NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (03)
Minutes of a Meeting held on
Friday 31st August 2012 at 9.30am in
The Kingspark Hotel, Mill Street,
Glasgow G73

PRESENT: Mr Peter Daniels Chairman
Mrs Maura Lynch Lay Member
Mr Alex Imrie Deputy Lay Member
Mr James Wallace Non Contractor Pharmacist Member
Mr Ewan Black Contractor Pharmacist Member

IN ATTENDANCE: Janine Glen Contracts Manager – Community Pharmacy Development
Trish Cawley Contracts Supervisor – 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 Luciano Rebecchi.

Section 1 – Applications Under Regulation 5 (10)

2. MINUTES

The minute of the meeting held on Friday 20th April 2012 PPC[M]2012/01 was approved as an accurate record.

3. MATTERS ARISING NOT INCLUDED ON AGENDA

There were no matters arising from the minutes.

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

Case No: PPC/INCL05/2011
Kyle Square Ltd – Unit 5, 151 Western Road, Whitlawburn, Glasgow G72 8PE

The Committee was asked to consider an application submitted by Kyle Square Ltd to
provide pharmaceutical services from premises situated at Unit 5, 151 Western Road, Whitlawburn, Glasgow G72 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 Kyle Square Ltd considered 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 was whether “the provision of pharmaceutical services at the premises named in the application was necessary or desirable to secure adequate provision of pharmaceutical service in the neighbourhood in which the premises were located by persons whose names were included in the Pharmaceutical List.”

The Applicant was represented in person by Mr David Dryden, assisted by Mr Michael Balmer. The Interested Parties who had submitted written representations during the consultation period and who had chosen to attend the oral hearing were Ms Nicola Burns (Burns Pharmacy), assisted by Mr Jonathan Clark, Mr Alasdair MacIntyre (Burnside Pharmacy), Mr Martin Green (Dukes Road Pharmacy and Melville Chemists) and Mr Michael Doherty (Leslie Chemists).

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 including Fernhill, Cathkin, Whitlawburn, Greenlees, Kirkhill, Cambuslang town centre, Burnside and Springhall.

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 of the Applicant. The Interested Parties were then asked to make their submissions. After each submission, there followed the opportunity for the Applicant and the PPC to ask questions of each Interested Party. The Interested Parties and the Applicant were then given the opportunity to sum up.

**The Applicant’s Case**

The Applicant advised that Kyle Square Ltd were seeking to open a pharmacy at the above address as they believed that current access to services was inadequate. This view was shared by the local community. He advised that he would present his case in line with the Legal Test, which was set out in the regulations. He advised that in order for the legal test to be applied he would look at four main points:

i) What was the neighbourhood in which the premises were located?
The Applicant advised that the neighbourhood was the area known as Whitlawburn. It was well recognised and defined by the Council as having the following boundaries.

**North:** Open ground/playing fields/Holmhills community wood.

Beyond this open ground there was the affluent area of Cambuslang, characterised by Victorian Sandstone villas. These villas sold for between £300k and £400k and were quite unlike the high rise flats characteristic of Whitlawburn.

**East:** The fast moving Greenlees Road separated Whitlawburn from the area known as Kirkhill, which comprised a mixture of modern and Victorian dwellings, all privately owned.

**South:** The Southern extent of Whitlawburn, up until a few years ago was marked by miles of countryside. Nowadays there was a modern residential development known as Lomond View. Access to Lomond View was via one road in and out, and this road was located off the major trunk Road the A749. Lomond View was remote from the rest of Whitlawburn. A picket fence ran the length of Lomond View and separated it from Whitlawburn. Lomond View was completely partitioned.

**West:** To the West, Whitlawburn was separated from the Cathkin and Springhall estates by the dual carriageway the A749. This was further evidenced as a boundary by the fact that Cathkin and Springhall were areas of Rutherglen; different post-codes, different council wards, different polling stations etc.

The street names said Whitlawburn, the street signs said Whitlawburn, Google recognised Whitlawburn; South Lanarkshire Council recognised these boundaries.

The Applicant advised that if the Committee remained in any doubt then they should look at the letters from the residents submitted during the consultation period who clearly marked their addresses as being Whitlawburn.

The Applicant advised that Whitlawburn was not a micro-community: Whitlawburn was in fact so large that it had not one but two housing co-operatives: One for the East and one for the West.

From Scottish Neighbourhood statistics a figure of approximately 3,000 residents lived in Whitlawburn and recent and ongoing developments by Barrett Housing would see the population increase further.

Whitlawburn was built in the post-war era and comprised mainly social housing, with the lower density dwellings to the North of Western Road being privately owned.

Whitlawburn fell within the top 5% most deprived areas in Scotland and had two of the three most deprived datazones in all of South Lanarkshire. As such residents were likely to have an increased demand for pharmacy services.

Cost of transport and access to pharmacy services was a very important issue for many residents and 69% of this population did not have access to private transport.
The neighbourhood had low levels of employment and higher levels of alcohol and drug abuse.

From official figures from Information and Statistics Division Scotland, the Applicant knew that Whitlawburn generated some 4,000 NHS prescription items each month: more than enough to support a pharmacy in the neighbourhood.

Within the neighbourhood there was an NHS dental practice, two takeaways, a public house, a bookmaker, private childcare and a supermarket.

There was a community hall and there was the West Whitlawburn Resource Centre which provided job centre outreach programmes, credit union outreach, councillors surgeries, childcare, five a side football, mothers and toddlers groups, dance classes, a café and housed the Camglen Radio station.

Whitlawburn therefore must be considered a neighbourhood in its own right.

The Applicant advised that as such the Regulations made direction to the next point:

2) **What were the existing pharmacy services in the neighbourhood?**

   In short – there were none. The Applicant advised that it was quite clear to everyone that there was no pharmacy within the neighbourhood of Whitlawburn; therefore to services people must travel outwith the neighbourhood.

3) **This meant that the Committee should move to point three and consider if the services outwith the neighbourhood was adequate**

   The current position was that residents must travel outwith the neighbourhood to access services, and this was something that the residents, the councilors and the housing co-operatives found unacceptable.

   It was clear that Whitlawburn did not contain all the services that the residents required throughout the course of their lives; and residents would have to leave the neighbourhood to access additional services.

   The Applicant suggested that when residents of Whitlawburn needed to leave the neighbourhood in search of services, it was most likely that they would gravitate towards Cambuslang Main Street, which was an economic hub: two GP surgeries, a library, banks, travel agents, credit union and a range of shops.

   The normal direction of travel would not take residents of Whitlawburn to an adjoining neighbourhood such as Springhall or Cathkin, though some residents may choose to do so. The small row of shops in Braemar Road in Cathkin catered for the residents of Cathkin, much as the row of shops in Lochaber Drive. Springhall catered for the residents of Springhall, and the facilities in Whitlawburn catered predominantly for the residents of the neighbourhood of Whitlawburn.

   None of these three areas had the full range of services, and all neighbourhoods were
reliant from time to time on the centralised services found in Cambuslang. This was the normal life in any neighbourhood in Scotland. The Applicant advised that no neighbourhood could be considered to contain all services.

The Applicant advised that so given the direction of travel for residents leaving Whitlawburn was towards Cambuslang Main Street, it could be assumed that the majority of patients would access pharmacy services at either of the two Leslie Chemists or Boots in Cambuslang Main Street.

This involved a round trip journey of over two miles, which was not really an acceptable distance to have to travel to access pharmacy services.

For someone without a car, who couldn’t afford to or chose not to use a bus, this journey would take approximately 40 minutes at average walking speed, not to mention waiting times within the pharmacy.

For an elderly patient or a parent pushing a pram the journey would take significantly longer at around 65 minutes, Again this did not take into consideration any waiting times in pharmacies, and was worsened by the fact that Cambuslang was on a hill and the journey back up to Whitlawburn was particularly steep. Some patients couldn’t undertake the journey on foot.

The Applicant reported that many patients on programmes of substitution therapy had to make this journey six days per week. The cost to them would be significant and perhaps prohibitive. It was known that Whitlawburn had high rates of drug use and the evidence showed that the closer these services were to patient’s homes, the greater the rates of adherence which was the desired result.

Cambuslang town centre was extremely congested and despite the presence of a car park it was often difficult to find a parking space due to the high volume of traffic. Once parked, there was still a further walk to the pharmacy. However, only 31% of the population of Whitlawburn had access to private transport.

There was no parking outside Boots Pharmacy, Burnside Pharmacy or Dukes Road Pharmacy and parking was extremely limited outside Leslie Chemists and Burns Pharmacy. This made accessing these pharmacies a challenge for all patients, but in particular the elderly, infirm, disabled or parents with young children.

The Applicant advised that these points could be verified from the letters received from the people living in Whitlawburn.

The distribution of pharmacies throughout the greater area was antiquated, and did not provide an adequate network for the effective delivery of the new pharmacy contract. The pharmacies were predominantly located in the economic hubs of Cambuslang and Burnside, which was not where most of the population lived.

Large out of town retail developments had brought about a national decline in the high street, with less people using facilities there. In few places was that quite as evident as Cambuslang Main Street which had lost many of its services and retail units lay empty.
Less people were traveling to the Main Street as the range and quality of services was in decline. Yet pharmacies were still located here.

The clustering of the pharmacies in the Main Street may also have been influenced by a closer proximity to the GP surgeries. And while once being close to a GP surgery was quite important for a pharmacy. This was no longer the case.

Delivery services couldn’t be seen as a suitable alternative to local face to face services. People needed a healthcare professional – not a driver. Where there was no access to a car – as was the case for the majority of the residents of Whitlawburn – people may have the expense of a bus or taxi. Where patients were forced to walk, quite clearly the distance and incline was unacceptable.

Public transport and delivery services did nothing to reduce inadequacy. People should be able to reach a pharmacy within their community with ease.

The pharmacies within the consultation area offered a high standard of service, but they didn’t offer an adequate and accessible service to the residents of Whitlawburn. The Applicant concluded that the provision of pharmacy services to the defined neighbourhood of Whitlawburn was not adequate.

4) **We must therefore move to point four and ask; would granting the application secure provision of pharmacy services within the neighbourhood?**

It was the view of the Applicant, that the only way to secure adequate provision of pharmacy services within the neighbourhood of Whitlawburn was to grant this application.

With the new pharmacy contract in Scotland, now more than ever, pharmacy was a stand alone service provider within the NHS, and not merely an addition to general medical services.

The Minor Ailment Service (MAS) was a successful component of the contract, and the diagnosis and treatment of minor conditions meant that patients would not always require a consultation with a GP where the service was available within their neighbourhood.

Having this service available within the neighbourhood would be of immense benefit to the resident population who were burdened with high levels of ill health.

The Public Health Service (PHS) was introduced to make opportunistic interventions and improve the health of the population. For this service to have maximum impact on the population it must be made available in the heart of the neighbourhood.

PHS also comprised the provision of emergency hormonal contraception, and the smoking cessation service. How many more patients would access the Smoke Free Service if it was readily available, in the heart of the community with no barriers to access? The Applicant asked how smoking rates could be expected to decline if these services were not made available locally?
The Chronic Medication Service (CMS) had now been rolled out, with pharmacists taking a more active role in the care of patients on long-term conditions it was hoped that patients would not need to see their GPs as often.

Putting a pharmacy in the community could reduce unnecessary journeys. Pharmacy could play its role in primary healthcare and Out of Hours Services.

The Applicant advised that if a pharmacy was not established then the new pharmacy contract would be lost on its target population.

The contract had been tailored for the people of Scotland and in particular the patients with the worst health in Scotland. Whitlawburn was within the top 5% most deprived areas in the country. A huge difference could be made to people’s health and the proposed pharmacy provided the ideal environment and the perfect location for these services to be delivered and to have the maximum impact and benefit.

The proposed site would be finished to a high standard and would be fully compliant with GPhC regulations and the Disability Discrimination Act.

There was ample car parking right outside the front door.

The premises would allow for a quiet consultation area, a consultation room, and a discreet room for supervision of methadone and suboxone. He also planned a further treatment room and was keen to encourage nurses, GPs, chiropodists or physiotherapists to make use of the space. This would provide further access to new services and additional health benefits to the neighbourhood. All right next door to one brand new dentist with whom the responsibility of tackling gum disease was shared.

The Applicant advised that he would be looking to enhance their smoking cessation service by providing Varenicline via a pharmacist prescribing clinic. This was something he was already qualified to do, and currently provided to great effect in another pharmacy. The pharmacy would provide blood pressure monitoring and healthy lifestyle advice, and take part in all Health Board initiatives.

The Applicant asserted that the company was prepared to provide services seven days a week, with Sunday services running as a trial period for a minimum of 12 months. He hoped that after this time the company would be in a position to continue Sunday opening and perhaps even expand the hours being offered on a Sunday.

Most importantly of all, they would be providing face to face pharmaceutical services on the ground, in the neighbourhood, for which there was no substitute.

The Applicant advised that the neighbourhood of Whitlawburn was absolutely a neighbourhood in the ordinary sense of the word. There were no existing pharmacy services within this neighbourhood. The services located elsewhere, in other neighbourhoods, as good as they may be, did not, in any way, provide adequate access to pharmacy services.
Therefore it was absolutely both necessary and desirable to grant this application in order to secure adequate provision of pharmacy services for the residents of Whitlawburn both now and in the future.

The Interested Parties Question the Applicant

In response to questioning from Ms Burns regarding his comment “known as Whitlawburn”, the Applicant advised that he had described the neighbourhood as Whitlawburn because South Lanarkshire Council recognised the boundaries of the neighbourhood. When Ms Burns asked what evidence he had to substantiate this. The Applicant advised that Councillor David Baillie had advised him of this. He reiterated that the street signs also said Whitlawburn.

Ms Burns asked the Applicant if he would agree that when he spoke about “demographics” this only took into consideration the two datazones completely within the neighbourhood and that it did not cover the 1,000 or so population outwith this. The Applicant advised that across the area Whitlawburn was deprived.

Ms Burns asked the Applicant whether he felt there were barriers to accessing Burns Pharmacy. The Applicant advised that when residents of Whitlawburn left the neighbourhood they normally travelled in the direction of Cambuslang town centre. There was no other draw in Cathkin for them. The Applicant advised that for those living in the east of Whitlawburn, it was a long way to travel to access Burns Pharmacy. What he was trying to achieve was a pharmacy in the hub of the neighbourhood so that if residents had to make a special trip solely to access pharmaceutical services, those services were available to them within their own neighbourhood.

When Ms Burns asked the Applicant if residents of Whitlawburn used the services provided by the Post Office on Braemar Road, the Applicant advised that the Post Office did not provide a full service. It remained his assertion that most residents of Whitlawburn would travel to Cambuslang for such services.

In response to questioning from Ms Burns regarding the distance between the proposed premises and Burns Pharmacy, the Applicant advised that according to the internet one was 0.8 miles from the other. The Applicant disagreed with Ms Burns assertion that this represented driving distance and that the distance walking on foot via the purpose built walkway was only 0.4 miles.

In response to further questioning from Ms Burns regarding what the Applicant felt to be an acceptable length of time to walk to access pharmaceutical services, the Applicant advised that he didn’t know of another area like Whitlawburn which didn’t had a pharmacy. He was trying to establish services where the residents could benefit from them.

In response to a series of questions from Ms Burns regarding delivery services, the Applicant confirmed that such services were not comparable to input from a pharmacist, but agreed that they were invaluable for many elderly patients. He qualified this response by saying that many people in Whitlawburn received deliveries because they couldn’t access services. He was confident that if there was a pharmacy some patients would be able to get to it. He had experienced a similar situation in his pharmacy in Kyle Square.
He reiterated that patients who relied on delivery services, but who would be able to access a pharmacy in their own neighbourhood weren’t currently able to obtain pro-active pharmaceutical advice, nor were they being exposed to the Public Health campaigns.

In response to questioning from Mr MacIntyre, regarding perceived barriers between Whitlawburn and Cathkin, the Applicant advised that there was a dual carriageway between the two areas, but more than that there was no incentive for residents of Whitlawburn to travel to Cathkin. He was of the opinion that the distance between the two areas was more than the 0.4 miles, but Whitlawburn residents wouldn’t travel there as part of their day to day lives. He reminded that dispensing medicines was not all of what pharmacists did and that pharmacy needed to become a focus for primary health care.

Mr MacIntyre asked the Applicant that if people travelled outwith the neighbourhood to access a lot of the services they needed in their day to day lives wasn’t that an argument that services didn’t need to be provided within the neighbourhood. The Applicant confirmed that Whitlawburn didn’t have all services and that residents would not be able to spend their entire life in the neighbourhood, but he continued to believe that services should be provided locally.

In response to questioning from Mr MacIntyre regarding parking outside other pharmacies in the area, the Applicant advised that he was surprised to learn that parking was available in spaces outside some of the other local pharmacies for up to half an hour.

Mr Green asked the Applicant if he considered the PPC were here to consider neighbourhood in the common sense of the word. The Applicant advised that the neighbourhood he had defined was recognised by South Lanarkshire Council, there was a large population which had a community spirit. The Applicant didn’t think people should be deprived of a pharmacy because they didn’t have other services. In his opinion, this was even more reason to provide them with access to services.

Mr Green asked if it was not the case that the current pharmacy Regulations defined “neighbourhood” as being “for all purposes” and asked if this term related to the “common sense of the word”. The Applicant responded in the affirmative. He didn’t believe that the Regulations meant that an area had to have all amenities before it could be defined as a neighbourhood.

In response to questioning from Mr Green regarding walking times, the Applicant advised that in his opinion it would take approximately 10-15 minutes to walk from Greenlees Road to East Kilbride Road. He felt it would be double that time to walk from the proposed premises to Burns Pharmacy. He advised that for certain patients it was not a journey they could make on foot.

Mr Green referred to the Applicant’s comments within his presentation that Burns Pharmacy was in the wrong direction of travel for the residents of Whitlawburn. He asked how this could be if residents needed to access pharmacy services. The Applicant advised that Burns Pharmacy was not in the place where the residents of Whitlawburn lived their day to day lives. There were no other amenities taking them in that direction.

In response to final questioning from Mr Green, the Applicant agreed that the residents of
Whitlawburn needed to travel outwith their neighbourhood to access some services. Mr Green asked if the Applicant would consider taking a child to primary school as part of someone’s day to day life. He asked whether this could be done in Whitlawburn. The Applicant advised that for this to happen, a resident would need to leave their neighbourhood, but he didn’t feel this changed the position for the residents.

Mr Doherty asked the Applicant if a mother in Whitlawburn needed a prescription filling, where would they go. The Applicant advised that most would likely go to Cambuslang Main Street. Mr Doherty asked why someone would do that when there was a pharmacy 0.4 mile away. The Applicant advised that this pharmacy was not a part of their neighbourhood. It could be argued that the pharmacy was obscured behind a hedge. The Applicant firmly believed that the residents of Whitlawburn aligned themselves to Cambuslang rather than Cathkin. Mr Doherty asked what would stop a mother going over to Braemar Road. The Applicant advised that the dual carriageway, along with another busy road would be a barrier. In addition, Braemar Road was not in the direction of travel for residents of Whitlawburn. He advised that when the snow came, the paths were gritted in between the high flats, but not the roads in between. There were a number of reasons which would prevent residents of Whitlawburn accessing the pharmacy on Braemar Road, including the territorialism between the two areas.

In response to further questioning from Mr Doherty, the Applicant agreed that there was a purpose built walkway from Whitlawburn to Cathkin. He agreed that some residents did travel to Burns Pharmacy to get a prescription filled, but he asserted these patients were not getting the full range of services. In the Applicant’s opinion, they were missing out on ¾ of the services they were entitled to. They had access to treatment but that’s all.

Mr Doherty asked the Applicant if he would agree that residents of Whitlawburn travelled to Cambuslang town centre because Whitlawburn was a community which was part of the bigger neighbourhood of Cambuslang. The Applicant did not agree. He would not put Whitlawburn in with Cambuslang. In his opinion Whitlawburn was a well defined neighbourhood. It defied logic to put Whitlawburn with its high rise flats in with Stewarton Drive and its sandstone villas.

**The PPC Question the Applicant**

In response to questioning from Mr Black regarding the Community Centre on the Cathkin side of the A759 which alluded to serving Whitlawburn, the Applicant agreed that there would be a degree of overlap in any area. He pointed to the five a side pitches which had opened recently in Whitlawburn which had been developed partly to address issues of territorialism between the two areas.

Mr Black asked the Applicant if in his wish to be pro-active he wouldn't be offering a delivery service from his new pharmacy. The Applicant advised that there was always going to be patients who didn’t get out and need a delivery service.

In response to further questioning from Mr Black regarding the bus service in the area, the Applicant advised that buses operated to Cambuslang town centre every 20 minutes. He advised that Whitlawburn was part of Cambuslang in the same way that Springhall was a part of Cambuslang. He asserted that Cambuslang covered a large area, taking in the
areas of Hallside and Flemington. He felt that the PPC needed to look at the proposed premises and the neighbourhood it lay in.

Mr Black sought to explore the Applicant’s comments that the uptake of substitution therapies could be improved if they were provided from a facility within the neighbourhood. Mr Black asked if the Applicant had any evidence to suggest that these therapies weren’t working in the area. The Applicant advised that it was commonly accepted that the further away the services were the lower the adherence. The Applicant advised that there was a drug issue in Whitlawburn and it was preferable to keep patients stable within their own locality.

In response to a follow up question from Mr Black, the Applicant advised that he was not aware of any short comings in the locality, any unmet need. He accepted that patients on programmes would be making journeys to get supplies but this was not ideal. The Applicant pointed to the problems experienced during the last two extremely bad winters. The roads weren’t safe and this could disrupt people’s ability to access treatment. It would be better for them that they didn’t need to make a round trip journey every day.

In response to questioning from Mrs Lynch regarding the neighbourhood, the Applicant advised that in his opinion the area known as Whitlawburn was a discreet neighbourhood for many reasons, including: all the street signs said Whitlawburn; there was a strong and clear community spirit; it had a separate Polling Station for the area; there were Job Centre outreach programmes; councilor surgeries; a credit union outreach; a mothers and toddlers group; a radio station and a football pitch. Investment had been injected into the area. The area had a number of problems and the football pitches were a means of making these issues better.

In response to further questioning from Mrs Lynch regarding the development of housing in the area, the Applicant advised that the number of dwellings to be built in the Cathkin Rise development would not change. This would remain at 140. Half the site had already been developed. There had been a change in development in the half which was to be given over to flats. This had stopped and the site given over to houses which were more popular.

In response to final questioning from Mrs Lynch about the dentist on Western Road, the Applicant advised that he would expect to see approximately 5/6 prescriptions being generated per day. He accepted that this would not be a big part of the pharmacy’s business, but he felt it important that patients could access services when it was needed. He advised that together pharmacies and dentists could play a significant role in the fight against gum disease. A major contributing factor of gum disease was smoking. He advised that from his other pharmacy he had visited all dentists in the Spittal area and advised what pharmacy was attempting to do with the Smoke Free Service. He further advised that NES (National Education for Scotland) had this as a priority. A two pronged approach to issues was needed.

Mr Wallace asked if the Applicant had any evidence to show the extent to which the residents of Whitlawburn used the Western Road retail area as part of their day to day lives. The Applicant advised that footfall indicated this to be the case. There was significant passing trade and it was known that lots of local people used the facilities. He
further advised that the dentist was doing extremely well. The pub was popular and was a hub of activity. The facilities were popular because parking was so good.

Mr Wallace asked the Applicant how people who couldn’t walk to existing pharmacies would manage to get out and come to a pharmacy in Whitlawburn. The Applicant advised that the evidence was contained in some of the letters received during the consultation period. A new pharmacy on Western Road would open up services to a good chunk of the population. He was unable to put a figure on it.

In response to questioning from the Chair regarding the apparent weight of objection to the application, the Applicant accepted that there would appear to be more people against the application than for. He advised that the manner in which the petition was conducted possibly didn’t result in a true reflection of the public’s opinion. He pointed to the 112 responses received to the Applicant’s consultation period.

There were no questions to the Applicant from Mr Imrie.

The Interested Parties’ Case – (Ms Nicola Burns – Burns Pharmacy)

Ms Burns advised the Committee that she once again would like to object to the granting of the application for inclusion in the Pharmaceutical List. It was Ms Burns understanding that the hearing had been called today to re-hear the application due to a procedural error, not because of an unjust result.

She advised that since the previous application less than twelve months from the current, there had been amendments to the Regulations governing inclusion in the Pharmaceutical List. Part of the scope of these changes was to enable Health Boards to reject applications where they did not believe the evidence of a significant change (since a previous application within the last twelve months) was sufficiently robust. It was Ms Burns’ opinion that the scope of the regulation changes should be applied to this particular application. With this in mind, however, there had been no change to the Regulations with respect to the Legal Test and so based on this she wished to present the reasons for her objection. This would include evidence of an adequate service, including comment on the Applicant’s assessment of current services, evidence of how current service provision would be destabilised if a new contract was to be awarded and evidence that there had been no significant change since the previous application. Ms Burns advised that she would highlight the reasons that the PPC previously rejected the application.

The neighbourhood Ms Burns had defined was as follows:

**North:** B762, Dukes Road, along Cambuslang Main Street (A724);
**East:** B759, Greenlees Road;
**South:** East Kilbride Road, proceeding westwards towards its junction with Dukes Road (A749).

These were arterial roads, which defined a neighbourhood for all purposes, encapsulating a wealth of amenities. This neighbourhood could be defined by data zones. Using Scottish Neighbourhood Statistics from 2011, there was a population of around 7,152.
The Applicant had however defined a smaller neighbourhood, with a current estimated population of 2,943. Included in this figure were 44 inhabited homes of Cathkin Rise. This would increase by around 81 persons when completed. This figure also included the 4 inhabited homes of Kirkhill Mews which could increase by around 18 persons upon completion. In total these new builds could increase the local population by a mere figure of 99 persons in total.

This smaller neighbourhood could not be defined by data zones, and whilst the Applicant excluded some areas due to socio-economic differences, there were in fact, clear differences within the area that the Applicant defined. The Applicant referred to high levels of deprivation within his defined neighbourhood; however it appeared these deprivation levels were confined to only two data zones. Only 59% of the population of the neighbourhood the Applicant defined. There was also a real lack of key amenities. The area was not a neighbourhood for all purposes, in Ms Burns opinion, it was therefore not justifiable as a neighbourhood, but as a small community within a greater neighbourhood.

There were many factors to account for when considering adequacy. Current service provision, access and public opinion were very important indicators. Ms Burns wished to comment on each of these in turn to provide adequate service provision. She also wished to comment on the Applicant’s assessment of the factors they considered proved services to be inadequate, namely public support and barriers to accessing existing services.

Within the neighbourhood, Ms Burns had defined, there were currently four pharmacies, with an additional two pharmacies, including Burns Pharmacy on the periphery. The existing pharmacies provided a fully comprehensive range of core and enhanced services. As agreed less than eight months previously by the PPC “the existing network provided comprehensive service provision to the neighbourhood.”

Ms Burns advised that she agreed with the Applicant that public support was an important indicator of service provision. Indeed the Applicant had provided various pieces of evidence of public support. Firstly the Applicant referred to the support received at the “open night” in August 2011.

Ms Burns informed the Committee that she had attended the “open night” which was also attended by less than 2% of the population of the Applicant’s defined neighbourhood. It became evident to her on that night that perhaps, the community of Whitlawburn, were simply unaware of the services that were currently available. Concerns were raised that Burns Pharmacy closed at lunchtime, closed on a Wednesday afternoon, did not offer a delivery service. Indeed even in the letters of support provided by the Applicant, many respondees failed to make reference to Burns Pharmacy, mentioning only other pharmacies in the area. This highlighted that some of the reasons for support were in fact due to a lack of knowledge of current service provision. Ms Burns felt it was important to inform the community of the current level of service available from Burns Pharmacy and so had since completed a leaflet drop in the area.

Ms Burns also felt there was an important level of misinformation provided by the Applicant at the event. Whilst there were various questions from the public, regarding the application process, Ms Burns felt they were not answered factually or indeed at times even accurately.
At this point in her presentation, Mr Burns listed some of the comments, allegedly made by the Applicant at the open night event. The Chair stopped Ms Burns as in his opinion the veracity of the comments could not confirmed and could not be corroborated. The Applicant also objected, denying that he made the comments. The Chair asked Ms Burns to omit this part of her presentation. Ms Burns agreed and moved on.

Ms Burns advised that in the appeal of the decision made by the PPC in January 2012, the Applicant made a very misleading accusation. The Applicant stated that seven letters of objection were submitted by Ms Burns’ delivery driver and members of that person’s family. In addition to one letter from a family friends. This was entirely untrue. The Applicant in this point of appeal stated this as fact. This was, at best a case of mistaken identity and at worse a deliberate attempt to mislead.

The Applicant also submitted various letters of support from the public, including local councilors and the local MSP. Whilst there were no doubt that these genuine letters were in support of a new pharmacy, there was doubt however, as to whether these people had been fully informed of the robust process used to award such contracts. Whilst citing some of the reasons given in these letters, there were some other reasons the Applicant failed to highlight. One of these was that it was believed to be “not convenient” to travel to another pharmacy. A contract should not be awarded on convenience. Another reason from James Kelly MSP was that it would “promote investment and jobs” again not a reason to award a pharmacy contract. Ms Burns also noted that there was a letter of support from Councillor Eileen Baxendale. This was a great surprise to Ms Burns, given that this Councillor had previously submitted a letter against the opening of a new pharmacy in Whitlawburn, expressing concerns about the viability of Burns Pharmacy and of a new contract. She stated that a number of businesses on Western Road had closed due to lack of trade. To Ms Burns this created doubt as to the credibility of the current letter of support.

Ms Burns asserted that she was in no doubt of the active and positive role the West Whitlawburn Housing Co-operative had in the community of Whitlawburn and she noted the Management Committee’s support of the application as indicated by the letter provided. On that letter, however, it was also claimed “there was nobody who speaks for the community with the same legitimacy or credibility as WWHC in relation to that which the local community wishes.” Ms Burns advised that she would question the validity of this claim as having submitted objections from the community of Whitlawburn; it was clear there was actually a division of opinion in relation to a new pharmacy.

Ms Burns urged the Committee to focus on the letters she had submitted from local GPs, who as healthcare professionals inherently had a deeper insight into current local healthcare provision. She received four letters from local GPs writing in support of the services provided at Burns Pharmacy and beyond. Not one of these letters indicated any inadequacy, any gap in service, any unmet need. In fact they provided evidence that services were not only adequate, but more than adequate. Ms Burns then went on to highlight some examples:

“They are always able to take on new patients for additional services such as supervised
dispensing or monitored dosage systems.” Dr R Watson;

“We do not feel that there is anything to indicate that a further local pharmacy is required.” Dr C McCann, Dr A Gajree;

“I can confirm there is no problem in patients obtaining medication from any of the available pharmacies, all pharmacies seem to have capacity to take on more patients.” Dr Smith.

Within Ms Burns’ objection she also took measures to seek the views of the communities served by Burns Pharmacy, including that of Whitlawburn. This resulted in 23 individual responses from the local public, including those from Whitlawburn, a petition with 457 signatures against the opening of a new pharmacy, 84 of those signatures being from Whitlawburn residents.

Indeed the Applicant himself at the previous application hearing stated he “did not believe the capacity of pharmaceutical services to Whitlawburn was an issue.”

In Ms Burns’ opinion, this was overwhelming evidence of adequate service. This was agreed in the decision made by the PPC in March 2011 and upheld by the NAP that existing services to their defined neighbourhood were adequate. The same decision unanimously made again by the PPC less than eight months ago.

Ms Burns provided that the other reason mentioned in the application was perceived barriers to accessing existing pharmacies. The Applicant stated there were no pharmacies less than 0.8 miles from the premises. Burns Pharmacy, however, was located only 0.7 miles by car and only 0.41 miles by foot from the proposed premises. Burns Pharmacy was also easily accessible, travelling by foot via the purpose built walkway with staggered pedestrian crossings suitable for prams and wheelchairs. A journey of less than seven minutes. For those unable to travel by foot or car there was a bus service from Western Road to Cathkin Bypass, running every 30 minutes, with a journey time of only 4 minutes from the farthest point on Western Road. Ms Burns believed this to be a reasonable distance to access pharmacy services.

The Applicant referred to the needs of the elderly in his application. When asked about the assertions made on the elderly population in Whitlawburn, the Applicant stated that this came from “extrapolating a general statistic which showed the population of entire country was living longer.” Ms Burns asked how such extrapolated evidence could be relied upon when making a decision on the needs of such a specific area? The information on the elderly population in Whitlawburn was indeed available from South Lanarkshire Council. With only 2% over 75 compared to an average of 7.6% in South Lanarkshire in 2012.

When looking at the demographics of the communities served by Burns Pharmacy, Ms Burns noted that the area of Whitlawburn had a relatively low elderly population and a significantly higher proportion of young people. In contrast to this, the area of Cathkin had a higher than average elderly population. Given that the population of Whitlawburn was predominantly that of young, able bodied people, this would surely provide that Burns Pharmacy was in the best possible location to serve these communities, slightly closer to
the elderly population, who may not be so mobile, and had a greater need to access pharmaceutical services. This highlighted another real concern that could arise if Burns Pharmacy were to close as a result of a new pharmacy in Whitlawburn. Although there was no barrier to the community of Whitlawburn travelling to Cathkin, there could potentially be a real barrier in the significant elderly population of Cathkin accessing services in Whitlawburn.

Of course there were other pharmacies in Cambuslang and Burnside. As stated previously by the Applicant there were frequent bus services from Whitlawburn to these areas. There were three per hour to Cambuslang, and every ten minutes from Cathkin Roundabout to Burnside. It was also Ms Burns understanding that many people chose to make this journey in order to access the wealth of amenities these places had to offer.

Indeed it was agreed in March 2011 that “existing services did ensure satisfactory access to pharmaceutical services”: And agreed by the PPC less than eight months ago, that “The population had easy and quick access to both the nearest pharmacy and those located further towards the main shopping areas in Burnside and Cambuslang.”

As such Ms Burns would argue that there were no actual barriers to the community of Whitlawburn accessing pharmaceutical services, in fact they had a choice of many. Awarding a new contract in Whitlawburn would be to do so as a matter of convenience to its residents.

Ms Burns advised that the outcome of the previous application, and of applications previous to that, also concluded that awarding a new contract could “Have a destabilising effect on the adequate provision of service, which might also affect the viability either a new pharmacy, or Burns Pharmacy.”

Ms Burns advised that she would like to highlight the reasons she believed the PPC considered in order to arrive at this conclusion.

Firstly, the community of Whitlawburn had very little in the way of amenities, its residents regularly had to travel to access a large range of services required on a daily basis. It was likely, that even if a new contract were to be granted, the community of Whitlawburn would continue to travel to access these services, as agreed by the Applicant in January, and with that, other pharmacy services, and so bringing into question the viability of any new pharmacy.

Secondly, Burns Pharmacy was a low dispensing pharmacy. Far from operating at capacity, indeed with increased staffing it could efficiently operate with at least double the volume of prescriptions. Recent dispensing figures continued to show around 30% of prescriptions dispensed from Burns Pharmacy were from the Whitlawburn area. As a new contractor, having only taken over the pharmacy in July 2010, a 30% loss of turnover would without doubt jeopardise the future of the pharmacy. A pharmacy that had served the community for over forty years, a pharmacy that Ms Burns mother had provided excellent service from for over 20 years, a pharmacy that Ms Burns grew up in, and a pharmacy in which Ms Burns hoped to provide this same level of service to the community for at least the next 20 years.
Ms Burns contended that the amended regulations advised that the Pharmaceutical Care Services Plan should be consulted when considering applications. The plan for Greater Glasgow and Clyde Health Board showed that by average there was a population of 3,792 per pharmacy contract. When looking at her defined neighbourhood there was an average population of only 1,192 per pharmacy contractor, when including the two pharmacies just on the periphery. In addition to this it could be shown from the information provided in the Service Plan that on average there was one pharmacy per 1.4 square miles. However in her defined neighbourhood there were four pharmacies in the approximate 0.9 square miles of the neighbourhood with an additional two just on the periphery. Ms Burns understood that this information did not take into account demographics; however the figures strongly indicated that this area was actually very densely populated with pharmacies when compared to the Health Board as a whole. In fact this indicated an over provision, where awarding another contract would destabilize current service provision.

Ms Burns advised that the Applicant claimed there had been significant changes since the last application was refused. The first of these was the opening of a dental surgery in Western Road. This planned change was considered at the last application, and so it could be argued that there was in fact no change, far less significant. Ms Burns understood this dental surgery had offered a letter of support for the application. This was to be expected given that any new business would be keen to encourage extra footfall to its area. Ms Burns advised that she had already established a close working relationship with this surgery, and had not been made aware of any problems in people accessing prescriptions issued from there.

The facts were, using the information from ISD Scotland dental prescriptions accounted for only 0.03% of all prescriptions issued in Scotland in 2010. That was 3 prescriptions in every 10,000 issued. Burns Pharmacy could without doubt cope with this negligible increase.

The Applicant had also highlighted a new housing development not considered at the last application. This new housing development was for twelve terraced houses, four of these were currently inhabited, and completion of these could perhaps increase the local population by around 18 persons. This development was equidistant to Burns Pharmacy and the proposed premises. If every one of these people came only to Burns Pharmacy, this would be an expected increase of less than one item per day. An increase Burns Pharmacy certainly had the capacity for. Indeed this opinion was echoed by comments made by the PPC in march 2011 with reference to the development of Cathkin Rise.

“The Committee agreed that the new housing development might result in an increase in population within the area. They were confident however that the existing network was well placed to accommodate any demand that might be generated.”

This was not an increase anywhere near large enough to justify a significant change.

Ms Burns advised that in the last application she highlighted the changes made to Burns Pharmacy since she took over in July 2010. She had said that the pharmacy was no longer closed at lunchtime, that staffing levels had increased, that prescription collection service had been extended, that a delivery driver had been employed. Since the last application there had been continuous improvement to the service provided at Burns...
Pharmacy. After a trial period of three months, the pharmacy had again, extended its opening hours to open until 5pm on Saturdays. The premises had now been approved in order to allow pre-registration training to commence. She had also volunteered to support the University of Strathclyde by offering practice experience placements for 1st and 2nd year students. She had also taken steps to engage with the local community through health promotion. She had held health promotion events in West Whitlawburn Resource Centre to promote the pharmacy smoking cessation service. She recognised this as an important service within the local community, as parts of the area had a comparatively high level of people with respiratory conditions. These events were successful, with many positive interventions. She had since made arrangements to repeat this health promotion activity. She had invited and hoped that the dental practice would attend the next event as smoking cessation was a prime example of how two professions could work together to achieve a common goal. Most recent information showed that Burns Pharmacy had smoking quit rates higher than that of the average for Greater Glasgow and Clyde. Ms Burns believed this was due to the active role the pharmacy had undertaken in promoting public health.

Ms Burns also understood that parts of the communities served by Burns Pharmacy had a comparatively higher number of people with alcohol related health problems. As such she had volunteered and was selected to take part in a pilot service, which commenced in March, where positive interventions were made in order to promote awareness of safe alcohol consumption. This was also an example of how Burns Pharmacy was making an active and positive contribution to public health.

Ms Burns had registered with the Blood Pressure Associate for “know your numbers” week in September where the pharmacy would be hosting a “pressure station.” This was a health promotion event where blood pressure was tested, awareness of high blood pressure and its risk factors was generated and advice was given on healthy lifestyle measures.

Ms Burns believed these progressions showed a willingness to respond to the need of the communities served by Burns Pharmacy, and that she had a genuine agenda for improving the healthcare of the local population she served.

Ms Burns concluded that given that there had been no significant change. Given that it had been decided five times previously, most recently less than eight months ago, that adequate pharmaceutical services were provided to the community of Whitlawburn. Given that it had also previously been decided that a new contract may create a destabilisation of current services. Given the advice of the Community Pharmacy Subcommittee to reject the application. Given the strength of the information provided in the Pharmaceutical Care Services Plan. Given all the evidence she had endeavoured to present today, proving adequate service provision, Ms Burns asked the PPC to reject the application.

**The Applicant Questions Ms Burns**

In response to questioning from the Applicant regarding the health promotion events she had engaged in, Ms Burns confirmed that the events were held in Whitlawburn, in the Resource Centre which was used by everybody in the area. She had felt this to be the best place to have them. She felt the events helped the PPC apply the legal test as it
helped to show that Burns was proactive. She advised that the Applicant had made arguments about how vital health promotion was and she had been trying to do the same.

In response to a follow up question from the Applicant that Ms Burns provided health promotion in the Cathkin area and not Whitlawburn, Ms Burns advised that she provided services to Whitlawburn along with other contractors.

In response to further questioning from the Applicant, Ms Burns did not agree that the fact that Burns Pharmacy was not operating at capacity suggested that the people of Whitlawburn didn’t go there. She advised that residents who didn’t use Burns Pharmacy chose to access services in other areas such as Burnside or Cambuslang.

In response to follow up questioning from the Applicant, Ms Burns confirmed that she couldn’t quantify what % of patients from Whitlawburn used Burns Pharmacy. She didn’t know how many actual people in relation to the population as a whole. In response to the Applicant’s suggestion that the number was small, Ms Burns agreed that other people might chose to go elsewhere. In her opinion this showed that people gravitated towards Cambuslang and Burnside for their amenities. She advised that it would be difficult to predict whether her pharmacy would in fact suffer a 30% loss, but she was confident that she couldn’t lose that amount of patients.

**The Interested Parties Question Ms Burns**

In response to a question from Mr MacIntyre regarding how the people from Whitlawburn traveled to Burns Pharmacy, Ms Burns advised that most walked across the road. She explained that most came to Burns Pharmacy if they were going to the Post Office or the local Co-op.

In response to questioning from Mr Green, Ms Burns confirmed that she was genuinely concerned for the on-going viability of Burns Pharmacy. In response to a follow up question from Mr Green, Ms Burns advised that her analysis of the demographics of the area showed that there were more elderly people living in Cathkin. She confirmed her belief that if Burns Pharmacy was no longer there this might leave the area worse off.

In response to questioning from Mr Doherty, Ms Burns confirmed that she was not aware of any barriers stopping anyone from Whitlawburn traveling to Burns Pharmacy.

**The PPC Question Ms Burns**

In response to questioning from Mr Wallace regarding her leafleting exercise, Ms Burns advised that the exercise had not had any significant effect. She had noticed perhaps a few more people asking questions, but there hadn’t been a marked increase in custom. She felt it would take time to educate people to the services available in Burns Pharmacy. Some people continued to have misconceptions around the service provided by the pharmacy, for example continuing to believe that the pharmacy closed at lunchtime.

In response to further questioning from Mr Wallace regarding the underpass between Whitlawburn and Cathkin, Ms Burns confirmed that she wasn’t aware of there being any
safety issues. She hadn’t heard anyone complaining about the underpass.

In response to questioning from the Chair, regarding whether she had any feel for the % of people who used the underpass as opposed to the road, Ms Burns said that people used the road to go to school. It was safe. There was a pedestrian crossing.

In response to questioning from Ms Lynch regarding people with disabilities accessing the pharmacy, Ms Burns advised that there was a bus service running from Western Road to Cathkin Bypass. Residents might use that if disabled or if they lived at other end of Western Road. Ms Burns confirmed that she hadn’t had anyone complain about journey to Burns Pharmacy.

In response to further questioning from Ms Lynch regarding the housing developments in the area, Ms Burns advised that there would be a maximum of 12 dwellings in Kirkhill Mews which was the only development which hadn’t been considered by the PPC when it considered a previous application in March 2011. In terms of the other 62 houses were already built with plans for only another 18.

In response to questioning from Mr Black regarding the Housing Associations within the area, Ms Burns advised that she didn’t know whether there was an East Whitlawburn Housing Association.

In response to further questioning from Mr Black regarding her defined neighbourhood, Ms Burns advised that there were main arterial roads in the area, but she didn’t consider that these alone defined a neighbourhood. She felt a neighbourhood was where the people in it shared the same facilities and amenities every day. She accepted that a neighbourhood might not contain every single amenity but it should have a broad range of them. Ms Burns considered that her neighbourhood had all of these characteristics. She was of the opinion that the boundary was drawn at Cambuslang Main Street why would you not include the residential area at the other side of the Main Street. A line had to be drawn somewhere.

In response to further questioning from Mr Black, Ms Burns confirmed that she did solicit opinion from the local GPs. She was interested to know if they perceived any inadequacies. In the previous application, the Applicant mentioned perceived difficulties in MDS (monitored dosage systems). Ms Burns had gone to see the GPs to ascertain their views on this issue. The result was the letters in her submission. She felt it was good to have the insight from GPs. They would have had feedback from patients.

In response to a follow up question from Mr Black, Ms Burns advised that approximately 5% of the prescriptions delivered from her pharmacy were taken to Whitlawburn.

**There were no questions to Ms Burns from Mr Imrie.**

**The Interested Parties’ Case – (Mr Alasdair MacIntyre – Burnside Pharmacy)**

Mr MacIntyre thanked the PPC for the opportunity to put forward his case. He advised that he would firstly define the neighbourhood, talk about the pharmaceutical services to the neighbourhood and give the PPC reasons as to why the current pharmaceutical services were adequate.
He advised that he agreed with the neighbourhood previously defined by Ms Burns.

These major arterial roads formed natural boundaries around the area of residential development which lay to the south of Cambuslang town centre. Although the properties within this neighbourhood varied in terms of age, style and socioeconomic grouping, they all shared their essential services and facilities, most of which were located in the town centre.

Mr MacIntyre asserted that Whitlawburn was a small community within a larger neighbourhood. The population as part of their normal daily lives accessed the schools, churches, shops, supermarkets, banks, library, leisure facilities, pharmacies, GP practices etc which made up this larger neighbourhood. Outwith this neighbourhood, the centres of Burnside and Rutherglen were both within easy reach for this population; hence they also accessed services in these areas. Conversely residents of Rutherglen and Cambuslang used the facilities of the Resource Centre in Whitlawburn for example they attended fitness classes, smoking cessation group sessions and weight watchers.

A number of neighbourhoods had been proposed in previous applications for the Applicant's premises and adjacent to it. In the North, the railway line crossed east to west. As there were so many crossing points you would hardly know it was there. Similarly the open ground that the Applicant proposed as his northern boundary was virtually invisible to those traveling around the area either by foot, by bus or by car and thus would not be seen as a barrier.

Mr MacIntyre then went on to discuss the existing pharmaceutical services to the neighbourhood as he had defined it. Within that area, there were four pharmacies namely Dukes Road, Boots and the two branches of Leslies Chemist. Immediately on the border of that neighbourhood was Burns Pharmacy to the south and Burnside Pharmacy to the north. Pharmaceutical services were also provided from a further five pharmacies in Rutherglen. Every pharmacy provided all of the core and the majority of the additional NHS pharmaceutical services as listed in the NHS Greater Glasgow and Clyde Pharmaceutical List. Those services which were provided by only a small number of pharmacies tended to be those were the Health Board specified which pharmacies could provide them, the numbers being controlled to make the most effective use of resource. Mr MacIntyre was sure that from his original letter of objection, their tour of the area, their visits to the pharmacies today and from the information provided by the Health Board that the PPC would be satisfied regarding the full and comprehensive range of services currently being provided to his defined neighbourhood.

As there were no gaps in the range of NHS pharmaceutical services being provided what case was the Applicant making? The question here was one of access. Could those patients in the south of his defined neighbourhood access pharmaceutical services. The Applicant was concentrating on the area of Whitlawburn, so this area should be discussed. The Applicant's case was based on the fact that most of the pharmacies were located at the northern edge of Mr MacIntyre’s proposed neighbourhood or beyond. To access these pharmacies, patients would either have to drive, take the bus or walk. Drive time to a pharmacy was not long, less than five minutes. With regard to buses, the number 18 service ran every 10 minutes on the East Kilbride Road, reaching Burnside in about five
minutes and Rutherglen in 10 minutes. There were a further three buses an hour on Western Road, two of which reached Cambuslang in five minutes and one took about ten minutes. Walking down the hill back from Burnside or Cambuslang was an option for some patients but not everyone. In addition delivery services were available from the majority of pharmacies to those that wanted them. Mr MacIntyre noticed that the Applicant intended to provide a delivery service as he was no doubt aware of the value housebound patients put in this service even if a pharmacy was located right next to them.

Mr MacIntyre then turned his attention to Burns Pharmacy, sitting immediately adjacent to the southern end of his proposed neighbourhood right next to Whitlawburn. Although not in his specified neighbourhood this pharmacy sat within a short easy walking distance of Whitlawburn and most definitely provided pharmaceutical services to this area. To get to this pharmacy on foot you would cross the A749 East Kilbride Road via a staggered pedestrian crossing.

In Mr MacIntyre’s opinion it was evident that although the A749 was a main arterial road, this didn’t act as a barrier to pedestrians crossing. This was evident by the fact that residents on both sides of the road, readily crossed back and forth to get to the bus stops on either side. Patients accessing Burns Pharmacy for prescriptions currently crossed the road. Customers of the shops next to Burns Pharmacy crossed the road. Those going to and from the Post Office in Cathkin crossed the road. Children at Cathkin Primary crossed this road at least twice a day when going to school. Pupils attending Cathkin High School crossed the road at least twice a day to attend school. Further down the A749 even although there were no marked crossings at least twice a day pupils could be seen crossing to and from Cathkin High School and to and from Loch Primary and St Anthony’s Primary Schools.

Mr MacIntyre contended that it was evident therefore that residents in the south of his proposed neighbourhood including Whitlawburn could easily access pharmaceutical services either on foot, via regular public transport or by car. Therefore in terms of access the current NHS pharmaceutical services were adequate.

He then went on to consider probable changes within the neighbourhood which could affect the decision of the PPC.

The Applicant, in his written submission to the PPC mentioned a small development to the South East of Whitlawburn, off Greenlees Road, which was not taken into consideration by the PPC at the last hearing. Here they were building 12 mews style three and four bedroom cottages in a small space. This small area near Kirkhill Golf club would not result in a significant increase in population. It was also located outside the Applicant’s defined neighbourhood.

Barrett Homes were currently building on the site of the former Cathkin High School. Originally the development was to include 191 houses in total. Mr MacIntyre asked the PPC to assume for the sake of argument that in these austere times this figure was to stay the same. The question he would like to address was “Could the existing pharmacies providing pharmaceutical services to that area easily cope with this increased population or would another pharmacy be necessary or desirable?” Mr MacIntyre discussed Burns Pharmacy in Cathkin first. This was a low intensity pharmacy which could easily cope with
an increase in patients accessing NHS pharmaceutical services. He believed for example that the pharmacy had the capacity to increase its current prescription numbers by huge percentages and continue to provide an excellent pharmaceutical service to their patients. He asked the PPC to consider the current prescription numbers as evidence of this point. Thus even if every resident of the new housing development went to Burns Pharmacy for their prescriptions and pharmaceutical care, they could cope with this increase and still have capacity for more. However, it did seem unlikely that this new development would attract residents who were typically high users of pharmaceutical services.

Mr MacIntyre went on to consider the other pharmacies providing pharmaceutical services to this area; namely the two in Burnside, the three in Cambuslang and the further five in Rutherglen who were all located where these residents would go about their daily lives. Without going into their individual abilities to increase capacity it was evident even by the sheer numbers and choice of pharmacies that the existing pharmacy network could adequately provide pharmaceutical services to residents of this new development. He would even go further and say that Burns Pharmacy alone could do this never mind the additional ten pharmacies.

Mr MacIntyre advised that on checking the South Lanarkshire Council planning website, he had since read that the house builder Barratt had reduced the number of properties that they intended to build at Cathkin Rise by almost one third to a maximum of 132 dwellings, of which half were already completed. Thus if previous PPCs and NAPs were satisfied that the existing pharmacy network could adequately support the initial projected increase in population, it was inconceivable that it could not support a reduced projected population.

The Applicant in his submission pointed out that the dentist was now open and consulting in Whitlawburn. As he was about to open when the PPC sat in March 2011, they had the opportunity to take this into consideration at the previous hearing. Mr MacIntyre advised the PPC that dentists generally wrote very few prescriptions and the few they wrote were in the main for acute one off courses of antibiotics. The close proximity of the dentist to Burns Pharmacy could mean that the patient walked there, or they may choose to access one of the other pharmacies in Burnside, Rutherglen or Cambuslang as part of their normal daily lives.

Reading the letters that the Applicant had submitted, Mr MacIntyre advised that he understood the desire of a number of residents of the Whitlawburn area to have the convenience of an even shorter walk to a pharmacy than they already had. He understood the desire to regenerate their shopping centre by bringing in investment and jobs, but these were not reasons to award an NHS pharmacy contract.

Mr MacIntyre advised that the Applicant referred in his submission to the amendments to the Regulations governing control of entry to the Pharmaceutical List and cited these amendments as a significant change that meant in his view that it was now necessary or desirable that an application be granted in order to secure adequate provision of services. Currently the pharmaceutical services to Whitlawburn and the surrounding area were not only adequate, they are secure. If the PPC of January 2012 which was being reheard today was discounted, the PPC and the NAP had between them considered an application for this area seven times between 2005 and 2011, the last time being the NAP in June 2011. It was interesting to note that previous PPCs and NAPs had commented on the
potential destabilising effect the granting of a new contract would have on the adequate provision of pharmaceutical services within the defined neighbourhood. Indeed the PPC of the 14th March 2011 commented that this might affect the viability of either the new pharmacy or Burns Pharmacy. Mr MacIntyre noted that NHS Circular: PCA(P)7(2011) gave guidance to Health boards regarding the amendment regulations and with regard to the viability of pharmacies. Annex 2, Page 9, Point 23 advised PPC that “a possible reduction in income by an existing community pharmacy caused by the opening of an additional pharmacy is not, itself a relevant consideration, unless it could affect the continued viability of the other pharmacies.” Mr MacIntyre asked the PPC to consider in their decision the ongoing viability and hence security of the adequate provision of pharmaceutical services and the devastating effect loss of a pharmacy could have on a population.

Mr MacIntyre advised that as the NHS pharmaceutical services to his defined neighbourhood including the area known as Whitlawburn were adequate and capacity existed to meet future need, he asked the PPC to reject the application.

There were no questions to Mr MacIntyre from the Applicant, the Other Interested Parties or the PPC

The Interested Parties’ Case – (Mr Martin Green – Dukes Road Pharmacy and Melville Chemists)

Mr Green advised the PPC that the neighbourhood he had defined was:

North: Dukes Road (B762) onto Glasgow Road and Main Street, Cambuslang (A724);

East: Greenlees Road (B759) to its junction with East Kilbride Road in the South;

West: East Kilbride Road (A749) to its junction with Dukes Road.

All of the defined boundaries were major arterial roads that defined an area of residential development to the south of Cambuslang town centre. The area contained houses of varying style and age and residents of varying social economic status.

Virtually all essential services were provided within the neighbourhood; pharmacies, doctors, dentists, opticians, banks, schools, a whole range of shops, places to eat, worship and work. It could truly be described as a “neighbourhood for all purposes.”

Using information from the Scottish Neighbourhood Statistics website, we get a reasonable fit from nine datazones, which, from the mid-year estimates of 2010 give the population figure as 8,055. Within this neighbourhood there were four pharmacies within it; three in Cambuslang and one in Burnside. There were a further two immediately outside the neighbourhood; Burnside Pharmacy on Stonelaw Road and Burns Pharmacy on Braemar Road in Cathkin providing services to the neighbourhood. That was an average of one pharmacy for every 1,611 of population.

In addition to these, there were further pharmacies in Rutherglen, where the majority of doctors were based and more again in Halfway and Fernhill.
The pharmacies within the neighbourhood provided a comprehensive range of core pharmaceutical services and supplementary non NHS services, such as collection and delivery. Mr Green advised that he could only speak for Dukes Road Pharmacy and Melville Chemist but despite being proactive in their approach to all services, they were not at capacity and would welcome any new patient wishing to access any of their services.

The pharmacies within and on the immediate periphery of the neighbourhood could be accessed by foot with Burns Pharmacy previously being described as “an acceptable walking distance” from the proposed premises. Access could also be gained using public transport, with frequent services and by car with parking available at each pharmacy.

Additionally, the population of Whitlawburn would travel out of the area routinely as part of day to day life in order to access the multitude of services which were not available to them within Whitlawburn itself.

In Mr Green’s view the neighbourhood was not just adequately provided for, but there was also a wealth of choice.

Mr Green asked the PPC to consider the neighbourhood as defined by the Applicant; this was the area known as Whitlawburn, but the Applicants had not provided any evidence to suggest that Whitlawburn was a neighbourhood within the definition of the legal test that was “a neighbourhood for all purposes.” Residents of Whitlawburn would use and access services from outwith Whitlawburn on a daily basis as part of their daily routine; children and young people attending school, if it was a primary school would need to go outwith Whitlawburn probably across East Kilbride Road to Springhall. There was a secondary school located in Whitlawburn, this was the non denominational school for the wider area, and if however, you attended a Catholic Secondary School you needed to travel to Trinity in Rutherglen. There were no churches and relatively few places of employment. There were no doctors, banks or even a post office. Residents of Whitlawburn would need to access surrounding areas, with frequent regularity as Whitlawburn was not a “neighbourhood for all purposes.”

To consider the population and demographics of Whitlawburn, Mr Green had again turned to the Scottish Neighbourhood Statistics website. However for the area of Whitlawburn, the datazones did not provide a very good fit, which again suggested that Whitlawburn was not itself, a neighbourhood. There were three datazones which largely covered Whitlawburn and two further zones which included Whitlawburn but predominantly extended into other areas; Kirkhill and Springhall. From the three main zones the mid year estimated population for 2010 was 2,270, an estimate of the portion of the other two zones would bring the population to around 2,500/2,600.

From the three main datazones the number of people aging 75 years and over amounted to 57, which equated to 2.5%. This was considerably lower than the national average for Scotland of 7.5%. This would suggest that Whitlawburn was a relatively young population, who tended to rely less on pharmacy services than on elderly population. The young were also more able to access services on foot and use public transport.
Mr Green advised that as everyone was aware, this was not the first application to open a pharmacy in this area. He then went on to list the applications previously considered. He would have thought by now that every aspect of the application had been considered and to date had found it not necessary or desirable. Since the last application by Kyle Square Ltd, The Control of Entry Regulations had been amended which the Applicant referred to as evidence of a significant change in circumstance.

Mr Green advised that he was involved in the Review of the Control of Entry arrangements and it was his clear understanding that there was no change to the legal test, but only to the process of considering applications. In fact, one of the reasons for change was to give Health Boards greater powers to deal with repeat applications for the same area. If it was accepted that the amendments to the Regulations amounted to a significant change in circumstance, then a precedent would be set to hear all applications refused prior to 1st April 2011, which was the very opposite outcome that the amendments intended to achieve.

The Applicant suggested further information be considered as significant changes since the last application:

- Further new housing developments which by his recollection had planning approval dating back to as early as the first application and had been considered at each application since.

- An NHS dentist had opened up, which the Applicant suggested left the neighbourhood relatively worse off.

- In Mr Green’s experience of providing support to dental patients their reliance on prescription medicines following treatment was far from significant. At Dukes Road pharmacy in Burnside there was a dental practice immediately above the pharmacy, in which there were two full time and one part time dentist. There was also another practice around the corner on Stonelaw Road. A recent count of dental prescriptions amounted to approximately six per week, which Mr Green might describe as insignificant, not as significant.

- He advised that the Applicants also listed the public support in the section of the application for evidence of significant change. Whilst he accepted that the Whitlawburn Housing Co-operative was a pro-active community group and clearly it was important that we consider the views of the local community. It was however necessary to take a balanced view. By nature the Applicant (in any case, not just this) would promote and encourage a positive response, whilst an appellant, with less time in their favour would attempt to gather opinion against an application which indeed had happened in this application. In Mr Green’s view there would appear to be as much, if not more public objection to the application as support.

- In any event, an element of public support had been demonstrated in at least three of the last four applications for this site, so he considered that it was not appropriate that it be proposed as new information. Mr Green didn’t feel that public support could be described as a change in circumstance.

Mr Green recapped on the Applicants’ evidence of significant change.
- Control of Entry Regulations: No change to the Legal Test;
- Housing Developments: Almost all significant developments were considered in previous applications, but not the small one;
- Dental Practice opened: Insignificant reliance on pharmaceutical services;
- Demonstrable local support: On balance, there was as much if not more objection as support and this same local support had been considered on previous applications.

There was mention in the application of territorialism between the neighbouring areas of Cathkin, Springhall and Whitlawburn. Not coming from the area Mr Green was unaware of this, but asked his staff, some of whom lived locally. They were a little surprised by the comment, but did consider that there was a degree of antagonism between the youths in the area, but most definitely not among the adult and elderly population who were more likely to attend the pharmacy, however they did make one comment that the Nisa store and associated shops could be an intimidating place by virtue of the numbers of youths that congregated in the area.

He didn’t have access to commercial information about the pharmacies in the area, other than his own. However, comments made in the Minutes of previous hearings would suggest that some of the pharmacies in the area had a relatively low dispensing volume and that the addition of another pharmacy in the area might result in a destabilising effect on the current network.

In Mr Green’s view this was a particular astute observation and probably the most important fact to consider today. There was a need for a pharmacy in this area to the South of Cambuslang, but there already was a pharmacy; Burns on Braemar Road and what had been recognised at previous hearings, was that there was no need for two and it was highly unlikely that the area could support two pharmacies. It was not our job today to determine where we might prefer the pharmacy to be, that’s actually called network review, not control of entry. That had been the major factor in previous applications being rejected to the frustration of an element of the local population.

These circumstances had not changed and Mr Green would propose that it was once again the responsibility of the PPC to reject the application.

**The Applicant Questions Mr Green**

In response to questioning from the Applicant, Mr Green confirmed his awareness that the PPC had granted the application previously. He reminded the Applicant that this decision had been overturned by NAP.

In response to further questioning from the Applicant, Mr Green confirmed that his defined neighbourhood left out bits of Cambuslang. He advised that major physical boundaries didn’t constitute a neighbourhood; it was what was within the area that constituted a neighborhood.

**There were no questions to Mr Green from the Other Interested Parties or the PPC**

**The Interested Parties’ Case – (Mr Michael Doherty – Leslie Chemists)**
Mr Doherty advised the PPC that he would determine the neighbourhood as follows:

North: Dukes Road onto Glasgow Road and Main Street, Cambuslang;
East: Greenlees Road (B759) to it's junction with East Kilbride Road in the south and
West: Along East Kilbride Road back to its junction with Dukes Road.

He advised that he objected to this application as there was an abundance of pharmaceutical services in the neighbourhood he had described. The rest of the nation would be jealous of the fact that there were so many pharmacies providing an excellent and adequate service to this neighbourhood. And to add to the numerous pharmacies available, the closest pharmacy to the community of Whitlawburn, namely Burns Pharmacy was only 0.1 mile away. Indeed, as the PPC stated in their conclusion of the applicants first attempt for inclusion. “There was easy access to Burns Pharmacy which was relatively close and an acceptable walking distance away and there was good public transport.” Nothing had changed in this time. The neighbourhood was the same and Burns Pharmacy was just as close as it ever was.

Core pharmaceutical services were more than catered for within the neighbourhood. Again the PPC stated this that they “did not feel that the current service in the area was inadequate.”

Mr Doherty understood the criteria for application had slightly changed now but the legal test for inclusion had not. In order for an application to be considered, the Applicant had to prove no significant change from previous applications. There had been NO serious change in circumstances since the applications of March 2011 and January 2012. Due to this fact, due to the results of the NAP and the conclusion of previous applications, Mr Doherty felt this application should have been rejected before it had come to this hearing.

He concluded by saying that the facts were there was a more than adequate provision of pharmaceutical services to the neighbourhood described. With such an abundance of pharmacies in this neighbourhood and just outside this neighbourhood. He found it very hard to accept the Applicants’ claim that there was an inadequacy. On these grounds he asked the PPC to reject the application.

**The Applicant Questions Mr Doherty.**

In response to questioning from the Applicant, Mr Doherty did not agree that some of the letters received from residents of Whitlawburn showed that Burns Pharmacy was considered too far a walk away from Whitlawburn.

**There were no questions to Mr Doherty from the Other Interested Parties or the PPC**

**Summing Up**

Mr Doherty advised that he had worked in area for 15 years. It was well known to him. He felt it would be hard to find an area with so many pharmacies providing services to an area that size. The rest of the nation would be jealous. The existing pharmacies provided an excellent service. He concluded that there was no inadequacy and the PPC should
Mr Green advised that the Applicant had defined and based their presentation on the area of Whitlawburn. They had however failed to demonstrate that Whitlawburn was a neighbourhood under the definition of the NHS regulations. Within his defined neighbourhood there were no inadequacies. There was a wealth of choice. He asked the PPC to reject the application.

Mr MacIntyre advised that he believed Whitlawburn was a small community within a bigger neighbourhood from which it derived practically all its services and facilities. He advised the Applicant had questioned the adequacy of existing pharmaceutical provision within the area of Whitlawburn which was located to the south of his proposed neighbourhood. The Applicant had put forward a case based on the socio-economic nature of the area suggesting that this population were higher than average users of pharmaceutical services. He also pointed out building works that have begun that will result in a modest increase in population.

He hoped he had demonstrated to the panel that through the current network of pharmacies serving this neighbourhood and in particular providing NHS pharmaceutical services to the Whitlawburn area through Burns Pharmacy situated immediately adjacent to and within easy walking distance of the area, through the four pharmacies at the northern end of his neighbourhood, and through the further six pharmacies located past the northern boundary of his neighbourhood that the NHS pharmaceutical services to his entire neighbourhood including Whitlawburn were adequate.

They are adequate in terms of the comprehensive range of NHS pharmaceutical services available. They are adequate in terms of patient's ability to access NHS pharmaceutical services. They are adequate in terms of the increased pharmaceutical needs of a more deprived area, highlighted by the capacity available in the existing network of pharmacies including the pharmacy on their doorstep. In terms of the increase in population due to the planned building developments, the pharmaceutical needs of this population can be easily met by the existing low intensity pharmacy immediately adjacent to the Whitlawburn area and the further ten community pharmacies that patients in this area currently access.

Mr MacIntyre asked the panel to conclude that the granting of this contract is neither necessary nor desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood.

Ms Burns advised that in her opinion there was no doubt that it had been shown today that pharmaceutical services to the community of Whitlawburn were adequate. Indeed it had also been shown that since the last application was refused services had in fact increased. It had also been shown that these services are easily accessible and that the Applicants perceived barriers did not exist. To award this contract would be to do so as a matter of convenience. There was absolutely no doubt that the future of Burns Pharmacy would be jeopardized if a contract were to be awarded, thus destabilising current service provision. The statistical average metrics from the Pharmaceutical Care Services Plan highlighted a stark over provision of services in the neighbourhood; the population average was one third that of Greater Glasgow and Clyde Health Board average per pharmacy, with six times more pharmacies in the area than the average within the Health Board. She
asked the PPC to exercise their judgment in respect of the aforementioned and, as in previous decisions, reject this application.

The Applicant advised that Whitlawburn was definitely a neighbourhood in the common sense of the word and it had a sizeable population with a demand for pharmacy services that was far higher than most.

The local population was desperate for a pharmacy, feel aggrieved that it had not been granted already and couldn’t understand why smaller areas such as Cathkin and Fernhill had a pharmacy when they didn’t.

While outlying pharmacies were undoubtedly providing a high level of service they were not readily accessible to the population of Whitlawburn and so the provision of pharmacy services within Whitlawburn was wholly inadequate.

A collection and delivery service was no substitute for a face to face service. Patients were entitled to the full range of modern community pharmacy services and should expect to have these made readily available within their local community. Without local access the community pharmacy contract was worthless to this population.

As it stood there were massive inequalities in health throughout Scotland, but in few places was it felt as sorely as it was in Whitlawburn. If you always did what you had always done, you would always get what you always got. He advised that to maintain this position and Whitlawburn was further disadvantaged year on year. It was time for change. It was time to invest in healthcare in this community, to back up the theory and the rhetoric with tangible work in the community to improve health and reduce the inequality which would otherwise only worsen.

The Applicant advised that if the PPC granted the application it would secure the adequate provision of pharmacy services in the neighbourhood, and would make a permanent and positive contribution to the health of the people of Whitlawburn.

Before the Applicant and Interested Parties left the hearing, the Chair asked the Applicant, Ms Burns, Mr MacIntyre, Mr Green and Mr Doherty to confirm that they had had a full and fair hearing. All five parties confirmed individually that they had.

The PPC were 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 were 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:

- M&D Dispensing Chemists Ltd – 196 Dukes Road, Glasgow G73.5;
- M&D Dispensing Chemists Ltd – 38 Fernhill Road, Glasgow G73.5;
- Leslie Chemists - 108 Main Street, Glasgow G72.7;
- Leslie Chemists - 222 Main Street, Glasgow G72.7;
- Burnside Pharmacy – 273 Stonelaw Road, Glasgow G73.3;
- Burns Pharmacy – 10 Braemar Road, Glasgow G73.5; and
- Boots UK Ltd – Unit 7 Cambuslang Gate, Glasgow G72.7.

All had recorded their objections to the application.

b) The Greater Glasgow & Clyde Area Pharmaceutical Community Pharmacy Sub-Committee – did not recommend approval of the application;

c) In accordance with Paragraph 1.4 of Schedule 3 to the Pharmacy Regulations, the Health Board consulted Lanarkshire Health Board as its boundary was within 2km of the Applicant’s proposed premises. The following representations had been received in response to this consultation.

- J&JG Dickson and Son Ltd – objection received;
- NHS Lanarkshire – Area Pharmaceutical Committee – declined to offer an opinion.

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

d) - South Lanarkshire CHP - no response was received during the consultation period;

e) The following community councils:

- Rutherglen – no response was received.
- Halfway – no response was received.
- Cambuslang – no response was received.
- Burnside – no response was received.

The Committee also considered;

f) The location of the nearest existing pharmaceutical services;

g) The location of the nearest existing medical services;

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

i) Information from South Lanarkshire Council’s Roads Section and Glasgow City Council’s Development & Regeneration Services regarding future developments within a one mile radius of the proposed premises.;

j) NHS Greater Glasgow and Clyde plans for future development of services;
k) Patterns of public transport in the area surrounding the Applicant's proposed premises;

l) Information regarding the number of prescription items and Minor Ailment Service and Chronic Medication Service activity undertaken by pharmacies within the consultation zone; and

m) Applications considered previously by the PPC for premises within the vicinity; along with the decision of the NAP (where the original PPC decision had been appealed); and

n) The Pharmaceutical Care Services Plan.

The Committee were advised that two letters had been received outwith the statutory consultation period, from:

- NHS Greater Glasgow and Clyde Area Medical Committee (GP Sub Committee); and
- Lloydspharmacy – who had been consulted as part of NHS Lanarkshire’s consultation exercise.

Neither of these letters had been included in the PPCs information pack, nor had been provided to the Applicant or Interested Parties. The letters would form no part of the Committee’s consideration of the application.

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 CP Subcommittee and the Interested Parties, in relation to the application. They considered the Applicant’s view that the housing development of Lomond View should be discounted from the defined neighbourhood. Having visited the site earlier in the day, the PPC were aware that Lomond View was separated from the main area of Whitlawburn by a picket fence. They were further aware that there was only one access and egress route from the development. The PPC noted that the type of housing was similar to that being constructed at Cathkin Rise. The Committee did not agree that Lomond View could be omitted from the defined neighbourhood because of housing type. The nearest amenities to Lomond View lay in Whitlawburn or Cathkin. The PPC were conscious that the development had to be included in one neighbourhood. It did not agree that Lomond View shared any characteristics with the open land to the south of the development. For this reason the PPC did not agree with the Applicant’s assertion that Lomond View was not within the neighbourhood.

The PPC considered the definitions of neighbourhood that put the north boundary at
Cambuslang Main Street. While the PPC were aware that a line must be drawn somewhere, it was of the strong opinion that the residents living in the flatted accommodation to the south of Cambuslang Main Street would identify themselves with those living just to the north of the Main Street. The PPC did not agree that the north boundary could be drawn at Main Street.

The Committee noted Mr Green’s comments regarding a neighbourhood “for all purposes.” The PPC were aware that this term did not appear in Regulation 5 (10), which was generally known as “The Legal Test”. The term didn’t appear at any point in the Regulations, but was a description continued in the Scottish Government Guidance Circular.

The Committee considered that the neighbourhood should be defined as follows:

**North:** The open land running between Langlea Road and Greenlees Road (B759), south of Langlea Grove and Grenville Drive;  
**East:** Greenlees Road (B759) running south;  
**South:** Junction of Greenlees Road (B759) with Glasgow Road (A749) and  
**West:** Traveling north along the Glasgow/East Kilbride Road (A749) and Langlea Road, and then turning east over open land.

The PPC noted the existence of natural boundaries in the form of major arterial roads that defined an area of residential development, which was commonly known as Whitlawburn. The houses within this area were a mix of age, style and socio-economic grouping. The PPC noted that the defined area contained many amenities including shopping, leisure and health. The area was supported by a range of community groups. The residents living within this area identified themselves with Whitlawburn even though they required to travel outwith the boundaries to access some services. In the Committee’s opinion Whitlawburn was a discreet area.

**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 currently no pharmacies.

The Committee noted that there was one pharmacy just on the periphery of the neighbourhood namely Burns Pharmacy, 10 Braemar Road, Glasgow. The PPC considered that this pharmacy along with the other pharmacies in the adjacent neighbourhood covering Cambuslang town centre provided a comprehensive range of pharmacy services and Health Board initiatives to those resident in, and visitors to the defined neighbourhood. The PPC noted that the housing development of Cathkin Rise had commenced again with building work clearly being undertaken. It was known that the
type of housing being built had changed; however there was to be no change to the number of dwellings. The PPC continued to be satisfied that the existing network had sufficient capacity to accommodate the predicted, but relatively modest, rise in neighbourhood population. The PPC noted that there was a relatively low population of over 75s within Whitlawburn. The PPC agreed that access to the nearest pharmacy was relatively quick and easy using public transport, or on foot. The other pharmacies were also accessible by car.

The Committee noted comments made by the Applicant in his presentation, and were attributed to residents within the area that they couldn’t understand why other areas such as Cathkin and Fernhill had a pharmacy and not Whitlawburn. The Committee noted that members of the general public might not know the current distribution of pharmacies resulted, for the most part, not from any Health Board plan, but from a historical situation dating before the introduction of Control of Entry arrangements. While the Committee noted evidence from the Applicant’s consultation exercise which seemed to suggest that access to other pharmacies was not always convenient for residents in the neighbourhood, the PPC felt there was not sufficient evidence to judge the current service inadequate.

In accordance with the statutory procedure the Pharmacist Members of the Committee, Ewan Black and James Wallace left the room during the decision process:

DECIDED/-

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 core services provided by those contractors to the neighbourhood, the committee agreed that the neighbourhood was currently adequately served.

The PPC was satisfied that the provision of pharmaceutical services at the premises of the Applicant were 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 were included in the Pharmaceutical List and in the circumstances it was the unanimous decision of the PPC that the application be refused.

The Pharmacist Members of the Committee, Ewan Black and James Wallace rejoined the meeting at this stage.

4. APPLICATIONS STILL TO BE CONSIDERED

The Committee having previously been circulated with Paper 2012/10 noted the contents which gave details of applications received by the Board and which had still to be considered. The Committee agreed the following applications should be considered by means of an oral hearing:

Mr Gazenfer Ali – 59 Cambridge Street, Glasgow G3.6;
Rowlands Pharmacy – Unit 2, Greenlaw Village, Newton Mearns G77.6; and
5. MINOR RELOCATION

Case No: MRELOC03/2012 – Rowlands Pharmacy, Unit 25, 210 Springburn Way, Glasgow G21 1TU

The Committee having previously been circulated with Paper 2012/11 noted that Rowlands Pharmacy had applied to relocate pharmaceutical services currently provided from 185 Springburn Way, Glasgow G21 1DT. Rowlands Pharmacy wished to move to alternative premises at Unit 25, 210 Springburn Way, Glasgow G21 1TU.

The Lead Pharmacist – Community Care considered that the application fulfilled the criteria for minor relocation. The Greater Glasgow and Clyde Area Pharmaceutical Community Pharmacy Sub-committee considered the application did not fulfill the criteria for minor relocation.

The Committee noted that the pharmacy was moving only a few yards from its current position. While it accepted that the move would take the pharmacy to the other side of the road, and closer to the Health Centre, the PPC were aware that there was already a pharmacy within the Health Centre. Accordingly the Committee were satisfied that the application fulfilled the criteria for a minor relocation under Regulation 5 (4) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 as amended.

DECIDED/-

The PPC was satisfied that the application from Rowlands Pharmacy fulfilled the criteria required under Regulation 5(4) of the current Regulations. It was the unanimous decision of the PPC that the application be approved.

7. MODEL HOURS OF SERVICE SCHEME

The Committee having previously been circulated with Paper 2012/12 noted the list of pharmacies included in the Board’s Pharmaceutical List who did not provide hours in line with the Model Hours of Service Scheme.

After comprehensive discussion, the PPC agreed that all pharmacies should comply with the Model Hours of Service Scheme unless physically prevented from doing so. The PPC agreed that the list of pharmacies appearing in Paper 12 were not physically constrained from adhering to the Scheme.

DECIDED/-

The PPC was satisfied that the pharmacies included in Paper 12 were in the position to adhere to the current model hours of service scheme. All pharmacies should provide hours in line with the scheme unless physically prevented from doing so.

8. NATIONAL APPEALS PANEL DETERMINATIONS
The Committee having previously been circulated with Paper 2012/13 noted the correspondence issued by the National Appeals Panel.

The Committee was disappointed to note the NAPs view regarding the professional advisers’ attendance at PPC oral hearings. Mrs Glen advised that the issue was being taken forward through the Primary Care Lead Pharmacist Group and the Admin Lead Group.

**NOTED/-**

9. **AUDIT SCOTLAND REPORT – DECLARATION OF INTEREST**

The Committee having previously been circulated with Paper 2012/14 noted the recommendations made by Audit Scotland regarding declaration of interest.

The Committee noted Audit Scotland’s recommendation that Board members interests should be taken at the beginning of all Committees of the Board. The PPC were satisfied that its processes complied with this recommendation and that there was no need for any changes.

**NOTED/-**

10. **ANY OTHER COMPETENT BUSINESS**

There was no other business.

11. **DATE OF NEXT MEETING**

The next meeting of the Committee would take place on 20th September 2012

The meeting ended at 4.40pm