

Pharmacy Practices Committee (02)

Minutes of a Meeting held on
Tuesday, 5 April 2005 in
the Group Room, Easterhouse Community Health Centre,
9 Auchinlea Road, Glasgow, G34 9QU

PRESENT:	Andrew Robertson	Chairman
	Alan Fraser	Lay Member
	Prof W J McKie	Deputy Lay Member
	Kay Roberts	Non Contractor Pharmacist Member
	Gordon Dykes	Contractor Pharmacist Member
IN ATTENDANCE:	David Thomson	Director of Pharmacy
	Trish Cawley	Contractor Services Supervisor
	Janine Glen	Contractor Services Manager

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

No declarations of interest were made.

1. APOLOGIES

Apologies were received on behalf of Alasdair Macintyre and Patricia Cox.

2. MINUTES

The Minutes of the meeting held on Tuesday 1 February 2005/01 were approved as a correct record subject to the following amendment:-

Paragraph XV11 – last sentence should be deleted from the minute.

3. ANY OTHER BUSINESS NOT INCLUDED IN AGENDA

None.

4 APPLICATION FOR INCLUSION IN THE BOARD'S PHARMACEUTICAL LIST

- (i) **Case No: PPC/INCL/04/2005:**
Colin and Ann Fergusson, 194 (number not yet allocated/confirmed)
Petershill Road, Glasgow G21 4AN

Application by Colin and Ann Fergusson ("the Applicant") seeking inclusion in the Board's Pharmaceutical List at 194 (not yet allocated/confirmed) Petershill Road, Glasgow G21 4AN ("the Premises").

- I) The Committee ("the PPC") considered the application by the Applicant seeking inclusion in the Board's Pharmaceutical List to provide pharmaceutical services from the Premises.
- II) The hearing was convened under paragraph 2(2) of Schedule 3 to the National Health Service (General Pharmaceutical Services) (Scotland) Regulations 1995 as amended ("the Regulations"). In terms of this paragraph, the PPC "shall determine an application in such manner as it thinks fit." In terms of Regulation 5(10) of the Regulations, the question for the PPC is whether "the provision of pharmaceutical services at the premises named in the application is necessary or desirable to secure adequate provision of pharmaceutical service in the neighbourhood in which the premises are located by persons whose names are included in the Pharmaceutical List."
- III) The Applicants were represented by Colin Fergusson. Mr Fergusson was accompanied by Dr McLachlan, an Observer. Objectors who were entitled to and did attend the hearing were Mr James McKeever on behalf of Lloyds Pharmacy Ltd, Jill Grey, accompanied by Mr David Young (Observer) on behalf of Rowlands (Retail) Pharmacy Ltd, and Mr Tarik Butt representing Red Road Pharmacy. ("the Objectors").
- IV) The procedure adopted by the PPC was that the Chairman asked the Applicant and the Objectors to each make a submission to the Committee. Each submission was followed by the opportunity for other parties and the PPC to ask questions. The parties were then given an opportunity to sum up. Before the parties left the hearing, the Chair of the Committee asked them if they felt they had a full and fair hearing. All confirmed that they had, and had nothing further to add to their submissions.
- V) The PPC was required and did take into account all relevant factors concerning the issues of:-
- (a) Neighbourhood;
 - (b) Adequacy of existing pharmaceutical services in the neighbourhood and, in particular, whether the provision of pharmaceutical services at the premises named in the

application was necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises were located.

VI) The PPC took into account all written representations and supporting documents submitted by the Applicant, the Objectors and those who were entitled to make representations to the PPC. Namely:

- (a) Pharmacy contractors within the vicinity of the applicant's proposed premises;
- (b) The Greater Glasgow Area Pharmaceutical (General Practitioner Sub-Committee);

The Committee also considered:-

- (c) the location of the nearest existing pharmaceutical services and the level of NHS dispensing carried out during the preceding 12 months;
- (d) the location and level of general medical services in the area;
- (e) demographic information regarding post-code sectors G21.1 and G21.4;
- (f) patterns of public transport;
- (g) Primary Care Division plans for the future development of services;
- (h) Information from Glasgow City Council, Department of Land Services regarding future developments within the locality of the applicant's proposed pharmacy at 194(not confirmed) Petershill Road;

The Committee noted:-

- (i) that the address of the proposed premises was missing from the papers; and
- (j) that at Paragraph 12 of the papers – "Mr Neeraj Salwan" should read "Colin and Ann Fergusson".

The Applicant's Case

VII) The Applicant commenced his presentation by thanking the Committee for offering him the opportunity to explain why he felt this application was necessary and desirable. The Applicant introduced Dr McLaughlin who, the Committee learned was senior GP in the practice which intended to relocate from its current premises within Springburn Health Centre to newbuilt premises on Petershill Road. The Applicant explained that the

VIII) GP practice was keen to have a pharmacy provision for patients who would be visiting the new premises. The Applicant explained that at present they were 37 GPs within Springburn Health Centre who served a large population, which resulted in the currently high concentration of patients per pharmacy. The Applicant explained that the requirements of the new Pharmacy Contract and the new GMS Contract talked about using clinical skills to monitor treatments and medications. This would encourage GPs to work alongside pharmacy to achieve good clinical outcomes.

IX) The Applicant explained that Dr McLachlan's practice had initially had a branch surgery within Townhead Health Centre, however, operational developments within this site had caused the practice to withdraw and consolidate their Springburn practice. The GP practice had moved 3000 patients to Springburn. The space restrictions within Springburn Health Centre had caused the practice to identify other premises. The practice had a current total patient list size of around 7,000 patients being looked after by five GPs. The practice was a teaching practice with District Nurse and Health Visitor input, and the practice felt that it would be a problem for their patients if pharmacy input was not provided from the new premises, as the practice population was used to having pharmaceutical services within close proximity. The Applicant explained that the practice had been approached by Rowlands and then Lloyds regarding pharmacy input at the new premises, and the Applicant suggested that most would agree that pharmacy services were needed in the area. The Applicant would offer supplementary services along with the General Pharmaceutical Services provided by most pharmacies. Additional services would included those specifically designed for harm reduction, pain management, smoking cessation, compliance aids assessment and the Applicant would also take part in the majority of the model schemes currently operated in Glasgow. The Applicant felt that the granting of the application was necessary to improve the patient journey in an area which was characterised by families with low car ownership. Glasgow City Council had confirmed that a minimum of 500 new houses were being built within the vicinity, and this would compound the need for pharmaceutical services within the area. The Applicant defined the neighbourhood which he considered would be served by the pharmacy as Springburn Road to the west, the St Rollox Industrial Units to the south, Red Road to the East, and Broomfield/Mosesfield Street to the north. The Applicant contended that this neighbourhood currently did not enjoy pharmaceutical services.

X) The Applicant suggested that the model of NHS services which was being advocated by the Scottish Executive, via Community Health Partnerships would see planning for pharmaceutical services in an area devolved to its more local level. Pharmacy would need to be involved in this development to ensure its continuing growth.

The Applicant challenged whether any pharmacists within the

XI) north of the city had come forward to take part in the CHP for that area, and invited the PPC to confirm this with the Director of Pharmacy. The Applicant believed that good clinical outcomes would be achieved only through an integrated structure where GPs and pharmacies worked together. He contended that if asked, GPs and patients would say the application was both necessary and desirable. The Applicant reiterated his point that the new surgery would serve a population of approximately 7,000. It was a training practice, with Health Visitor and District Nurse services. The application was both necessary and desirable.

The Objectors Question the Applicant

XII) On questioning by Mr James McKeever (Objector), the applicant confirmed that building work would commence on site very soon. The GP practice was relying on Health Board funding for the newbuild project, which would require to be spent by 31 March 2006. This focussed attention on completion by this date. The Applicant confirmed that the pharmacy premises would be constructed before the GP premises, and should delays become inevitable the Applicant would consider erecting a temporary structure to ensure that pharmacy services were provided within the timescale required by the current Regulations.

XIII)

On further questioning by Mr McKeever the Applicant confirmed that planning and retail consent has been obtained from Glasgow City Council. The Applicant denied that Dr McLaughlin had any financial involvement with the project. He was aware that the practice had asked other pharmacy businesses to take part in this project, however, these plans had not materialised and the Applicant had been chosen as the preferred candidate.

XIV) On further questioning by Mr James McKeever, as to whether the Applicant would provide anything different from the services already been provided within the area, the Applicant confirmed that a pain clinic would be provided. He was unaware if heart failure services were currently being offered by the existing contractors, and this would be provided from the new premises. The Applicant clarified that he was not saying that the new pharmacy would provide anything different to the current provision.

XV) What he was saying was that pharmaceutical services were needed. Mr McKeever suggested that one argument given by the Applicant was the long walk that patients currently experienced, and asked whether the Applicant had evidence of any difficulties. The Applicant confirmed he did not feel patients experienced difficulties at the moment while the practice was situated within the Health Centre, but this would not be the case once the practice moved to its new accommodation.

XVI) On questioning by Jill Grey the Applicant confirmed that the new premises would provide methadone. Methadone patients would be handled in a controlled manner. He was aware that many elderly patients may be put off by queues waiting outside

pharmacy premises, however, it would be his intention to care for drug misusing patients in manageable numbers.

XVII) On questioning by Mr Tarik Butt, the Applicant confirmed that he was aware that houses would be disappearing from the Red Road flats. As a member of Glasgow Housing Association he was well aware of the plans for two blocks of flats to be demolished. He would contend, however, that this development would not change the population given that demolition could only occur once families were rehoused, and this could not happen until other accommodation could be found. He was aware that the population being decanted from the flats were to be rehoused locally, but this would be a gradual process.

The Committee Question the Applicant

XVIII) The Committee questioned the Applicant regarding the demolition of the Red Road flats, the Applicant stated that demolition would not commence until the first traunch of residents were found alternative accommodation. In response to a question from Alan Fraser regarding timescales for completion for the new-build, the Applicant confirmed that the project had to be completed by the 31 March 2006 as funding was being provided by the Health Board, who would require the practice to have the funds spent within this timescale.

XIX) Kay Roberts asked the Applicant to clarify what he meant by harm reduction services. The Applicant confirmed that in this context he would include methadone substitution and general services to drug addicts as harm reduction. He was willing to look at needle exchange services if the Health Board felt that this was needed. He agreed with Ms Roberts that harm reduction could be taken in a wider context and could encompass smoking, alcohol etc. The Applicant confirmed that he would also provide emergency hormonal contraception if the contract was granted, and he was accepted onto the scheme.

XX) Gordon Dykes asked the Applicant how he felt about methadone provision in the area. The Applicant was not aware of any specific difficulties in accessing the service, however, he was aware that compliance presented a problem. He contended that many pharmacies were willing to undertake the assessment element but not the compliance. Gordon Dykes asked how many methadone clients the Applicant served in his current pharmacy. The Applicant was currently looking after fifty clients, however, he contended that this may not be the same for new premises.

XXI) Professor McKie sought clarification from the Applicant regarding his definition of the neighbourhood. The Applicant confirmed that he had used Auchentoshan Terrace as the south perimeter to his neighbourhood, and had not included the commercial and retail development beyond this. The Applicant explained that this was because he did not feel that the resident population within his defined neighbourhood would travel to Royston Road as a matter

of course. Professor McKie was keen to explore the issue of population, and asked from what area the Applicant felt pedestrians would be closer to his pharmacy. The Applicant suggested that this would depend on what surgery they were attending. If the patients were attending GP practices in Springburn, then they would tend to use pharmacies in Springburn. He accepted that pedestrians using the proposed GP practice in Petershill Road would of course be closer to the new pharmacy, if granted. He felt that there would be a significant population within the neighbourhood, given the planned building and current development being undertaken. He understood that occupation of the residential development at the end of Petershill Road would be at the end of this year.

XXII) Professor McKie suggested that the main basis of the Applicant's case appeared to be the belief that a pharmacy should be adjacent to a surgery. The Applicant contended that this may not be true in every sense. He argued that in a practice with a list size of 7,000, such an arrangement was sensible. In response to Professor McKie's suggestion that if the surgery had not been relocating, there would have been no application for a new pharmacy, the Applicant argued that he felt that the area around Petershill Road was more of a neighbourhood, and a community and would not necessarily agree with the PPC member's contention.

In response to the question from the Chairman regarding the relocation of Dr McLaughlin's practice, and the retention of patients, the Applicant confirmed that he felt Dr McLachlan's patient list would remain loyal to the practice, and would move with it from Springburn Health Centre to their new location in Petershill Road.

The Objectors' Case – Lloyds Pharmacy Ltd (Mr James McKeever)

XXIII) Mr McKeever thanked the Committee for allowing Lloyds Pharmacy to be represented, and stated that Lloyds Pharmacy believed that there were no inadequacies in either pharmaceutical services provided or accessed within the neighbourhood. He defined the neighbourhood as Broomfield Road to the north, Springburn Road (A803) to the west, to the south Auchentoshan Terrace moving along Petershill Road including all attached housing directly to the south, to the east Red Road, travelling north to Broomfield Road. Mr McKeever

XXIV) contended that this description was based on the neighbourhood of Springburn within which he felt that the application was made. He argued that Springburn was a discreet community within Glasgow and had its own services that would be associated with a neighbourhood including Banks, Post Offices, Shopping Centre, School, College, medical services and three pharmacies. This formed the basis of Lloyds Pharmacy Ltd's belief that their neighbourhood as defined was an accurate description of the neighbourhood to be served by the application.

XXV)

Mr McKeever then turned his attention to the adequacy of the service. He argued that in the neighbourhood there were currently three pharmacy contracts, serving a population of 9,967 (figures taken from Springburn SIP). He contended that this was a higher pharmacy density per population than the average of 4,400 population per pharmacy. His argument was that a further contract would bring the density to 2,491 patients per pharmacy, almost double the national average. He argued that the existing pharmaceutical network provided a range of services including extended hours provision, and that access to these services was excellent with the pharmacies all located in the central retail area of the Springburn neighbourhood. This was in close proximity to

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medical services available to patients who have ease of access after obtaining their prescriptions.

XXVII)

Mr McKeever went on to explain the services provided by Lloyds Pharmacy in nearby Huntingdon Square, and contended that the services provided were no different to those planned by the Applicant if his application were successful. Mr McKeever then looked at the Applicant's supporting evidence. He pointed to comments made by the GPs that they have an elderly patient base and a large number of families. Mr McKeever contended that it was not necessary to have pharmaceutical services under the same roof as medical services in order to look after this patient base.

XXVIII)

Mr McKeever questioned the vested interest that both the GP and Mr Woods (Chartered Surveyor) had in a further pharmacy contract being granted. He was aware from discussions with Rowlands Pharmacy that both Rowlands and Lloyds had been in discussions with the new medical practice. He suggested that the pharmacy funding may be necessary to enable the medical centre project be fully realised. He contended that the GPs may have supported the application for financial gain and not from any concern of inadequacy around the existing pharmaceutical services.

XXIX)

Mr McKeever also questioned the Applicant's ability to commence the provision of services within the timescale required under the current Regulations. Mr McKeever quoted Regulation 6(4) which detailed the timescale within which applicants should commence provision of services and questioned whether in this case this would be possible. In summary Mr McKeever contended that the neighbourhood as defined by Lloyds Pharmacy Ltd had adequate pharmaceutical provision and suggested that the Applicant would add no extra benefits from access, services provided or opening hours that were not readily available in Springburn.

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The Applicant Questions Mr McKeever

The Applicant asked Mr McKeever where he had obtained his

population figures from. Mr McKeever advised that the population figures had been provided by Springburn Social Inclusion Partnership and related to the resident population within the Springburn neighbourhood, and not the population of GP lists. In response to the Applicant's question relating to shares within Springburn pharmacies, Mr McKeever replied that he had consortium shares within Springburn Health Centre Pharmacy.

The Committee Question Mr McKeever

XXXI) Kay Roberts asked Mr McKeever if he felt that adequate services were provided in Springburn in terms of access, given the situation that three pharmacies were adjacent to each other with two outliers. Mr McKeever suggested that in looking at services within Springburn they were provided from a central hub. Mr McKeever suggested that this was adequate given that the resident population from Petershill travelled into Springburn area for their day to day living.

XXXII) Kay Roberts asked Mr McKeever how many methadone patients were currently being treated at Lloyds Pharmacy Ltd, Huntingdon Square premises. Mr McKeever responded approximately 25 patients were currently being looked after.

XXXIII) In response to questions from the Committee regarding Lloyds vested interest in a contract being granted for these premises, Mr McKeever confirmed that Lloyds, while not having a pharmacy within the neighbourhood as defined, did have an interest in the form of consortium shares within Springburn Health Centre Pharmacy. It was noted that this representation could not be recognised by the PPC. Professor McKie asked Mr McKeever if there was an underpass between Huntingdon Square and Petershill Road. Mr McKeever explained that there was a double pedestrian crossing at Fountainwell Road.

The Objector's Case – Rowlands (Retail) Pharmacy Ltd (Ms Jill Grey)

XXXIV) Ms Jill Grey on behalf of Rowlands thanked the Committee for providing the opportunity to speak to the application. Ms Grey contended that the grounds for Rowlands objection had been fully rehearsed in their written submission, and wished to reiterate that an additional pharmacy within the area was not necessary or desirable to secure the adequate provision of pharmaceutical services. She pointed out that a previous application for premises within this area had previously been refused. She contended that the demographics had not changed since this time. She directed the Committee's attention to the letter from Dr McLaughlin which stated that there were various housing initiatives within the area which illustrated that the trend towards housing in this area was increasing. Ms Grey contended that this was not relevant to the contract. She explained that Rowlands had two contracts within the area; one pharmacy operating 365 days per year providing extended opening hours funding by the

XXXV)

contractor, with no cost to the Health Board. She suggested that an additional pharmacy within the area may affect this provision. In addition, Rowlands provided a collection and delivery service, methadone services, oxygen services and model schemes. They were actively involved in nicotine replacement therapy.

XXXVI) **The Applicant Questions Ms Grey**

The Applicant had no questions for this objector.

XXXVII) **The Committee Questions Ms Grey**

Kay Roberts asked the Objector how many methadone patients were currently being cared for from the company's two pharmacies in Springburn. Ms Grey responded that one of the pharmacies had 104 daily supervisions and one had 67 supervisions. As a point of clarification, Kay Roberts asked the Objector to confirm that the pharmacy services provided from these premises over the extended hours was in fact free of charge to the Health Board. Did this mean that Rowlands did not claim payment for prescriptions which were submitted during this time. Ms Grey confirmed that these prescriptions were submitted, and accepted that this would involve costs to the Health Board.

XXXVIII) Gordon Dykes asked how long a patient would have to wait to have a five item prescription dispensed in one of Rowlands pharmacies in the Springburn area. Ms Grey was unable to answer this question as she had no personal involvement with the Springburn pharmacies. She sought clarification from her colleague (David Young) and informed the Committee that this would depend on a number of factors, but ten minutes at the most. While Rowlands accepted that this was not possible in all situations, they had been undertaking extensive work to reduce patient waiting times. This included the employment of a checking technician within one of their premises, which freed up more time for the pharmacist to spend with the patient, and affected the timescales. In response to a suggestion by Gordon Dykes that patients were frequently dissatisfied with timescales within their Springburn pharmacies, Ms Grey confirmed that if this was the case Rowlands would act upon any issues raised by patients.

XXXIX) XL) In response to a suggestion by Gordon Dykes that Rowlands was somewhat hypocritical given that they had initially been one of the companies who had been in discussion with the GP practice regarding a pharmacy contract at these premises, Ms Grey denied this to be the case. She contended that in Rowlands case, they would have sought a relocation of contract, and not an additional NHS contract which she viewed to be completely different.

XLII) XLIII) **The Objector's case – Mr Tarik Butt**

Mr Butt tabled a letter, which set out his argument against the application. Mr Butt defined his neighbourhood northern boundary – Broomfield Road along the edge of Springburn Park; eastern boundary – Balornock Road extending onto Broomfield Road until Petershill Drive; southern boundary – Petershill Drive extending along Petershill Road onto Auchentoshan Terrace until Springburn Road; western boundary – Springburn Road.

XLIV) Mr Butt contended that this was a distinct and natural neighbourhood created by distinct and natural boundaries with common and shared amenities and free flow of population that is necessary in defining a neighbourhood.

XLV) He contended further that the existing pharmacies in the area provided full comprehensive pharmaceutical services provision including domiciliary oxygen, methadone supervision, participation in model schemes and Board initiatives, free collection and delivery services and extended hours. Mr Butt then went on to explain the specific services provided by Red Road Pharmacy which was less than three-quarters of a mile from the proposed site. Mr Butt suggested that he clearly demonstrated that existing neighbourhood pharmacies provide all the services provision proposed by the Applicant and a higher degree of accessibility to those services that exist. Mr Butt suggested that the Applicant supported their application by suggesting that the patients of the surgery require pharmacy access under the same roof, and contended that this criteria was not part of the Regulations and if considered necessary and desirable by the PPC he suggested that we could expect a flood of applications to provide similar conditions in every surgery in Glasgow.

XLVII) This would obviously not be desirable, and would become contrary to the Scottish Executive decision to reject the OFT proposals and deregulation where such developments would have drastic effects on the viability of existing community pharmacies and prevent the development of local community based pharmaceutical care services as outlined in “The Right Medicine” and now part of the new contract.

XLIX) In summary, Mr Butt suggested that the application failed the legal test of Regulation 5 (10) and asked that the application be rejected.

The Applicant Question’s Mr Butt

The Applicant had no questions for this Objector

L) **The Committee Questions Mr Butt**

LI) Kay Roberts asked how many methadone patients Mr Butt was currently serving at his premises. Mr Butt replied that there were currently 75 patients being seen on a daily basis, with 35 at the weekend.

In response to the question from Gordon Dykes, Mr Butt advised the Committee that he was currently providing 4/5 compliance trays.

The Objectors sum up

- LII) Mr McKeever suggested that under the current Regulations this application was not necessary or desirable. The application had been submitted too early, and would not comply with the requirements of the Regulations relating to commencement of services. The application should fall on these grounds alone. Mr McKeever contended that the Applicant had provided no evidence, except letters of support, to show that the current services within the area were inadequate. He suggested that the Applicant would add no new services, not improve access, nor open extended hours, and urged the Committee to reject the application under the current Regulations as being not unnecessary or desirable to secure adequate pharmaceutical provision in Springburn.
- LIII) Ms Grey asked the PPC to reject the application as she believed that an additional contract in the proposed neighbourhood was not necessary or desirable.

Mr Butt shared this view, and contended that Red Road Pharmacy was only three-quarters of a mile away. A new pharmacy at Petershill Road was not desirable.

Mr Butt shared this view, and contended that Red Road Pharmacy was only three-quarters of a mile away. A new pharmacy at Petershill Road was not desirable.

The Applicant sums up

- LIV) The Applicant reiterated his points that beneficial clinical outcomes would only be achieved through an integrated working practice bringing GP practices and pharmacies together. The new surgery would provide services to a patient list of 7,000 and was situated in an area of low car ownership and high deprivation. He contended that the application was both necessary and desirable to secure adequate pharmaceutical services for the neighbourhood in which the proposed premises were situated.
- LV) The Applicant reiterated his points that beneficial clinical outcomes would only be achieved through an integrated working practice bringing GP practices and pharmacies together. The new surgery would provide services to a patient list of 7,000 and was situated in an area of low car ownership and high deprivation. He contended that the application was both necessary and desirable to secure adequate pharmaceutical services for the neighbourhood in which the proposed premises were situated.

DECISION

Neighbourhood

- LVI) Having considered the evidence presented to it, and the PPC's observation from the site visits, the PPC had to decide first the question of the neighbourhood in which the premises, to which the application related, were located.

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

On the northern boundary Broomfield Road to Springburn Road,

on the southern boundary by Auchentoshan Terrace on to Petershill Road, on the western boundary by Springburn Road (A803) on the western boundary by Red Road joining Broomfield Road.

LVII) **Adequacy of existing provision of pharmaceutical services and necessity or desirability.**

Having reached that conclusion, the PPC was then required to consider the adequacy of existing services in 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 PPC were aware that within the neighbourhood as defined, there were currently three pharmacies. The Committee argued that the number of contracts was a confounding issue given the close proximity of the three premises. All three pharmacies were situated within a fifty yard distance from each other within Springburn Town centre. This meant that there was a high concentration of pharmacy services within the one area, leaving the other areas of the defined neighbourhood with no services. The Committee did not agree with Mr Butt's statement that residents living in and around Petershill Road would travel to Red Road pharmacy for their pharmaceutical services. This was reflected in the Committee's definition of the neighbourhood which put the eastern boundary before Red Road pharmacy.

The Committee were aware that the concentration of three pharmacies within Springburn town centre posed problems for patients given the long waiting times that could be experienced in having a prescription dispensed. The Committee pointed to the desirability of an additional pharmaceutical contract which would help to relieve this burden, and address the concentration of other services within a small area.

The PPC considered the information received from Glasgow City Council which showed an area of high deprivation. Other information available to the PPC showed the area to have lower than average levels of car ownership and higher than average levels of unemployment, long term ill-health and drug dependency. The PPC considered the applicants rationale for establishing a pharmacy at the premise; that integrated working was essential to good clinical outcomes, and agreed that an additional pharmacy contract would address the issue of access to services affected by the concentration of pharmacies within Springburn town centre. While the Committee did not agree that every GP surgery should be accompanied by a pharmacy; in this particular area, and having regard to the numbers of patients within the area the Committee agreed that an additional contract would be desirable.

The Committee, having considered Mr McKeever's comments in relation to the Applicants ability to fulfil the timescale set out in

the Regulations were satisfied with the Applicant's comments regarding completion dates, and his undertaking to erect temporary accommodation should any delays take place.

Decision of the Committee

Taking into account all of the available information, it was the decision of the Committee that pharmaceutical provision to the defined neighbourhood was inadequate. For reasons of location of the pharmaceutical services within the neighbourhood and in particular to the accessibility issues stemming from the concentration of three pharmaceutical contracts within Springburn town centre, it was not considered that the pharmaceutical service needs of the entire neighbourhood population, were capable of being met in full by the existing pharmacies.

Having reached a conclusion on the issues of adequacy, the Committee required to consider the issue of the necessity or desirability of granting an additional NHS contract. In considering this matter, the Committee took account of a number of facts. These included the probable increase of the neighbourhood population in future, the ongoing development within the neighbourhood, and the development of a GP practice in the area. The Committee considered that the number of pharmacies currently within the neighbourhood was somewhat misleading, and contended that the whole of the neighbourhood population was not adequately provided for. Accordingly, the granting of the contract to the Applicant considered to be desirable rather than necessary.

For the foregoing reasons the Committee were satisfied that the provision of pharmaceutical services at the premises was desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises were located by persons whose names are included in the pharmaceutical list.

In accordance with the statutory procedure, the chemist contractor member of the Committee, Mr Dykes, was excluded from the decision process.

LVIII) ***DECIDED/-***

It was the majority decision of the Committee that the application be granted.

The chemist contractor member of the Committee rejoined the meeting at this stage.

(ii) **Case No: PPC/INCL/03/2005
Mr Neeraj Salwan, 7/9 Rannoch Drive, Glasgow
G61.2**

**Contractor Services
Manager**

- I. The Committee was asked to consider an application submitted by Mr Salwan, to provide general pharmaceutical services from premises situated at 7/9 Rannoch Drive Glasgow G61.2 under Regulation 5(2) of the National Health Service (General Pharmaceutical Services) (Scotland) Regulations 1995 as amended.
- II. 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.
- III. The Committee, having previously been circulated with all the papers regarding the application from Mr Salwan, were satisfied that the application could be determined based on the written representations and that an oral hearing was not required.
- IV. The Committee members had individually made visits to the site at 7/9 Rannoch Drive Glasgow G61.2.
- V. The Committee considered views and representations received from
 - (a) Chemist contractors within the vicinity of the applicant's premises namely:

Lloyds Pharmacy – 57 Milngavie Road, Glasgow G61.2.
 - (b) the Greater Glasgow Area Pharmaceutical Committee (General Practitioner Sub-Committee);The Committee also considered:-
 - (c) the location of the nearest existing pharmaceutical services and the level of NHS dispensing carried out during the preceding 12 months;
 - (d) the location and level of general medical services in the area;
 - (e) Demographic information regarding post code sectors G61.2;
 - (f) patterns of public transport;
 - (g) Primary Care Division plans for the future development of services;
 - (h) Department of Development and Infrastructure, East Dumbartonshire Council; and
 - (i) That the address of the proposed premises was missing

from the papers.

CONCLUSION

- VI. The Committee noted that the applicant had applied for inclusion in the Board's Pharmaceutical List for the provision of pharmaceutical services from premises situated at 7/9 Rannoch Drive Glasgow G61.2. The premises were constructed and the lease of the property was available to the applicant
- VII. In considering this application, the Committee was required to take into account all relevant factors concerning the definition of the neighbourhood served and the adequacy of existing pharmaceutical services in the neighbourhood in the context of Regulation 5(10).
- VIII. In forming an opinion on the neighbourhood, the Committee referred to the map (provided by the Division) at page 48 of the papers and defined the neighbourhood as the area bound to the North, by Roman Road and Boclair Road to the postcode boundary, to the East by the River Kelvin, to the South by the River Kelvin where it joins the A81 trunk road, and to the West by the A809 to its junction with Roman Road.
- IX. Having reached that conclusion the Committee noted that within the neighbourhood as defined there was currently one pharmacy. The Committee noted that the current pharmaceutical network provided adequate pharmaceutical services to the neighbourhood population, who were, accordingly to the information available to the Committee one of low deprivation. The percentages of households with no car was significantly lower than the Glasgow average. The neighbourhood was defined as having a low deprivation category, with 95.09% of owner occupied housing in comparison with a 56.02% Glasgow average.

The Committee agreed that the population would be sufficient mobile, and would have access to adequate pharmaceutical services within the neighbourhood.

In accordance with the statutory procedure the Chemist Contractor member of the Committee Gordon Dykes was excluded from the decision process:

- X. In summary, the Committee concluded that the granting of an additional NHS contract for the premises situated at 7/9 Rannoch Drive Glasgow G61.2 was not necessary or desirable in order to secure the adequate provisions of pharmaceutical services in the neighbourhood in which the premises were situated. The Committee felt that the current pharmaceutical network provided adequate services to the neighbourhood population and given the services provided by them, and the number of prescriptions dispensed over the last twelve months, the Committee did not feel that an additional contract in the area was necessary or desirable.

XI. **DECIDED/-**

By unanimous decision, the Committee agreed that the granting of the application was neither necessary or desirable, in order to secure the adequate provision of pharmaceutical services in the neighbourhood of the proposed premises and accordingly that the application seeking inclusion in the Greater Glasgow NHS Board's Pharmaceutical List at 7/9 Rannoch Drive Glasgow G61.2 for the provision of general pharmaceutical services be granted.

Contractor Services Manager

The chemist contractor member of the Committee rejoined the meeting at this stage.

5. **MATTERS CONSIDERED BY THE CHAIRMAN SINCE THE LAST MEETING**

The Committee having previously been circulated with Paper 2005/06 considered by the Chairman outwith the meeting since Tuesday, 1st February 2005.

Case No: PPC/MRELOC/02/2005 – MacLean Chemists, 322 Dumbarton Road, Glasgow G60.5

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

The Committee noted that the application fulfilled the criteria for a minor relocation under Regulation 5 (4) of the National Health Service (General Pharmaceutical Services) (Scotland) Regulations 1995 as amended.

The Committee noted that the Chairman had granted the application with effect from 1st April 2005, having been satisfied that the application fulfilled the requirements laid down in the Pharmaceutical Regulations.

6. **NATIONAL APPEALS PANEL DETERMINATIONS**

The Committee noted the National Appeals Panel determinations on the following applications:-

- (i) Faisal Khan and Yassir Shaheen – 290 Faifley Road, Glasgow G81 – Appeal refused.
- (ii) P D Devlin Ltd, 2 Main Street, Glasgow G40 2LA – Appeal upheld.
- (iii) National Co-operative Chemist Ltd – 1158 Shettleston Road, Glasgow G32 - Appeal refused.

- (iv) Boots the Chemist Ltd – 21/23 Glasgow Fort Retail Park, Auchinle Road Glasgow G33 - Appeal upheld.

7. PHARMACY PROVISION OVER EASTER PERIOD

The Director of Pharmacy gave the Committee an oral report relating to the provision of Pharmaceutical services over the Easter period. This had proved problematic, in that for the first time GPs had been given the option to close on Good Friday with NHS 24 and GEMS providing medical cover. Accordingly the Division had received several requests from pharmacies asking to close on this day due to the perceived reduction in demand for services. This problem had been compounded with Health Centre pharmacies being required to close, due to the closure of Health Centre premises.

The Director of Pharmacy was producing a summary to present to the next meeting of the Committee outlining the lessons learned.

**Director
of
Pharmac
y**

8. ANY OTHER COMPETENT BUSINESS

None

9. DATE OF NEXT MEETING

Scheduled for Tuesday, 7th June 2005 at 1.30pm. Venue to be confirmed.