to the town centre rather than to Dubbs Road. This direction
of travels was natural for them as they caught the bus into town to do other shopping.

There were no questions to Mr Boyle from Mr Cox.

**The PPC Question Mr Boyle**

In response to questioning from Mr Irvine, Mr Boyle defined his neighbourhood as Kilmacolm Road, A761 at the roundabout, and Auchenbothie Road.

In response to questioning from Mr Irvine, Mr Boyle agreed that with this definition his pharmacies were outwith the neighborhood; however he confirmed that his pharmacies provided services to a significant number of patients from this neighbourhood nevertheless. He has not able to quantify this, but he knew it to be significant.

In response to questioning from Mr Fergusson, Mr Boyle agreed that collection and delivery was not a substitution for face to face contact with a pharmacist, however he offered this service.

In response to further questioning from Mr Fergusson, Mr Boyle confirmed that his pharmacies did not have boundary for patients with MDS trays. While he recognised that stress could increase the rate of clinical governance errors in these types of activities, he was confident that he had sufficient staff to carry out the tasks for patients in a safe and secure manner.

In response to final questioning from Mr Fergusson regarding the development of electronic transfer of prescriptions, Mr Boyle agreed that this would have an effect on the already established route of patient – GP – prescription.

In response to questioning from Mr Reid, Mr Boyle advised that he did not know what effect the new contract would have on his pharmacies, if it were granted.

In response to questioning from Professor McNulty, Mr Boyle agreed that in terms of prescriptions, the appropriate definition of the neighbourhood would be the whole of Port Glasgow. GPs saw patients from the entire area. He further confirmed that those resident south of the A761 would be unlikely to travel to Cromdale Road to access services. He further confirmed that taking his defined neighbourhood into consideration Lloydspharmacy was the only pharmacy in that area.

In response to further questioning from Professor McNulty regarding the Applicant’s proposed opening hours, Mr Boyle advised that he did not see a need for a community pharmacy to open at 8,00am. The first GP appointment might be offered at 8,00am, but there was little need for a pharmacy at this time. He advised that if there was demand for such extended opening hours, his pharmacies would offer them.

In response to further questioning from Professor McNulty, Mr Boyle confirmed that the consulting rooms in both his pharmacies were well used. His pharmacists devoted time to public health activities. He further confirmed that if he felt his staff was under stress and unable to devote time to service provision, he would increase the number of staff in the pharmacy.
In response to final questioning from Professor McNulty, Mr Boyle advised that if the application were granted, any impact on his pharmacies would be negative. His current staffing was based on the amount of business each pharmacy currently undertook. Any negative impact on this could result in staffing being reviewed.

In response to questioning from the Chair, Mr Boyle advised that he had heard the terms “upper” and “lower” Port Glasgow. While he recognized the Chair’s point that how people referred to an area could sometimes help to define it, he felt that perhaps people in the Bardrainney area would refer to “upper” Port Glasgow, but for the most part residents of Port Glasgow would say they were from Port Glasgow regardless of where they lived in the town.

In response to further questioning from the Chair, Mr Boyle agreed that he had defined a relatively small area as his neighbourhood. He had been looking more at which residents would travel to the proposed premises. He had a strong feeling that this neighbourhood was already adequately served by the current pharmacies. He agreed that this would still be the case if the town centre was included in the definition of neighbourhood. His pharmacies offered a first class service to the town of Port Glasgow.

There were no questions to Mr Boyle from Mrs Paton or Mrs Anderton.

**The Interested Parties’ Case (Mr Matthew Cox - Lloydspharmacy)**

Mr Cox advised that he agreed with all points raised by Mr Boyle and wished to expand on a few of the issues.

He advised that in terms of neighbourhood he had asked more than one member of staff in the Dubbs Road branch about neighbourhood. Upper Port Glasgow had been mentioned as an area and therefore there were two scenarios. For some there was interplay with the town centre and some defined their area in more local terms. Regardless of which scenario was in play, the service provision offered by the current pharmacies was adequate.

He advised that as part of the public consultation exercise, responses had been received from the Slaemuir Tenants and Residents Association who didn’t support the application. In addition a petition had been submitted to the Health Board raising concerns about potential vandalism and anti-social behavior.

In terms of ease of access for prescriptions, Mr Cox advised that there was a very reliable bus service operating in the neighbourhood. Buses stopped on Bogleston Road frequently which was in an ideal position for access to Lloydspharmacy.

He advised that the Health Board would be aware that Lloydspharmacy were moving to a double unit next door to the current Dubbs Road branch. This would happen in May 2011 and would provide more space and opportunities for involvement in more services. It was therefore difficult to argue that Lloydspharmacy were not responding to the needs of the community.
Mr Cox further advised that Lloydspharmacy had the capacity to undertake other services. Currently the pharmacy was involved in EHC, MAS, CMS, Supervised Methadone and Smoke Free. If there were health needs in the area, services would be available.

He advised that he was not aware of any complaints regarding service provision in the area. He believed the area was adequately served. Lloydspharmacy employed an extra pharmacist twice per week and he would submit that the current services were adequate to meet the needs of the patients in the area. He advised that the Applicant had not proved the legal test and that together with David Wyse Pharmacies; Lloydspharmacy provided an excellent high level of adequate provision of pharmaceutical service to patients.

There were no questions to Mr Cox from the Applicant or Mr Boyle.

The PPC Question Mr Cox

In response to questioning from Professor McNulty, Mr Cox confirmed that there was an argument to suggest that Port Glasgow could be defined in terms of two small areas. He did not feel that this would affect outcome of application as if the smaller definition was adopted by the Committee they could still consider services outwith the neighbourhood in the wider area of Port Glasgow.

In response to Professor McNulty’s expansion of this question, Mr Cox advised that there was an argument to suggest that if the smaller definition was taken, those residents in the streets immediately adjacent to Cromdale Road would find it more convenient to visit the proposed premises than the other pharmacies in the current network, but this was not true for those residents to the south of the area. There would be no added benefit.

In response to further questioning from Professor McNulty, Mr Cox advised that Lloydspharmacy would be happy to respond if there was a need for a pharmacy to open at 8.00am, however he did not think there was any express need for this service.

In response to further questioning from Professor McNulty regarding staffing within the pharmacy, Mr Cox advised that Lloydspharmacy on Dubbs Road was a well used pharmacy which was staffed according to the requirements from the patients.

In response to final questioning from Professor McNulty, Mr Cox advised that taking into consideration the comments made regarding the application, he did not feel there would be detrimental effect on Lloydspharmacy.

In response to questioning from Mrs Anderton, Mr Cox advised that he did not know at this point whether there would be a need to increase staffing when the pharmacy moved. At present the staffing levels reflected the level of business within the pharmacy. The move would provide the business with opportunities to increase storage and ease space constraints.

In response to further questioning from Mrs Anderton, Mr Cox advised that the move would provide opportunities for the pharmacy to take part in more services, however he was confident that the pharmacy currently offered a wide range of services and provided
them well. He did not think there was much more the pharmacy could become involved in.

In response to further questioning from Mrs Anderton, Mr Cox confirmed that the uptake of services in the branch was relatively good. At present there were approximately 50 methadone clients, CMS was healthy and there was capacity to deliver more services.

In response to further questioning from Mrs Anderton, Mr Cox confirmed that the pharmacy didn't have a delivery van, but that delivery of a prescription could be arranged if someone needed it.

In response to questioning from Mr Reid, Mr Cox confirmed that on moving the unit would be double the size of the current space.

In response to questioning from Mr Irvine, Mr Cox confirmed that some MDS trays were still done in the pharmacy. He further confirmed that the pharmacy might be able to take on more MDS patients after the relocation.

In response to further questioning from Mr Irvine regarding neighbourhood, Mr Cox confirmed that he was happy to accept the smaller definition of neighbourhood. He further confirmed that in his opinion there would be approximately 6,000 people in this neighbourhood.

In response to further questioning from Mr Irvine, Mr Cox advised that there was a second pharmacist on duty at Dubbs Road two days per week depending on demand.

In response to final questioning from Mr Irvine, Mr Cox advised that he was not aware of the uptake of Smoke Free services in the Dubbs Road branch.

In response to questioning from the Chair, Mr Cox confirmed that in his opinion the developments advised by Inverclyde Council which would see additional housing built in the area, would not significantly affect the levels of service.

In response to a follow up question from Mrs Anderton, Mr Cox confirmed that Parkhill Avenue would be situated in the north of Port Glasgow and not the south.

There were no questions to Mr Cox from Mrs Paton or Mr Fergusson.

**Summing Up**

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

**Mr Cox** advised that the Applicant had not produced any evidence, but had rather put forward a perception of inadequacy. The onus was on the Applicant to show an inadequacy in pharmaceutical services in the neighbourhood. Mr Cox did not believe there was any inadequacy. He asked the Committee to refuse the application.

**Mr Boyle** advised that he objected to the application for the following reasons:

A large proportion of the population in the proposed neighbourhood would find it much
easier to travel to the existing pharmacies than to travel to Cromdale Road.

The pharmacies in Port Glasgow had already demonstrated on previous occasions in the recent past that the existing services were fully adequate. The Pharmacy Practices Committee having refused to grant earlier applications. Since 2003 there had been five previous applications and two appeals.

There was a collection and delivery service for the proposed neighbourhood.

It was clear from the letters received prior to the hearing that the local population nearest to Cromdale Road was actually against the proposed pharmacy. This simply confirmed what his customers had been saying.

For the above reasons he believed that the application to open a pharmacy at 10 Cromdale Road was neither necessary nor desirable and that the application should be refused.

**The Applicant** advised that there was poor health statistics in Port Glasgow. The current pharmacy provision was not adequately improving these health outcomes and the addition of another pharmacy would reduce the strain on the current pharmacies and allow them to help and fill the inadequacy and improve the overall health of Port Glasgow.

In summary, with the Lloydspharmacy being distant from areas in “upper” Port Glasgow and the health of Port Glasgow suffering due to the inadequate service provided by the current pharmacy provision the addition of the proposed pharmacy was justifiably necessary.

Before the applicant and interested parties left the hearing, the Chair asked Mr Gulzar, Mr Boyle and Mr Cox to confirm that they had had a full and fair hearing. All confirmed individually that they had.

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

a) Neighbourhood;

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

In addition to the oral submissions put before them, the PPC also took into account all written representations and supporting documents submitted by the Applicant, the Interested Parties and those who were entitled to make representations to the PPC, namely:

a) Chemist contractors within the vicinity of the Applicant’s premises, namely:
   - David Wyse Ltd – various addresses;
   - Lloydspharmacy Ltd – 2/4 Dubbs Road, Port Glasgow PA14
b) The Greater Glasgow & Clyde Area Medical Committee (GP Sub-Committee);

c) The Greater Glasgow & Clyde Area Pharmaceutical Community Pharmacy 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 Greenock Telegraph (advert run on Monday 4th October 2010) – two responses were received;

e) - Inverclyde CH(C)P – one response was received supported by a petition with 297 signatures;

f) The following community councils:

- Port Glasgow/Central West – no response received; and
- Port Glasgow Ward 3 – 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;

j) Demographic information regarding post code sectors PA14.5 and PA14.6 (part of);

k) Information from Inverclyde Council’s Regeneration and Environment Department regarding future plans for development within the area;

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

m) Patterns of public transport in the area surrounding the Applicant’s proposed premises.

**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, and the Interested Parties, in relation to the application. The Committee considered that the neighbourhood should be defined as follows:

**North:** the River Clyde;

**East:** Park Hill, Park Farm to Kilmacolm Road behind the residential area at High Auchinleck through Mid Auchinleck, crossing Port Glasgow golf course to the east of Devol Road;
South: Turning north across Dougliehill Road, including Dougliehill Place and Dougliehill Terrace to Glenhuntly Terrace and Glenhuntly Road, following the open ground to Highholm Avenue to Shore Street; and

West: the area at Tesco Superstore to the roundabout on the A8 trunk road to the River Clyde.

In the Committee’s opinion the River was a substantial physical boundary. The south and east boundaries, demarked the separation of residential and open ground, with steep physical inclines and declines. The eastern boundary marked the separation of open field and residential settlements.

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 three pharmacies. These pharmacies provided the full range of pharmaceutical care services including supervised methadone, needle exchange and domiciliary oxygen. The Committee considered that the level of existing services did ensure satisfactory access to pharmaceutical services for the significant population 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 regarding the current level of dispensing and how he felt this prevented the current network from addressing the move towards a more service based approach. The Committee did not share this view and contended that a high prescription volume did not necessarily mean that other services suffered, especially where the community pharmacy had installed adequate staffing to meet the demand from patients.

The Committee noted that Lloydspharmacy were in the process of moving to bigger premises which would open up opportunities for the company in terms of capacity and storage. In addition, the Committee recognized the improvements made by David Wyse since previous applications for this area had been heard.

The Committee considered the Applicant’s various reasons for granting the application and while they agreed they were commendable, did not feel they led to a conclusion that the current service in the area was 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, Colin Fergusson and Kenny Irvine left the room during 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 Colin Fergusson and Kenny Irvine rejoined the meeting at this stage.

5. APPLICATIONS STILL TO BE CONSIDERED

The Committee having previously been circulated with Paper 2011/12 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:

- Angela Mackie, 3 Budhill Avenue, Glasgow G32

6. ANY OTHER COMPETENT BUSINESS

There was no other competent business.

7. DATE OF NEXT MEETING

The next meeting of the Committee will take place on 14th March 2011.