

NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (15)

Minutes of a Meeting held on

Tuesday 16th October 2007

Board Room, Royal Alexandra Hospital, Corsebar Road
Paisley, PA2 9PN

PRESENT:	Andrew Robertson	Chair
	Mrs C McDonald	Deputy Lay Member
	Prof J McKie	Deputy Lay Member
	Mrs Kay Roberts	Deputy Non Contractor Pharmacist Member
	Alasdair MacIntyre	Contractor Pharmacist Member
	Scott McCammon	Deputy Contractor Pharmacist Member
IN ATTENDANCE	Dale Cochran	GPS Contract Assistant
	Richard Duke	Contracts Manager – Community Pharmacy Development
	Janine Glen	Contracts Manager – Community Pharmacy Development
	David Thomson	Deputy Lead – Community Pharmacy Development

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

ACTION

No declarations of interest were made.

1. APOLOGIES

There were no apologies

2. ANY OTHER BUSINESS NOT INCLUDED IN AGENDA

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

3. MINUTES

The Minutes of the meeting held on Tuesday 18th September 2007
PPC[M]2207/13 was approved as a correct record.

Section 1 – Applications Under Regulation 5 (10)

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

i) **Case No: PPC/INCL16/2007**
Lloydspharmacy Ltd – New Medical Centre, Lonend, Paisley, PA1 1SA

The Committee was asked to consider an application submitted by Lloydspharmacy Ltd, to provide general pharmaceutical services from premises to be situated at the New Medical Centre, Lonend, Paisley PA1 1SA under Regulation 5(10) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 1995 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 Lloydspharmacy Ltd, agreed that the application should be considered by oral hearing.

The hearing was convened under paragraph 2(2) of Schedule 3 to the National Health Service (Pharmaceutical Services) (Scotland) Regulations 1995 as amended ("the Regulations"). In terms of this paragraph, the PPC "shall determine an application in such a manner as it thinks fit". In terms of Regulation 5(10) of the Regulations, the question for the PPC is whether "the provision of pharmaceutical services at the premises named in the application is necessary or desirable to secure adequate provision of pharmaceutical service in the neighbourhood in which the premises are located by persons whose names are included in the Pharmaceutical List."

The Applicant was represented in person by Mr James McKeever ("the Applicant"). The interested parties who had submitted written representations during the consultation period, and who had chosen to attend the oral hearing were Mr Kenneth Campbell, (F A Parkinson Chemists Ltd), Mr Ian Smyth (Parkinson (Paisley) Ltd), Mr Brian Devanney (Barshaw Pharmacy) and Mr Asgher Mohammed (Abbey Chemists) assisted by Ms Claire Bennie ("the Interested Parties").

Prior to the hearing, the Panel had collectively visited the vicinity surrounding Lonend, Paisley PA1.1, the pharmacies, GP surgeries and facilities in the immediate neighbourhood, and the wider area around Barrhead Road and Neilston Road

The procedure adopted by the PPC at the hearing was that the Chairman asked the Applicant to make his submission. There followed the opportunity for the Interested Parties and the PPC to ask questions. Each of the Interested Parties in turn made their submission following which the Applicant and PPC were given the opportunity to ask

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

The Applicant's Case

Mr McKeever commenced his presentation by thanking the Committee for giving him the opportunity to present the case on behalf of Lloydspharmacy. He assumed the Committee had undertaken a tour of the area and hoped that they had appreciated the size and scale of the Primary Care Centre within which the proposed premises were situated.

He advised that Lloydspharmacy Ltd believed that the neighbourhood should be defined as:

West – Causeyside Street and Neilston Road travelling south;
South – Rowan Street and Huntly Terrace;
East – Barrhead Road to Hawkhead Road;
North – the White Cart Water back to the A761 trunk road.

The neighbourhood identified contained five pharmacies, of which only one (Abbey Chemist) sat within close proximity to the proposed premises. The other four were located at the south western boundary line and were not within easy access for part of the defined neighbourhood. Mr McKeever suggested that the neighbourhood was difficult to define but asserted that Lloydspharmacy Ltd had not simply orchestrated a neighbourhood which excluded a large number of pharmacies. Rather they had used what Lloydspharmacy believed were the major roads and rivers that defined the boundaries of the neighbourhood. There was a large resident population within the neighbourhood and the recent flat building and redevelopment of the area to the south of the new Primary Care Development along with the Mecca Bingo had added to the population.

Mr McKeever advised that Lloydspharmacy Ltd was not seeking to deny the existence of the pharmacy in close proximity to the new development; however in the Applicant's opinion this pharmacy was not adequate to meet the needs of patients and residents of the neighbourhood given the changes that were taking place. The New Medical Centre would house a GP practice with 7 GPs and a list size in excess of 10,000 patients. Mr McKeever advised that the Committee would be aware of previous guidance from the courts which had suggested that known likely developments must be taken into consideration when determining the legal test associated with applications for new pharmacies. Mr McKeever asserted that the new medical development was taking place and therefore was not speculative or unrealistic. He advised that it would be unrealistic for patients to come out of the Medical Centre and access Abbey Chemists. The public perception was that Abbey Chemist was associated with the other health centre in the area.

Mr McKeever advised that the area in Lloydspharmacy's opinion could be termed a deprived area. Car ownership levels were extremely low. 53% of the defined neighbourhood did not own a car compared with a Scottish average of 34%. 38% of the identified neighbourhood owned one car which it could be reasonably assumed would be used by those within the households to travel to and from their place of work. Accordingly, there would be large proportion of the neighbourhood who would not have access to a car during the day and would have to travel around the area by foot.

The 2001 Census placed 13% of the neighbourhood population as not having good health against a Scottish national average of 10%. These statistics reinforced the view that there were considerable demands placed on Abbey Chemists. Given the low car ownership, and the higher than average levels of ill health, many people would not be able to make the journey to the next nearest pharmacies which were situated on Neilston Road and were not accessible by foot, given the distance and nature of the journey involved. A patient would have to travel along busy A roads and through an underpass as there was no way through due to the railway line.

Abbey Chemist stated in their objection that they had been providing services to the Incle Street Practice from their Gauze Street premises, however when the practice relocated to the new Medical Centre, it would be unrealistic to expect the patients to continue to make the journey to the Gauze Street premises. Mr McKeever suggested that the Incle Street practice was not served by the Abbey Chemists premises at Lonend as it was too far away. Mr McKeever suggested that if the Committee considered the volume of NHS items dispensed by Abbey Chemists at Lonend that originated from the Incle Street practice, they may take a view how this would change after the practice's relocation. Lloydspharmacy accepted that the Incle Street Practice was only a relocation; it would nevertheless be a relocation into a different neighbourhood and would be a significant new input. It would be unrealistic to expect a single pharmacy to cope with such a significant proportion of the dispensing. Mr McKeever suggested that the dispensing figures for Abbey Chemist's Lonend premises would not be inconsiderable and bearing in mind the requirements of the new pharmacy contract including e-MAS, consultations, emergency hormonal contraception one pharmacy was not adequate in this situation.

Mr McKeever suggested that the other pharmacies such as Boots, Alliance and the Abbey Chemists premises at Gauze Street were all situated inside the Ring Road. Patients would realistically rely on collection and delivery services which did not equate to the full provision of pharmaceutical services. To avoid an inadequate pharmaceutical service from the increased volume Lloydspharmacy would provide a modern 130sq metre retail unit with a care room, DDA compliant, with

separate methadone/needle exchange area (if required), ample parking overflowing into the Mecca car park and a large dispensary. The proposed pharmacy would open from 9.00am – 6.00pm Monday – Friday; 9.00am – 5.00pm Saturday to provide a fast, effective pharmaceutical service and allow the nearest pharmacy, Abbey to serve the Abbey Medical Practice and deliver the new contract elements to their patients.

For patient convenience and ready access to pharmaceutical services there was a major shift in GP provision into this neighbourhood that would change the nature of health services to the area. With forward thinking of the future of pharmacy in the neighbourhood Lloydspharmacy believed it was necessary and desirable to secure adequate pharmacy services that the contract was granted.

The Interested Parties' Question and Applicant

In response to questioning from Mr Campbell, the Applicant advised that at present Abbey Chemists branch at Lonend did not currently serve the GP practice at Inle Street. This situation would change greatly when the practice moved to the new Primary Care Development and patients requiring acute prescriptions exited the practice. This would place an increased demand on Abbey Chemists.

In response to questioning from Mr Mohammed, Mr McKeever agreed that there were five pharmacies currently within the Applicant's neighbourhood. He suggested that the Applicant's argument centred on the change that would be affected by the relocation of the GP practice into the area. The access requirements would be different.

In response to further questioning from Mr Mohammed, Mr McKeever advised that the physical size of the Abbey Chemist branch at Lonend was not necessarily a factor in the Applicant's assertion that the current services in the area were inadequate. The view of inadequacy stemmed from the major shift in provision of GP services that would occur in the area with the relocation of the GP surgery into the new medical centre. In Mr McKeever's opinion, Abbey Chemists at Lonend would be unable to cope with this shift.

In response to further questioning from Mr Mohammed, Mr McKeever suggested that the Applicant viewed that pharmaceutical demand within the neighbourhood would change and that patients should not be expected to walk the 50metres from the new development to Abbey Chemists at Lonend.

In response to questioning from Mr Smyth, Mr McKeever advised that patients from the Inle Street practice would continue to use whichever pharmacy they wished. Whereas many would continue to patronise Abbey Chemists at Gauze Street, patient loyalty was known to fade over

time.

There were no questions to the Applicant from Mr Devanney.

The PPC Question the Applicant

In response to questioning from Mr McCammon and Professor McKie, Mr McKeever confirmed that the patient list size for the Inle Street Surgery was in excess of 10,000. He did not have any evidence that the increase in demand from the new development would not be met by the existing contractors in the area. He did not believe that putting a notice in the surgery would address the requirements given the increased volume that was expected.

In response to further questioning from Professor McKie, Mr McKeever confirmed that the Applicant had identified the north boundary using natural boundaries such as major roads.

In response to questioning from Mrs Roberts, Mr McKeever agreed that the list size of 10,000 represented those who were registered with the practice and not the number of those who would be attending the practice. He asserted that the increase in demand would come from the acute prescriptions produced from the new practice. He did not agree that this demand could be met through a collection and delivery service as this was not part of the new contract, nor did it represent a full pharmaceutical service. Patients would continue to require acute dispensing which would produce an increased demand for pharmaceutical services.

In response to further questioning from Mrs Roberts, Mr McKeever advised that the Applicant's argument was that patients would prefer to access services on site.

In response to questioning from the Chair, Mr McKeever advised that the developer, Sapphire Primary Care Developments had initiated the plan for a pharmacy within the new development. He further confirmed that Lloydspharmacy had chosen not to produce letters of support from the local GPs.

In response to questioning from Mr Thomson, Mr McKeever advised that he was not aware how the patients at the Inle Street Practice had reacted to the news of the relocation.

In response to further questioning from Mr Thomson, Mr McKeever advised that he was aware that the proposed CMS (Chronic Medication Service) element of the new contract may mean that patients would have less need to actually visit their GP given the development of electronic links between pharmacies and GP practices. He confirmed that he was not aware what contingencies the developer had put in place in the event

that the application was not granted.

In response to questioning from Mr MacIntyre, Mr McKeever confirmed that at present Lloydspharmacy did not intend to provide any additional services to those already provided by the other pharmacies. He reiterated his assertion that the new contract would cope with the increased number of prescriptions and allow Abbey Chemists to offer all elements of the new contract to their own patients. He also confirmed that he felt the application to be both necessary and desirable.

In response to final questioning from Mr MacIntyre, Mr McKeever asserted that there would be other services within the new development including podiatry, physiotherapy and practice nursing.

There were no questions to the Applicant from Mrs McDonald.

The Interested Parties' Case – Mr Kenneth Campbell (F A Parkinson Chemists Ltd)

Mr Campbell advised the Committee that Paisley was currently well served by pharmacies. Within a 1km radius there were ten pharmacies, 13 in town and additional areas. Most if not all of the pharmacies collected prescriptions from the surgeries throughout the town and served residents in their immediate area as well as providing delivery to those who had difficulty with access. This situation would continue to be the case after the new Medical Centre was operational.

Most of the existing pharmacies had upgraded to enable the provision of extended services. Part of the rationale behind the new pharmacy contract was the reduction in GP visits through easier access to defined services. As the majority of patients attending the new Medical Centre were unlikely to live in the immediate vicinity there would be no gain in these patients having to attend Lonend to access the Applicant's proposed pharmacy. Patients leaving the Medical Centre would have immediate access to pharmaceutical services within 50 metres from a pharmacy that was accessed from the outside of the existing Medical Centre and was clearly sign posted.

The town was well provided for in terms of pharmaceutical services and Mr Campbell concluded that the application was neither necessary nor desirable to secure services and therefore should be rejected.

There were no questions to Mr Campbell from the Applicant or any of the other interested parties.

The PPC Question Mr Campbell

In response to questioning from Mrs Roberts, Mr Campbell confirmed that his company had not been asked by Sapphire Primary Care

Developments to submit a tender for the proposed pharmacy within the new Medical Centre.

There were no questions to Mr Campbell from Mr McCammon, Professor McKie, Mr Thomson, Mr MacIntyre or the Chair.

The Interested Parties' Case – Mr Brian Devanney (Barshaw Pharmacy)

Mr Devanney advised the Committee that he did not believe the application to be either necessary or desirable. There would be no major change in the population. There were currently five existing pharmacies in the neighbourhood, one of which was only 100 yards from the new development. There were 13 pharmacies within the area of Paisley. Patients had excellent access to pharmacies who provided the full range of services and who had embraced all elements of the new pharmacy contract. Pharmacies provided collection and delivery for patients. The provision of general pharmaceutical services was more than adequate and therefore the application was not necessary or desirable.

The Applicant Questions Mr Devanney

In response to questioning from the Applicant, Mr Devanney confirmed that he had not walked from the new development to any of the existing pharmacies in the neighbourhood. He further confirmed that the patients who accessed the existing pharmacies from the north and east of the area were registered with the Ince Street practice and would travel to the practice to uplift their prescription and have it dispensed either from Abbey Chemists at Gauze Street or from a pharmacy nearer their home. In his opinion, the same patient, after the relocation of the practice would travel back to another pharmacy such as Alliance.

There were no questions to Mr Devanney from any of the other interested parties.

The Committee Question Mr Devanney

In response to questioning from Mr McCammon, Mr Devanney advised that he did not feel that his pharmacy would dispense fewer prescriptions from the Ince Street Surgery once it moved to the new development.

In response to questioning from Mrs Roberts, Mr Devanney confirmed that he was aware that Lloydspharmacy and Sapphire Primary Care Developments were related.

There were no questions to Mr Devanney from Mrs McDonald,

Professor McKie, Mr Thomson, Mr Macintyre or the Chair.

The Interested Parties' Case – Mr Asgher Mohammed (Abbey Chemists)

Mr Mohammed advised the Committee that he did not believe the application was necessary or desirable. He asserted that the neighbourhood should be larger than that identified by the Applicant. There were currently five pharmacies in the area. Abbey Chemists had provided services to Lonend for nearly 20 years. The premises had been extended to nearly three times its original size. It was not true to suggest the pharmacy could not cope with any increase in demand that would emanate from the new medical centre. Patients attending the surgery would continue to visit the pharmacy they had visited when the surgery was situated in Incle Street. Abbey Chemists in Gauze Street dispensed a significant number of prescriptions from the Incle Street practice. This patient base may be lost with the relocation of the surgery. These patients could be served by the Abbey Chemists in Lonend. The Lonend pharmacy was having new signage fitted and patients would know its location. The pharmacy was approximately three minutes away from the new medical centre. There was no rational argument for a new pharmacy in the area.

Mr Mohammed reiterated that Abbey Chemists in Gauze Street would be quieter after the relocation of the surgery, while the Lonend branch would gain clientele. Abbey Chemists intended to provide a leaflet for patients giving them information on services. The application should be rejected.

The Applicant Questions Mr Mohammed

In response to questioning from the Applicant, Mr Mohammed advised that only a small number of prescriptions from Incle Street Surgery were dispensed from Abbey Chemists at Lonend.

There were no questions to Mr Mohammed from the other Interested Parties.

The Committee Question Mr Mohammed

In response to questioning from Mr McCammon, Mr Mohammed confirmed that the pharmacy at Lonend employed one full time pharmacist with a back-up for support. There was always a ½ day overlap. This was the current situation which would be reviewed if required.

In response to further questioning from Mr McCammon, Mr Mohammed confirmed that he did not provide services to any care homes.

In response to further questioning from Mr McCammon, Mr Mohammed advised that the granting of a further contract at the new medical centre would have a material effect on the pharmacy at Lonend. Abbey Chemists in Gauze Street dispensed a significant number of prescriptions from the Inle Street Surgery and a new contract would have an adverse effect on services.

In response to questioning from Professor McKie, Mr Mohammed confirmed that he was aware that some of the patients currently using the Gauze Street pharmacy would continue to do so after the relocation of the GP surgery. He further confirmed that around 50% of patients visiting Abbey Chemists in Lonend were drawn from the area south of Lonend. They visited the pharmacy by a mixture of means; on foot, by car.

In response to further questioning from Professor McKie, Mr Mohammed advised that the number of staff working in his pharmacy would be relative to the demand for services. If the new medical centre caused an increase in demand for services, the staffing level would be reviewed and adjustments made accordingly. Mr Mohammed confirmed that currently it was difficult to recruit quality staff, however he was encouraged that 70% of staff who had been previously employed by Abbey Chemists had indicated that they would want to return to the company.

In response to questioning from Mr Thomson, Mr Mohammed advised that he had reviewed the provision of services on a Saturday at Lonend and was providing services on a three month trial basis. The pharmacy had not previously opened on a Saturday because of the GP surgery opening hours and the fact that the Gauze Street pharmacy was open. There had been little demand for services.

In response to questioning from Mr Macintyre, Mr Mohammed advised that he was aware that there would be ancillary services with the new development.

There were no questions to Mr Mohammed from Mrs McDonald, Mrs Roberts, or the Chair.

The Interested Parties' Case – Mr Ian Smyth (Parkinson (Paisley) Ltd)

Mr Smyth advised the Committee that Paisley was well served with pharmaceutical services and that the geographical distribution of pharmacies was adequate. Patients travelling to the new surgery would need to cross two roads to get there as they would be resident in other area e.g. Gordon Street. Patients were well served by the existing pharmaceutical network.

There were no questions to Mr Smyth from the Applicant or any of the other Interested Parties.

The Committee Question Mr Smyth

In response to questioning from Mr McCammon, Mr Smyth confirmed that the number of prescriptions dispensed from his pharmacy from the Ince Street surgery could possibly decrease.

In response to questioning from Mrs Roberts, Mr Smyth confirmed that he was not aware of the tendering process around the new development, nor was his company asked to submit a tender.

In response to questioning from Mr MacIntyre, Mr Smyth confirmed that it was difficult to define a neighbourhood because of the moves happening in the area. The current pharmacies drew patients from all areas of Paisley. He advised that his neighbourhood would be Ince Street, Glasgow Road, Hawkhead Road, Lochfield Road, Neilston Road, the A761 past Paisley Abbey.

There were no questions to Mr Smyth from Mrs McDonald, Professor McKie, Mr Thomson or the Chair.

The Interested Parties Sum Up

Mr Campbell advised the Committee that he disagreed with the neighbourhood defined by the Applicant. The centre of Paisley was served by a number of pharmacies and well provided for in terms of general pharmaceutical services. The application was neither necessary nor desirable to secure adequate services.

Mr Devanney advised that he did not believe the application to be either necessary or desirable. There was no major change within the area. The patients were adequately served by the current network.

Mr Mohammed advised the Committee that there was no need or desirability for an additional contract. When patients moved Abbey Chemists at Lonend would be able to answer the demand for services. The pharmacy had been extended and was upgrading its signage. The pharmacy was doing everything to maintain business and serve patients and was geared up to provide services to the new development.

Mr Smyth advised that the current services in the neighbourhood were adequate.

The Applicant Sums Up

Mr McKeever believed that demand for pharmaceutical services would change. At present the provision was good and the area was well served. This would not be the case in November when the demand for services would change. Mr McKeever questioned Abbey's ability to cope with the increase in demand for services that would result from the relocation of the GP practice into the new medical centre.

In terms of the tendering process, Mr McKeever advised that any of the existing pharmacies in the area could have made themselves aware of the process, but that the question for the Committee was not around the fairness of the tendering process, but rather the inadequacy of pharmaceutical services in the defined neighbourhood.

Before the Applicant and the Interested Parties left the hearing, the Chair asked them to confirm that they had had a full and fair hearing. All confirmed that they had.

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

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

The PPC took into all 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;
- b) The Greater Glasgow Area Pharmaceutical Committee (General Practitioner Sub-Committee);
- c) The Greater Glasgow Area Medical Committee (GP Sub-Committee).

The Committee also considered;-

- d) The location of the nearest existing pharmaceutical services;
- e) Demographic information regarding the Paisley area;
- f) NHS Greater Glasgow and Clyde plans for future development of services; and

- g) Additional information provided by Mr Mohammed in the form of a letter and photographs detailing improvements to be made to Abbey Chemists, Lonend. The Chair had asked all those present if they objected to the submission of the additional information. No-one raised any objections.

DECISION

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 the various neighbourhoods put forward by the Applicant, the Interested Parties and the GP Sub-Committee. Taking all information into consideration, the Committee considered that the neighbourhood should be defined as follows:

North: Gordon Street;
West: Causeyside Street and Neilston Road
East: White Cart Water;
South: Lochfield Road to Barrhead Road/ Hawkhead Road

The Committee felt that this was a distinct neighbourhood. The White Care Water to the east formed a physical boundary. The area within these boundaries was, in the Committee's opinion a neighbourhood for all purposes. It contained schools, business, churches and residential areas.

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 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.

Within the neighbourhood as defined by the PPC there were five existing pharmacies. These pharmacies provided the full range of pharmaceutical services including supervised methadone and domiciliary oxygen. The Committee considered that the level of existing services ensured that satisfactory access to pharmaceutical services existed within the defined neighbourhood. The Committee therefore considered that the existing pharmaceutical services in the neighbourhood were adequate.

The Committee considered the Applicant's comments around the perceived significant shift in demand that would be caused by the

relocation of the Inle Street surgery to the new Medical Centre. While the Committee accepted that some movement would take place, they were mindful that the patients would continue to reside where they always had. Those patients who required acute prescriptions would either continue to attend their normal pharmacy or would look to access services elsewhere. While the Committee accepted that the nearest pharmacy to the new Medical Centre may experience an increase in activity it had shown that it was taking steps to accommodate such an eventuality including increasing the size of the premises and improving the signage. The Committee agreed that even if there was a perceived increase in need for pharmaceutical services on the site of the new Medical Centre, the whole focus of the e-MAS element of the new contract was that services should be provided closer to the patient's home.

The Committee was confident that until the impact of the increase in provision was known, it was not possible to say that the current provision was inadequate.

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

In accordance with the statutory procedure the Chemist Contractor Members of the Committee Scott McCammon and Alasdair MacIntyre and Board Officers were excluded from the decision process:

DECIDED/-

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

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

- ii) **Case No: PPC/INCL12/2007
Mr A Manzoor & Ms Amina Al-Adhami, 5/7 Kennedy Path,
Townhead, Glasgow G4 0PP**

**Contractor
Services
Supervisor**

The Committee was asked to consider an application submitted Mr A Manzoor and Ms Amina Al-Adhami, to provide general pharmaceutical services from premises situated at 5/7 Kennedy Path, Townhead, Glasgow G4.0 under Regulation 5(10) of the National Health Service (General Pharmaceutical Services) (Scotland) Regulations 1995 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 Mr Manzoor and Ms Al-Adhami, agreed that the application could be considered based on the written representations received, and that an oral hearing was not required.

Prior to the meeting, the Panel had visited the vicinity surrounding 5/7 Kennedy Path, Glasgow G4.0, the pharmacies, GP surgeries and facilities in the immediate neighbourhood, and the wider areas of the city centre, Dennistoun and Alexandra Parade.

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

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

The PPC took into all 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;
- b) The Greater Glasgow Area Pharmaceutical Committee (General Practitioner Sub-Committee);
- c) The Greater Glasgow Area Medical Committee (GP Sub-Committee).

The Committee also considered;-

- d) The location of the nearest existing pharmaceutical services;

- e) Demographic information regarding post code sectors G1.2, G4.0 and G31.2;
- f) Patterns of public transport; and
- g) NHS Greater Glasgow and Clyde plans for future development of services.

DECISION

The Committee noted that this application had previously been presented in August 2007. The Committee had deferred consideration of the application on the grounds that a previous application had been approved for premises in the same parade of shops, and was awaiting decision by the National Appeals Panel (NAP). The NAP, at a hearing on 25th September 2007 had determined that the application was not necessary or desirable as the provision of services to the neighbourhood was adequate.

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

The Committee noted the neighbourhood previously defined, and that defined by the National Appeals Panel. The Committee noted that the NAPs neighbourhood differed from its own only along the southern boundary. The PPC agreed that this southern boundary was logical. Taking all information into consideration, the Committee considered that the neighbourhood should be defined as follows:

North: the M8 motorway.
West: North Hanover Street.
East: Castle Street and High Street.
South: George Street.

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 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 Committee noted that they had not been informed of any changes to the area in the meantime that would cause them to depart from the recent decision arrived at by the NAP, nor had the Applicant provided evidence that the situation in the neighbourhood had changed to the

extent that the Committee would overturn this most recent decision.

In accordance with the statutory procedure the Chemist Contractor Members of the Committee Scott McCammon and Alasdair MacIntyre and Board Officers were excluded from the decision process:

DECIDED/-

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

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

iii)

Case No: PPC/INCL06/2007

Ms Farzana Rasool & Mr Aziz Rasool, 111 Cambridge Street, Glasgow G3.6

The Committee was asked to consider an application submitted by Ms Farzana Rasool and Mr Aziz Rasool, to provide general pharmaceutical services from premises situated at 111 Cambridge Street, Glasgow G3.6 under Regulation 5(10) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 1995 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 Ms & Mr Rasool, agreed that the application could be considered based on the written representations received, and that an oral hearing was not required.

Prior to the meeting, the Panel had visited the vicinity surrounding 111 Cambridge Street, Glasgow G3.6, the pharmacies, GP surgeries and facilities in the immediate neighbourhood, and the wider area.

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

a) Neighbourhood;

**Contractor
Services
Supervisor**

- 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.

The PPC took into all 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;
- b) The Greater Glasgow Area Pharmaceutical Committee (General Practitioner Sub-Committee);
- c) The Greater Glasgow Area Medical Committee (GP Sub-Committee).

The Committee also considered;-

- d) The location of the nearest existing pharmaceutical services;
- e) Demographic information regarding post code sectors G1.2, G2.3 and G3.6;
- f) Patterns of public transport; and
- g) NHS Greater Glasgow and Clyde plans for future development of services.

DECISION

The Committee noted that they had previously considered this application in April 2007. They had granted the application. Subsequent to the Committee's decision it had been identified that one of the existing contractors within the consultation area had not received notification of the application. Having taken advice from numerous sources it had been agreed that the consultation would be repeated.

The Committee noted that the papers under consideration were identical to those previously presented to the Committee in April, except that they now included a representation from the contractor who had not received notification of the application in the initial consultation.

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

The Committee noted the neighbourhood previously defined, and agreed that this remained relevant. Taking all information into consideration, the Committee considered that the neighbourhood should be defined as follows:

North – the M8 motorway and New City Road
South – Newton Street, North Hanover Street and Bath Street
East – North Hanover Street to Dobbies Loan
West – M8 motorway

Adequacy of Existing Provision of Pharmaceutical Services and Necessity or Desirability

The Committee noted the decision that they had arrived at in April 2007 when they initially considered the application. Having considered the submission made by the interested party who had provided comments after the initial consultation, the Committee agreed that there had been no material changes which would cause them to come to a different conclusion. As such they agreed that their previous conclusion remained relevant.

A transcript of the previous decision is below:

Having reached that decision, the PPC was then required to consider the adequacy of pharmaceutical 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.

Within the neighbourhood as defined by the PPC there were three existing pharmacies. Mr Thomson advised the Committee that the Health Board had in the past received concerns around the unscheduled closure of Boots branch at Charing Cross (494 Sauchiehall Street). On investigation it had become apparent that a business decision had been taken to transfer staff to the larger Boots branch at 200 Sauchiehall Street due to staff shortages. This had occurred on more than one occasion. Mr Thomson also had concerns over the branch's apparent failure to fully engage in the provision of additional services. He did not feel the branch provided a consistent service.

Having undertaken the site visit, the Committee agreed that those resident in the Garnethill area would be less likely to travel to facilities in Charing Cross due to the steep gradients and availability of other amenities within the area of Renfrew Street.

The Committee recognised that the Applicant had challenged the existing provision as inadequate to meet the needs of the entire

population. The Committee were mindful that within the neighbourhood there were two clear elements of population; a higher than average commuter population and an entrenched resident population. In the Committee's opinion the current network was organised more to serve the commuter population which was drawn to the significant shopping facilities around the city centre and the existing pharmacies in the area. This focus on one part of the population was to the detriment of the residents within the area. The Committee agreed that the area was unusual in that it provided an example on the emphasis of commuter and consumer needs, rather than the needs of the resident population. The Committee asserted that the resident element of the population did not enjoy access to adequate pharmaceutical services.

Having come to this conclusion, the Committee agreed that an additional contract in the area was desirable to secure the adequate provision of pharmaceutical services for the entire population within the defined neighbourhood.

In accordance with the statutory procedure the Chemist Contractor Members of the Committee Scott McCammon and Alasdair MacIntyre and Board Officers were excluded from the decision process:

DECIDED/-

The PPC was satisfied that the provision of pharmaceutical services at the premises of the Applicant was desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises were located by persons whose names are included in the Pharmaceutical List and in the circumstances, it was the unanimous decision of the PPC that the application be granted.

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

5. APPLICATIONS STILL TO BE CONSIDERED

The Committee having previously been circulated with Paper 2007/49 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 Ian Robert Mouat, Unit 2, Blairdardie Road, Knightswood, Glasgow G15.6.

6. NATIONAL APPEALS PANEL DETERMINATION

**Contractor
Services
Supervisor**

The Committee having previously been circulated with paper 2007/50 noted the contents which gave details of the National Appeals Panel's determination of appeals lodged against the Committee's decision in the following cases:

Lisa Christie, LG Pharmacy Ltd – Unit 2, 19 Kennedy Path, Townhead, Glasgow G4.0

The Committee noted that the National Appeals Panel had upheld the Appeals submitted against the PPC's decision to grant Ms Christie's application to establish a pharmacy at the above address. As such LG Pharmacy Ltd's name was not included in the Board's Provisional Pharmaceutical List, and the file on the application had been closed.

7. ANY OTHER COMPETENT BUSINESS

There was no other competent business.

6. DATE OF NEXT MEETING

Scheduled for Monday 22nd October 2007 at 12.30pm. Board Room, Royal Alexandra Hospital.

The Meeting ended at 4.00p.m.

NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (16)

Minutes of a Meeting held on

Monday 22nd October 2007

Board Room, Royal Alexandra Hospital, Corsebar Road
Glasgow, PA2

PRESENT:

Mrs Agnes Stewart	Chair
Mrs Maura Lynch	Lay Member
Peter Daniels	Deputy Lay Member
Mrs Kay Roberts	Deputy Non Contractor Pharmacist Member
Colin Fergusson	Deputy Contractor Pharmacist Member

IN ATTENDANCE

Trish Cawley	Contractor Services Supervisor
Richard Duke	Contracts Manager – Community Pharmacy Development
Robert Gillespie	Lead – Community Pharmacy Development
Janine Glen	Contracts Manager – Community Pharmacy Development

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 David Thomson.

2. ANY OTHER BUSINESS NOT INCLUDED IN AGENDA

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

Section 1 – Applications Under Regulation 5 (10)

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

Case No: PPC/INCL17/2007

Mr Neeraj Salwan – 128 Main Street, Paisley PA1 2DP

The Committee was asked to consider an application submitted by Mr

ACTION

Neeraj Salwan, to provide general pharmaceutical services from premises situated at 128 Main Street, Paisley PA1 2DP under Regulation 5(10) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 1995 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 Mr Salwan, agreed that the application should be considered by oral hearing.

The hearing was convened under paragraph 2(2) of Schedule 3 to the National Health Service (Pharmaceutical Services) (Scotland) Regulations 1995 as amended ("the Regulations"). In terms of this paragraph, the PPC "shall determine an application in such a manner as it thinks fit". In terms of Regulation 5(10) of the Regulations, the question for the PPC is whether "the provision of pharmaceutical services at the premises named in the application is necessary or desirable to secure adequate provision of pharmaceutical service in the neighbourhood in which the premises are located by persons whose names are included in the Pharmaceutical List."

The Applicant was represented in person by Mr Neeraj Salwan ("the Applicant"). The interested parties who had submitted written representations during the consultation period, and who had chosen to attend the oral hearing were Mr Nisith Nathwani, (Lloydspharmacy) and Mr Jasvinder Shergill (Foxbar Pharmacy) ("the Interested Parties").

Prior to the hearing, the Panel had collectively visited the vicinity surrounding 128 Main Street, Paisley PA1.2, the pharmacies, GP surgeries and facilities in the immediate neighbourhood, and the wider areas of Foxbar, Elderslie, Millarston and Ferguslie.

The procedure adopted by the PPC at the hearing was that the Chair asked the Applicant to make his submission. There followed the opportunity for the Interested Parties and the PPC to ask questions. The Interested Parties and the Applicant were then given the opportunity to sum up.

The Applicant's Case

Mr Salwan commenced his presentation by identifying the neighbourhood. He advised that the premises in question were situated in the upper North West end of Millarston. Although situated in the Ward of Millarston and Lounsdale the adjoining areas of Meikleriggs and Brediland would be the most immediate areas that the pharmacy would serve.

The boundaries of the neighbourhood were in Mr Salwan’s opinion:

North: Main Road, Ferguslie;
 East: Maxwellton Street going up Corsebar Road;
 South: Stanely Road to Brediland Road; and
 West: Dee Drive to Fulbar Road.

He advised that the neighbourhood consisted of various neighbourhood facilities such as schools, shops, a post office, community centre, allotments, nursery, kids play area, public houses, a bowling green, sports fields, tennis courts and a petrol station.

Mr Salwan then went on to give details around the population and new developments within the area. He advised that the population within his defined neighbourhood had risen sharply in the last 20 years. A major development known as The Moorings was completed in the 1990s and currently Barratts had finished a large development on the former St Mirins High School which was 95% full. The homes had been developed for families. Between 1981 and 2001 the population of Lounsdale and Millarston alone increased by 19.3%.

Mr Salwan’s neighbourhood incorporated the ward of Lounsdale and Millarston of which the population was 4,537. It also comprised most of the ward of Brediland which had a population of 3,952. These statistics helped demonstrate the size of this large residential and built up area. Mr Salwan then went on to provide statistics of the area as compared with the Scottish average.

	Scotland	Lounsdale & Millarston	Brediland
Economically inactive	7.44%	9.8%	5.4%
Long term illness	20.31%	15%	20.10%
Homes rented from council	21.57%	14.4%	44.5%
No car	34.23%	26.6%	43.9%
One car	43.35%	47.6%	40.9%
Two cars	18.62%	18.2%	13.2%

The Carstairs score which is a national index measuring the level of deprivation in an area using data from Census statistics were:

Lounsdale and Millarston -2.32% and Brediland 3%. A positive figure suggests a high amount of deprivation in an area.

Mr Salwan explained that currently in his neighbourhood there were no pharmaceutical services. Residents had to travel outwith their area to access pharmaceutical services. There was a problem in the area regarding ease of access to pharmaceutical services and his pharmacy in Elderslie had had numerous requests from residents in this

neighbourhood to offer collection and delivery services. Mr Salwan did have letters of support for this, but had chosen not to submit these to the Committee. Mr Salwan advised that supervised methadone was another issue in the area. There appeared to be a lack of available spaces, especially for drug users in the Brediland area. Mr Salwan advised that this had been confirmed by the Renfrew Drug Problem Service and that his pharmacy at Elderslie served methadone clients from Brediland and Millarston.

Mr Salwan advised that it had been proven in previous contracts awarded that nothing could rival a neighbourhood having its own local community pharmacy to provide dedicated pharmaceutical provision through healthcare advice to the neighbourhood residents. The new pharmacy contract focussed on pharmacists providing pharmaceutical care rather than depending solely on the supply function. The new contract advocated that patients should be readily able to access their pharmacist in the pharmacy for advice. The focus on local care was reinforced in the Scottish Government's "Delivering for Health" 10 year plan, which stated clearly the desire of the Scottish Government for pharmacies to provide preventative health care advice in the heart of the local community it serves and that this advice should be provided in modern, well equipped, easily accessible premises.

Mr Salwan believed that the neighbourhood had more than enough population for the pharmacy to improve on current and future new pharmacy contract services e.g. EMAS, public awareness campaigns, chronic medication service, acute medication service, assessing compliance aid needs, diagnostic services such as blood pressure monitoring and diabetes testing, increasing places for methadone supervision, supply of ostomy products, supplementary prescribing clinics, oxygen provision, nicotine replacement therapy, head lice services, model schemes and palliative care services.

Mr Salwan advised that no planning consents or building warrants were required for the 800 sq feet pharmacy. He had negotiated a 10 year lease with rent review in year three and a break option in year five. The shop would be fitted out by a specialist pharmacy shop fitting company and would adhere to all Society guidelines and current Disability Discrimination Act requirements. The shop had an electricity and gas supply with clean running water. Ample well lit parking was available outside the unit.

Mr Salwan believed that the current pharmaceutical services provided in the neighbourhood were inadequate as there was no pharmacy in the neighbourhood. Mr Salwan suggested that even if the Committee thought that the pharmaceutical provision was borderline then as he had explained before the area had a large population and there was therefore a desirability to grant this contract.

There were no questions to the Applicant from the Interested Parties.

The PPC Question the Applicant

In response to questioning from Mr Fergusson, the Applicant advised that his population statistics were from May 2004. He further confirmed that he was not aware of the detailed plans for the flats in the area, but was aware that they were to be demolished for housing.

In response to questioning from Mrs Roberts, the Applicant confirmed that he was unsure of the time span between demolition and rebuild. He confirmed that this was not imminent.

In response to further questioning from Mrs Roberts, the Applicant advised that his pharmacy in Elderslie provided services to many methadone patients from the neighbourhood in which the proposed premises were situated as well as from the wider area of Paisley. Currently the Elderslie pharmacy dealt with 60 methadone patients.

In response to questioning from Mr Gillespie, the Applicant confirmed that the south boundary of high neighbourhood was Brediland Road and Stanely Avenue.

In response to questioning from Mr Daniels, the Applicant confirmed that he had not had the chance to submit the letter of support mentioned in his initial application form. He advised that it was difficult to obtain up to date information and he had other priorities which had occupied his time. He apologised to the Committee for this omission.

In response to questioning from Mrs Lynch, the Applicant confirmed that he had appointed a pharmacist for the proposed pharmacy. The pharmacist was currently working at his Elderslie Pharmacy.

In response to further questioning from Mrs Lynch, the Applicant advised that his patients would come from the GP practices in Paisley. There were around eight or nine practices from which his patients would be derived. He confirmed that they would travel to the pharmacy on foot or by public transport or bike. He confirmed that there was a bus stop outside the proposed premises but that this was for travelling in to Paisley. The nearest bus stop for those travelling in the other direction was situated at George Street/Canal Street. He advised that in his opinion this was a 5-10 minute walk from his proposed premises.

There were no questions to the Applicant from the Chair.

The Interested Parties' Case – Mr Jasvinder Shergill (Foxbar Pharmacy)

Mr Shergill advised the Committee that his pharmacy was within the boundary of what he would consider was the neighbourhood to be served by the Applicant's proposed premises. He further advised that the GP practices in Paisley were served by several pharmacies close to the centre. There was no GP surgery within a considerable walking distance

from the proposed premises, while the pharmacy at Asda was within walking distance. He did not believe the application to be necessary or desirable.

The Applicant Questions Mr Shergill

In response to a question from the Applicant around whether it was reasonable to expect patients from Millarston to walk to Foxbar Pharmacy to access services, Mr Shergill countered that neither was it reasonable to ask patients to travel from Brediland to Millarston.

In response to further questioning from the Applicant, Mr Shergill confirmed that he provided a collection and delivery service to patients within the boundaries identified by the Applicant. He further confirmed that Foxbar did not provide a supervised methadone service.

In response to further questioning from the Applicant, Mr Shergill confirmed that he was not aware of the population of Millarston/Brediland/Foxbar. In response to the Applicant's assertion that the population was 9,000, Mr Shergill advised that he could neither agree nor disagree with the Applicant's assertion that he could provide this population with a full pharmaceutical service as he was not familiar with the figures. He reiterated that there was already a pharmacy serving this population and that a further pharmacy could affect its viability. A further pharmacy was not needed.

The Interested Parties Question Mr Shergill

In response to questioning from Mr Nathwani, Mr Shergill confirmed that Foxbar Pharmacy was not at capacity. There was scope to provide services to additional patients.

The PPC Question Mr Shergill

In response to questioning from Mr Fergusson, Mr Shergill confirmed that Foxbar Pharmacy provided a collection and delivery service which was administered by a company who collected prescriptions from GP practices.

In response to a suggestion from Mrs Roberts that not being at full capacity and not taking part in the methadone scheme could be interpreted as inadequacy, Mr Shergill advised that a nearby pharmacy (Glenburn Pharmacy) participated in the supervised methadone programme and he did not feel as though a further one was needed.

In response to further questioning from Mrs Roberts, Mr Shergill advised that the patients registered at the nearest GP practices were currently attending Asda, Lloyds or Parkinsons.

In response to questioning from Mrs Lynch, Mr Shergill advised that his patients were currently drawn from Foxbar, Lounsdale, George Street

and Maxwellton Court.

There were no questions to Mr Shergill from Mr Daniels, Mr Gillespie or the Chair.

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

Mr Nathwani thanked the Committee for allowing Lloydspharmacy to present their case. He advised that he found the Applicant's case very difficult to argue as he had not defined a neighbourhood. He had also presented little evidence to support his contention that the current network was inadequate. He pointed to the Applicant's assertion that supporting evidence would follow and advised that in the absence of this, there was little argument he could put forward to the Applicant's case.

Mr Nathwani described Lloydspharmacy's neighbourhood as:

North: the A737;
West: Linwood Road;
South: A761 – Canal Street;
East: B7050

He advised that Lloydspharmacy's neighbourhood was similar to that defined by the NHS Greater Glasgow and Clyde Area Pharmaceutical General Practitioner Subcommittee.

Mr Nathwani advised that within this neighbourhood there were currently two pharmacies: Asda and Lloydspharmacy. These pharmacies offered good access to premises that were DDA compliant, had ample parking and longer opening hours. Lloydspharmacy provided no less services than the Applicant intended to provide including MDUS trays. They also had methadone spaces. Mr Nathwani advised that there was no inadequacy in the area and the application should fail.

The Applicant Questions Mr Nathwani

In response to questioning from the Applicant, Mr Nathwani, confirmed that Lloydspharmacy's north boundary was the A737. This was a natural boundary. He could not say whether the residents living in Murray Street would consider themselves neighbours of Stanely Road and that there was no distinct difference in housing in the immediate vicinity.

In response to further questioning from the Applicant, Mr Nathwani advised that Lloydspharmacy had spaces for methadone patients in all their pharmacies in Paisley. He could not say why the Applicant received requests for spaces at his Elderslie pharmacy. He proffered that this might be because many methadone patients did not like to use

pharmacies within their own neighbourhood, preferring to travel to other pharmacies.

In response to final questioning from the Applicant, Mr Nathwani advised that the population in the Ferguslie area was approximately 6,500 and that an additional contract would have a material effect on the current network. Lloydspharmacy was close to the main surgery in the area and there were no waiting times in the pharmacy. There was no inadequacy.

There were no questions to Mr Nathwani from the other Interested Parties.

There were no questions to Mr Nathwani from the Committee.

The Interested Parties Sum Up

Mr Shergill advised the Committee that the proposed site was near to other pharmacies. There was no need for a further contract. Plenty of people passed Foxbar Pharmacy and the area was well covered by general pharmaceutical services.

Mr Nathwani advised the Committee that he found this a difficult case to argue, but felt that it was neither necessary nor desirable for a further contract to be granted for the Applicant's proposed premises.

The Applicant Sums Up

Mr Salwan advised the Committee that the collective population for his neighbourhood seemed to be about 7,500. Currently there was no pharmacy in this neighbourhood. There was an inadequacy in provision as shown by the problem with the lack of methadone spaces. He had elicited support from the Renfrew Drug Problem Service. A further pharmacy would alleviate problems current and future. The Applicant believed another pharmacy in the area was going to add to the quality of current services provided by other pharmacies by increasing levels of service, competition and choice. His pharmacy would solely concentrate on the identified neighbourhood, thereby providing a dedicated personal service for these residents only available from a community pharmacy. Mr Salwan believed that the new pharmacy would not affect the viability of other pharmacies, because the population as shown in the statistics was large. He felt that he had proven the legal test that there was inadequacy in the area.

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.

The PPC took into all 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;
- b) The Greater Glasgow Area Pharmaceutical Committee (General Practitioner Sub-Committee);
- c) The Greater Glasgow Area Medical Committee (GP Sub-Committee).

The Committee also considered;-

- d) The location of the nearest existing pharmaceutical services;
- e) Demographic information regarding Ferguslie, Foxbar and Elderslie; and
- f) NHS Greater Glasgow and Clyde plans for future development of services.

DECISION

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 the various neighbourhoods put forward by the Applicant, the Interested Parties, and the GP Sub-Committee. Taking all information into consideration, the Committee considered that the neighbourhood should be defined as follows:

North: the railway;
West: the A761 – Linwood Road, Fulbar Road, Dee Drive;
East: Lounsdale Road, Maxwellton Street, George Street to the B7050;
and
South: Brediland Road to its meeting with Lounsdale Road.

The Committee felt that this was distinct neighbourhood. The A761 was a trunk road which formed the main arterial route into Paisley centre. The area to the north of this road was different in nature both in social and residential terms. To the west of Fulbar Road lay a golf course, which formed a natural boundary. The area within these boundaries was, in the Committee's opinion a neighbourhood for all purposes. It contained schools, business, churches and residential

areas.

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 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.

Within the neighbourhood as defined by the PPC there were no existing pharmacies. The nearest pharmacies were situated to the north and the south. The Committee noted that both pharmacies were central to areas of population and offered satisfactory access to pharmaceutical services within their neighbourhoods. The Committee noted that the Applicant's proposed premises were situated on the main arterial route into Paisley. They did not consider that a pharmacy at this site would improve pharmaceutical services for the neighbourhood. Adequate services were provided by the existing network at places that were convenient to the neighbourhood and which they visited as part of their normal day to day activities.

The Committee did not feel that the Applicant had demonstrated inadequacy.

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

In accordance with the statutory procedure the Chemist Contractor Member of the Committee Colin Fergusson and Board Officers were excluded from the decision process:

DECIDED/-

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

The Chemist Contractor Member of the Committee Colin Fergusson and Board Officers rejoined the meeting at this stage.

5. ANY OTHER COMPETENT BUSINESS

**Contractor
Services
Supervisor**

The Chair advised the Committee that several members had attended the training organised by the National Appeals Panel on 11th October 2007. In response to questioning from the Chair, the Chair of the National Appeals Panel had undertaken to look into providing NHS Boards with explanation on the occasions where the Chair of the Panel determined that an appeal should be considered by oral hearing.

The Chair advised that this was an important concession by the National Appeals Panel and asked the Committee to support Mrs Glen in ensuring that all future notifications were accompanied by sound and clear reasoning.

AGREED/-

6. DATE OF NEXT MEETING

Scheduled for Tuesday 30th October 2007 at 12.30pm. Venue to be confirmed.

The Meeting ended at 4.40p.m.

NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (17)
Minutes of a Meeting held on
Tuesday 30th October 2007
Meeting Room, LMC Offices, 40 New City Road
Glasgow, G4

PRESENT:	Andrew Robertson	Chair
	Alan Fraser	Lay Member
	Professor J McKie	Deputy Lay Member
	Dr James Johnson	Non Contractor Pharmacist Member
	Alasdair McIntyre	Contractor Pharmacist Member
	Kenny Irvine	Deputy Contractor Pharmacist Member
IN ATTENDANCE	Trish Cawley	Contractor Services Supervisor
	Robert Gillespie	Lead – Community Pharmacy Development
	Janine Glen	Contracts Manager – Community Pharmacy Development

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 David Thomson.

2. ANY OTHER BUSINESS NOT INCLUDED IN AGENDA

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

Section 1 – Applications Under Regulation 5 (10)

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

Case No: PPC/INCL18/2007

Mr Neeraj Salwan – 125 Robroyston Road, Glasgow G33 1HT

The Committee was asked to consider an application submitted by Mr Neeraj Salwan, to provide general pharmaceutical services from

ACTION

premises situated at 125 Robroyston Road, Glasgow G33.1 under Regulation 5(10) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 1995 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 Mr Salwan, agreed that the application should be considered by oral hearing.

The hearing was convened under paragraph 2(2) of Schedule 3 to the National Health Service (Pharmaceutical Services) (Scotland) Regulations 1995 as amended ("the Regulations"). In terms of this paragraph, the PPC "shall determine an application in such a manner as it thinks fit". In terms of Regulation 5(10) of the Regulations, the question for the PPC is whether "the provision of pharmaceutical services at the premises named in the application is necessary or desirable to secure adequate provision of pharmaceutical service in the neighbourhood in which the premises are located by persons whose names are included in the Pharmaceutical List."

The Applicant was represented in person by Mr Neeraj Salwan ("the Applicant") assisted by Mr Harminder Shergill. The interested parties who had submitted written representations during the consultation period, and who had chosen to attend the oral hearing were Mr Colin Fergusson (Colin Fergusson Pharmacy), Ms Gillian Tarbet (D G Tarbet Pharmacy) and Mr Gerry Hughes (NHS Greater Glasgow & Clyde Area Pharmaceutical General Practitioner Subcommittee).

Prior to the hearing, the Panel had collectively visited the vicinity surrounding 125 Robroyston Road, Glasgow G33.1, the pharmacies, GP surgeries and facilities in the immediate neighbourhood, and the wider areas of Barmulloch, Royston, Wallacewell Road and Red Road Flats.

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

The Applicant's Case

Mr Salwan commenced his presentation by apologising to the Committee for not submitting the covering letter mentioned in his initial application. He then went on to describe the neighbourhood in which the proposed premises were situated. He advised that the premises in question were located in the lower South East part of Barmulloch. He

opted to describe the neighbourhood as that of Wallacewell South and the neighbourhood known as as Barmulloch.

The boundaries of the neighbourhood were in Mr Salwan's opinion:

North: Wallacewell Road;
 East: Hillhead Road, going down Standburn Road and Robroyston Road;
 South: the M80 and the rail track;
 West: Broomfield Road.

He advised that this was a distinct neighbourhood in its own right and consisted of facilities and amenities that the residents of Barmulloch would use on a daily basis, some of which were: schools, playgrounds, parks, a college, shops, a community centre and a library.

There would be a crossover of use for some of these facilities with surrounding areas, but on the whole they were to be found in Barmulloch and used mainly by the residents that stay there.

Mr Salwan advised that there were a number of new and proposed residential developments within a one mile radius of the proposed site. The list of developments was relatively long and the Applicant chose to provide details of only the nearest ones, which were:

Location	Status	Capacity	Total Complete
Standburn Road/Wallacewell Road	218 potential	218	0
Rye Road	Under construction	66	52
Broomfield Road/Cardow Road/Birnie Road	200 potential	200	0
Robroyston Road	Under construction	138	39
Robroyston Road	Under construction	122	4
Rye Road/Ryehill Road	135 planning granted	135	Jan 08
Torryburn/Berryburn/Scotsburn Road	Planning granted	135	0

In summary there would be 326 new houses completed shortly with another 553 potential houses to be erected in the Applicant's defined neighbourhood which would be a mixture of local housing association and private build. By applying an average occupancy of 3 per household, this would give a potential increase in population of 1,000 with a further 1,659 expected, which could take the population increase to 2,659.

The Applicant felt that this increase could put a strain on pharmaceutical services being currently offered and that an additional pharmacy would help alleviate any increase in demand on these services. The opening of a new local pharmacy was not to undermine the current provision of pharmacy services in the area but in fact to augment, support and improve current services available to the people of that area. It was for these reasons that the Applicant believed the viability of other pharmacies in surrounding areas would not come into question.

Mr Salwan explained that a significant part of the population was made up of those elements that would benefit from the eMAS service i.e. 24% pensioners and 26% under 18. Mr Salwan contended that an additional pharmacy would be a vital resource to the neighbourhood in the light of the shifting focus in pharmacy from volume dispensing to the provision of healthcare services.

The large elderly population would, in the Applicant's opinion benefit from the services that he planned to offer: eMAS, collection and delivery, Chronic Medication Service (CMS), warfarin clinic, medicines review and blood pressure checking.

Mr Salwan provided other statistics including: the percentage of long term ill persons in the neighbourhood was 30% as compared to a Scottish average of 20.31%; the percentage of provision of care providing over 50 hours to the long term ill was 16%, compared to a Scottish average of 2.89%; the percentage of houses rented was 55% as opposed to a Scottish average of 34%; the percentage of households with no car was 64%, as opposed to a Scottish average of 34%; the percentage of lone parent households with dependent children was 65%, as opposed to a Scottish average of 6.91%.

Mr Salwan advised that these statistics painted a picture of low income and high mortality which was backed up by a higher than average Carstairs rating of 8.31% which was a score for deprivation in an area taken from 2001 Census data.

The Scottish Index of Multiple Deprivation (SIMD) which Mr Salwan explained was a scoring system that took 6,500 data zones in Scotland with 700 households in each and measured a set of indicators and scores each so that 1 was the lowest or worst area and 6,500 was the highest or best area in Scotland. The SIMD scores for Barmulloch were: general – 563, income – 107 and health – 102. This put the area within the 10% most deprived areas in Scotland.

Mr Salwan considered that he had demonstrated that the neighbourhood would highly benefit in terms of healthcare provision within a community pharmacy setting to offer new pharmacy contract services and additional services such as family planning.

Mr Salwan advised that currently in his neighbourhood there were no pharmaceutical services. Residents had to travel out-with their area to

access such services. A representative from the Glasgow Drug Addiction Service had advised that for the G33 post-code area there was currently over 10% of the 336 allocated supervised methadone spaces available therefore another pharmacy would help fill this under provision.

Mr Salwan advised that no planning consents or building warrants were required for the 800 sq ft pharmacy, which would be available within six weeks. The Applicant had negotiated a 10 year lease with rent review in year three and a break option in year five. The shop would be fitted out by a specialist pharmacy shop fitting company who would adhere to all Society guidelines and current disability discrimination Act requirements. Ample well lit parking was available outside the unit.

Mr Salwan considered that the current pharmaceutical services provided in his neighbourhood were inadequate as there was no pharmacy in the neighbourhood. Even if the Board thought that the pharmaceutical provision was borderline then as he had previously explained with the large population and potential increase in population there was a desirability to grant the contract.

The Interested Parties Question the Applicant

In response to questioning from Mr Hughes, the Applicant confirmed that the Glasgow Addiction Service had advised that if a pharmacy were to open in the area there would be methadone clients who would utilise the services.

In response to questioning from Mr Fergusson, the Applicant confirmed that 135 of the residences at Rye Road would be built by Glasgow Housing Association. He agreed that the new development at Scotsburn Road could result in car ownership within the area increasing due to the type of housing; however he believed that the current pharmacy service would still be inadequate for those residents who did not have access to a car. He further agreed that the replacement of the four storey flat could result in a decrease in population depending on the type of dwellings built, but reiterated that at this point this was unknown.

There were no questions to the Applicant from Ms Tarbet.

The PPC Question the Applicant

In response to questioning from Dr Johnson, the Applicant disagreed with the assertion that there was little difference between the two sides of Wallacewell Road. He asserted that the area north of Wallacewell Road was distinct from that to the south.

In response to further questioning from Dr Johnson, the Applicant advised that the levels of ill health and deprivation outlined in his presentation were not merely claims, but were supported by statistical evidence. He did not agree with Dr Johnson's suggestion that the number of GP practices was low if the area was as deprived as the

Applicant contended. He advised that the number of GP practices was comparable to other areas with similar deprivation and illness rates.

In response to questioning from Mr MacIntyre, the Applicant confirmed that he was aware that some of the services mentioned in his presentation could only be offered if commissioned by the Health Board and that some were outwith the scope of the pharmacy contract. He further confirmed that he was aware that he may not receive payment for some of the services he intended to provide.

In response to further questioning from Mr MacIntyre, the Applicant confirmed that he considered the granting of the contract to be necessary as currently there was no pharmaceutical service in the neighbourhood.

In response to final questioning from Mr MacIntyre, the Applicant advised that the walkway to the South of his proposed premises was a significant barrier to access. This would be exacerbated during dark nights and he did not consider it to be the best way for the elderly to travel.

In response to questioning from Professor McKie, the Applicant advised that there was diffused lighting along the walkway. He further confirmed that in his opinion those resident to the south of Quarrywood Road would currently access services in the Square. He also confirmed that he was not familiar with the bus routes in the area.

In response to final questioning from Professor McKie, the Applicant confirmed that there were 326 new houses coming to completion in the area, with a further potential for 553.

In response to Mr Fraser's suggestion that housing in the area would be replaced by lesser density housing and that his suggested increase in population was excessive, the Applicant advised that even if he reduced the occupancy level on which the calculation was based, this would still lead to a significant increase in population.

In response to questioning from Mr Irvine, the Applicant confirmed that the population statistics mentioned during his presentation were related to Wallacewell South only. He also agreed that his proposed premises were situated on the periphery of the neighbourhood as he had defined. He confirmed that those residents to the north-west of his neighbourhood would access services along Wallacewell Road. He had tried to secure premises in Quarrywood Road, however he had been unsuccessful. He confirmed that residents in some parts of his neighbourhood may currently access services in other areas.

There were no questions to the Applicant from Mr Gillespie or the Chair.

The Interested Parties' Case – Mr Colin Fergusson (Colin Fergusson Pharmacy)

Mr Fergusson advised the Committee that the neighbourhood he considered would be served by the Applicant's proposed premises was outlined in yellow on the map he had provided for this purpose. His neighbourhood was:

North: Auchinairn Road;
East: Standburn Road to Robroyston Road;
South: the M80 motorway; and
West: Broomfield Road.

He contended that his pharmacy situated on Wallacewell Road served this neighbourhood. He appreciated that his definition took in the area of Auchinairn and that some of those resident would access services at Auchinairn Pharmacy. Within this area there was a church, schools, community hall and shops.

Mr Fergusson advised that 60% of patients served by his pharmacy came from the Barmulloch area and 40% to the north. Within the neighbourhood Glasgow Housing Association showed that there were 1,200 homes. This equated to 55% of the housing population. Major works were being undertaken to upgrade the housing stock and some of the four storey tenement flats were being demolished to be replaced with single unit and two storey houses.

Mr Fergusson advised that his pharmacy provided a collection and delivery service. He conducted house visits and was taking part in the Keep Well initiative. He was of the opinion that an additional contract in the area would affect certain aspects of the pharmaceutical provision offered by the current network. **He contended that there were currently two pharmacies in the area where the population had actually decreased around Bucksburn Road and Scotsburn Road.**

Mr Fergusson suggested there was no evidence of inadequacy. Mr Fergusson's pharmacy currently provided methadone supervision services to 25 patients and was willing to accept more. No patient had been refused.

The Applicant Questions Mr Fergusson

In response to a question from the Applicant, Mr Fergusson advised that he did not consider that a pharmacy in the Applicant's definition of neighbourhood would be viable, while the population within the two neighbourhoods (the Applicant's and Mr Fergusson's) was approximately 5,000 and was already served by the existing pharmacy network.

In response to further questioning from the Applicant, Mr Fergusson advised that his pharmacy in Wallacewell Road did provide services to some residents west of Broomfield Road, however most of these residents would normally access the pharmacies in Springburn. He reiterated that there was only one GP practice in the area defined by

the Applicant.

In response to further questioning from the applicant, Mr Fergusson confirmed that there were several four storey homes in the Barmulloch area. He further confirmed that he had tried providing services after 1.00pm on Saturdays; however there had been little demand.

There were no questions to Mr Fergusson from the other Interested Parties.

The PPC Question Mr Fergusson

In response to questioning from Dr Johnson, Mr Fergusson asserted that the residents of the Red Road flats would access GP services in Springburn or Townhead.

In response to further questioning from Dr Johnson, Mr Fergusson advised that his understanding of the comments made by the Applicant around methadone services was that if a pharmacy opened in the area it would attract methadone patients. He did not consider that the Glasgow Addiction Service was highlighting a problem in the area.

In response to questioning from Mr MacIntyre, Mr Fergusson advised that he considered his pharmacy in Wallacewell Road to be currently serving the same population as that defined by the Applicant.

In response to questioning from Professor McKie, Mr Fergusson advised that there was a bus route along Quarrywood Road.

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

The Interested Parties' Case – Mr Gerry Hughes (NHS Greater Glasgow & Clyde Area Pharmaceutical General Practitioner Subcommittee)

Mr Hughes advised the Committee that he was representing the GP Subcommittee who had previously defined a neighbourhood within which they considered was no unmet need. There were five existing pharmacies within a one-mile radius of the Applicant's proposed premises. While one of these was on the other side of a motorway, the existence of a walkway meant that in reality the distance between the two was approximately 400 yards. The population did not have barriers to the access to general pharmaceutical services. There was no unmet need and therefore no desirability for a contract.

There were no questions to Mr Hughes from the Applicant or the other Interested Parties.

The PPC Question Mr Hughes

In response to questioning from Dr Johnson, Mr Hughes advised that he felt there was no unmet need in the area regardless that there was no pharmacy in the neighbourhood. The nearest pharmacy was situated only some 400 yards from the Applicant's proposed premises and there were no barriers to be taken into consideration.

In response to questioning from Mr MacIntyre, Mr Hughes confirmed that the northern boundary identified by the GP Subcommittee was incorrect and that it should be shown as Wallacewell Road.

There were no questions to Mr Hughes from Professor McKie, Mr Gillespie, Mr Fraser, Mr Irvine or the Chair.

The Interested Parties' Case – Ms Gillian Tarbet (D G Tarbet Pharmacy)

Ms Tarbet advised the Committee that the boundaries to the neighbourhood served from her pharmacy were:

North: Quarrywood Road;
South: the M8 motorway;
West: Broomfield Road; and
East: Auchinleck Road

She advised that there had been no problems in patients travelling from Zena Street and Winifred Street to her pharmacy, which could be accessed by a five minute walk. There was also a reliable bus service.

She advised that her pharmacy had not turned down any methadone patients and they delivered dosette boxes. They provided smoking cessation services and serviced a nursing home. Most of the time there were two pharmacists on the premises so that patients who wished to discuss issues had access to advice without the pharmacist being taken away from the counter to oversee dispensing. The Pharmacy took part in the Keep Well Initiative. They provided a good level of service with no waiting times. They had opted to close on a Saturday, but this was because there was little demand for service and mostly the activity had been taken up with methadone patients and paperwork. Ms Tarbet considered there was no need for a further pharmacy.

The Applicant Questions Ms Tarbet

In response to questioning from the Applicant, Ms Tarbet confirmed that she served the population north of the south boundary defined by the Applicant. She confirmed that she did not serve many people from the area north of Quarrywood Road as she considered that they would be more likely to access services at Wallacewell Road.

In response to further questioning from the Applicant, Ms Tarbet disagreed that having two pharmacists in her pharmacy was a luxury.

She explained that she had taken the decision to employ a further pharmacist as an investment in her business so that she could better serve the population and allow her more time to provide services to patients such as advice without having to rush. She considered this an investment in her business. She also confirmed that her pharmacy was closed at lunchtime. She did not consider that there was an unmet need in the area during this time.

The Interested Parties Question Ms Tarbet

In response to questioning from Mr Hughes, Ms Tarbet confirmed that there was a GP surgery directly across from her pharmacy. She advised that she served most of the patients on the practice's list. She further confirmed that she considered her pharmacy to be less than a five minute walk from the Applicant's proposed premises.

There were no questions to Ms Tarbet from Mr Fergusson.

The PPC Question Ms Tarbet

In response to questioning from Mr MacIntyre, Ms Tarbet confirmed that the lighting on the walkway was normal street lighting. She agreed that the lighting could be improved.

In response to questioning from Professor McKie, Ms Tarbet confirmed that prior to the construction of the motorway both sides of Robroyston Road had belonged to the same community. The styles of housing were the same.

In response to questioning from Mr Fraser, Ms Tarbet advised that approximately 15-20% of the patients served by her pharmacy came from the area north of the M80. She advised that they accessed the pharmacy either on foot or by public transport. Ms Tarbet explained that there was a significant sense of community in the area which had a high level of elderly residents and families.

In response to questioning from Mr Irvine, Ms Tarbet agreed that her premises were quite small and that she had made attempts to increase the space. She had attempted to purchase the unit next door, however this sale had not materialised as the unit was only available as a Post Office. She advised that there was additional space upstairs which was used in the provision of services to nursing homes and to make up dosette boxes.

There were no questions to Ms Tarbet from Dr Johnson, Mr Gillespie or the Chair.

The Interested Parties Sum Up

Mr Fergusson advised the Committee that the patients in the area were well served. They had access to a good adequate service

including collection and delivery. There was an adequate bus service in the area. The population had decreased. He contended that the granting of the application may affect the type of services offered in the area. He further advised that he had retained his Pre-registration pharmacist as an investment in the services to be provided under the pharmacy contract. The application in his opinion was not necessary or desirable.

Mr Hughes advised the Committee that there was no need for a pharmacy in this area. He acknowledged the services that were on offer from the current pharmacies and the distances involved. He did not consider the M80 to be a significant boundary. There was no unmet need and therefore there was no need for a further pharmacy.

Ms Tarbet advised that her pharmacy provided a good service to the population. There were no gaps in this service and she did not consider that the population was looking for anything they couldn't get. There was no need for a further pharmacy.

The Applicant Sums Up

Mr Salwan advised the Committee that he had tried to demonstrate to the best of his abilities the real need for a community pharmacy in his neighbourhood and in doing so had satisfied the NHS legal test for the granting of a pharmacy contract. He asserted that an inadequacy had been shown as he believed that there was currently no pharmaceutical provision in his defined neighbourhood. The local residents would definitely benefit from a new pharmacy in the area particularly those who used pharmacy services the most e.g. children and the elderly. It was for these reasons that he asked the Board to agree and to grant the contract.

Before the Applicant and the Interested Parties left the hearing, the Chair asked them to confirm that they had had a full and fair hearing. All confirmed that they had.

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.

The PPC took into all 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;
- b) The Greater Glasgow Area Pharmaceutical Committee (General Practitioner Sub-Committee);
- c) The Greater Glasgow Area Medical Committee (GP Sub-Committee).

The Committee also considered;-

- d) The location of the nearest existing pharmaceutical services;
- e) Demographic information regarding post-code sectors G21.4 and G33.1
- f) NHS Greater Glasgow and Clyde plans for future development of services; and
- g) Maps tabled by the Applicant and Mr Fergusson showing their respective definitions of the neighbourhood to be served by the Applicant's proposed premises.

DECISION

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 the various neighbourhoods put forward by the Applicant, the Interested Parties, and the GP Sub-Committee. Taking all information into consideration, the Committee considered that the neighbourhood should be defined as follows:

North: Wallacewell Road travelling to Standburn Road;

East: Standburn Road, moving across the roundabout at Saughs Road to Robroyston Road;

South: Robroyston Road across Royston Road to Greenside Street back to Royston Road; and

West: Royston Road to Broomfield Road, along its length to its meeting with Wallacewell Road.

The Committee felt that this was a distinct neighbourhood. The area to the north of Wallacewell Road, while predominantly of a similar housing stock was identified with the Auchinairn area and not the area of Barmulloch to the south. The housing and topography to the east of Standburn Road was entirely different as it comprised a high percentage of private housing and also a large supermarket facility. The Committee did not consider the M80 to be a significant barrier as there was a footbridge within the immediate vicinity of the Applicant's proposed premises that allowed access across the road to the area of

Royston to the south. Prior to the construction of the motorway this had been a single community, which continued to function as such with the benefit of the connecting facility of the walkway. Broomfield Road was, in the Committee's opinion a boundary in that the housing to the west of this was different as was the demographic composition.

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 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.

Within the neighbourhood as defined by the PPC there were two existing pharmacies. These pharmacies provided the full range of pharmaceutical services including supervised methadone and domiciliary oxygen. The Committee considered that the level of existing services ensured that satisfactory access to pharmaceutical services existed within the defined neighbourhood. The Committee therefore considered that the existing pharmaceutical services in the neighbourhood were adequate.

The Committee did not feel that the Applicant had demonstrated inadequacy and had in fact accepted during his presentation that the current network provided adequate services. The Committee noted the Applicant's claims that the potential increase in population resulting from the various new developments would place additional strain on the current service. The Committee were mindful that much of the development related to the replacement of tenement style housing with lower density single unit housing, which could change the demographics of the neighbourhood. The Committee had heard no evidence to suggest that the existing network would not be able to cope with any changes resulting from the various developments which were due for completion in the near future.

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

In accordance with the statutory procedure the Chemist Contractor Members of the Committee Alasdair MacIntyre and Kenny Irvine and Board Officers were excluded from the decision process:

DECIDED/-

The PPC was satisfied that the provision of pharmaceutical services at

Contractor

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

**Services
Supervisor**

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

5. ANY OTHER COMPETENT BUSINESS

There was no other competent business.

6. DATE OF NEXT MEETING

Scheduled for Wednesday 7th November 2007 at 12.30pm in the Board Room, Ross House, Hawkhead Road.

The Meeting ended at 4.20p.m.

NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (18)
Minutes of a Meeting held on
Wednesday 7th November 2007
Board Room, Ross House, Hawkhead Road,
Paisley, PA2 7BN

PRESENT: Mrs Agnes Stewart Chair
William Reid Deputy Lay Member
Peter Daniels Deputy Lay Member
Dr James Johnson Non Contractor Pharmacist Member
Gordon Dykes Contractor Pharmacist Member
Scott McCammon Deputy Contractor Pharmacist Member

IN ATTENDANCE: Dale Cochran GPS Contract Assistant
Richard Duke Contracts Manager – Community Pharmacy
Development
Robert Gillespie Lead – Community Pharmacy Development
Janine Glen Contracts Manager – Community Pharmacy
Development

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

There were no apologies

2. MINUTES

The Minutes of the meeting held on Tuesday 16th October 2007 **PPC[M]2007/15** were approved as a correct record.

3. ANY OTHER BUSINESS NOT INCLUDED IN AGENDA

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

Section 1 – Applications Under Regulation 5 (10)

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

ACTION

Case No: PPC/INCL19/2007

Mr Neeraj Salwan, 3/5 Dunvegan Quadrant, Renfrew PA4 9BS

The Committee was asked to consider an application submitted by Mr Neeraj Salwan, to provide general pharmaceutical services from premises situated at 3/5 Dunvegan Quadrant, Renfrew PA4 9BS under Regulation 5(10) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 1995 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 Mr Salwan, agreed that the application should be considered by oral hearing.

The hearing was convened under paragraph 2(2) of Schedule 3 to the National Health Service (Pharmaceutical Services) (Scotland) Regulations 1995 as amended ("the Regulations"). In terms of this paragraph, the PPC "shall determine an application in such a manner as it thinks fit". In terms of Regulation 5(10) of the Regulations, the question for the PPC is whether "the provision of pharmaceutical services at the premises named in the application is necessary or desirable to secure adequate provision of pharmaceutical service in the neighbourhood in which the premises are located by persons whose names are included in the Pharmaceutical List."

The Applicant was represented in person by Mr Neeraj Salwan ("the Applicant"). The interested parties who had submitted written representations during the consultation period, and who had chosen to attend the oral hearing was Mr Andrew Mooney, (Alliance Pharmacy) assisted by Ms Alison Irving ("the Interested Parties").

Prior to the hearing, the Panel had collectively visited the vicinity surrounding the Applicant's premises, pharmacies, GP surgeries and facilities in the immediate neighbourhood, and the wider area around Kirklandneuk, Renfrew Town Centre, Braehead and Ferry Village.

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

The Applicant's Case

Mr Salwan commenced his presentation by thanking the Committee for

giving him the opportunity to present his case. He directed the Committee's attention to the additional information submitted in relation to the application and advised that this contained his neighbourhood. Mr Salwan advised that his neighbourhood was known as Kirklandneuk and could be found on the outskirts of Renfrew Town Centre.

He advised that he believed the neighbourhood should be defined as:

North: the southern boundary of Renfrew Golf Course;
East: Craigilea Road heading southwest at its junction with Porterfield Road;
South: South Porterfield Road;
West: The White Cart Water.

Mr Salwan advised that the neighbourhood had facilities consisting of: a school, a post office, a Community Centre which held mother and toddlers groups, lunch clubs for Kirklandneuk's elderly and various social functions etc, a hotel and shops. There was also a neighbourhood warden scheme in place which was set up for neighbourhoods only that require a presence to tackle vandalism of schools and housing and to act as a deterrent for crime.

Mr Salwan asserted that although the area may look small from a map, the true picture was that one walking around Kirklandneuk would see an area built up mainly of high density council homes and buildings. This was why the population was in the region of 2,700. Mr Salwan suggested that as the new Ferry Village expanded on the banks of the River Clyde on Kings Inch Road and the new houses were bought and occupied, this would put a strain on the resources of Renfrew Town centre. New housing had also been built in the Kirklandneuk area. With the major new development from Ferry Village the pharmacies in the area of Renfrew would be put under additional pressure and Mr Salwan believed that Kirklandneuk should have its own community pharmacy giving a dedicated service to its residents.

Mr Salwan advised that there was currently no healthcare resource in the area, therefore as he had mentioned earlier there could be no better time for the introduction of a community pharmacy located at the heart of the neighbourhood. With the new contract services and facilities community pharmacies could add tremendously to bettering the health of a community such as Kirklandneuk. Major new contract services that could contribute included: eMAS, independent prescribing, nicotine replacement therapy, head lice services for the local school, medicines reviews, compliance aids assessment and supervised methadone. In addition to these services, Mr Salwan was confident of adding: blood pressure checking, diabetes screening, oxygen provision, collection and delivery services, pregnancy testing and emergency contraception.

Mr Salwan asserted that there were four pharmacies in Renfrew congregated in the town centre and Paisley Road. He felt that parking could be a deterrent for those visiting these pharmacies for new services

such as eMAS. When a resident of Kirklandneuk wanted something for their cough or flu symptoms having to travel to one of the existing pharmacies meant either catching a bus or walking which was not ideal when they were looking for immediate help.

Mr Salwan's point was that it was not easy for this part of the population to have to travel outwith the Kirklandneuk neighbourhood to access health care advice. It had been proven on previous contracts that had been granted that nothing could rival a neighbourhood having its own local community pharmacy to provide dedicated pharmaceutical provision through healthcare advice to the neighbourhood residents. The new pharmacy contract focussed on pharmacists providing pharmaceutical care rather than depending solely on the supply function. The new contract advocated that patients should be readily able to access their pharmacist in the pharmacy for advice. The focus on local care was reinforced in the Scottish Government's "Delivering for Health" 10 year plan, which stated clearly the desire of the Government for pharmacies to provide preventative health care advice in the heart of the local community that it served and that this advice should be provided in modern, well equipped, easily accessible premises. Currently to access pharmaceutical services the population of Kirklandneuk had to drive, walk or take a bus.

Mr Salwan had noticed there was no Sunday pharmaceutical provision in Renfrew. He would now be opening on Sunday if there was a demand for this service. He had spoken to David Conlan from the Department of Housing and Regeneration at Renfrewshire Council, who confirmed that 90% of housing in Kirklandneuk was council housing and was of high density type. The general composition of the neighbourhood suggested one of high deprivation. Joan Adams, the lead drug worker supporting GP surgeries in Renfrew had confirmed that up to 50% of the methadone prescribed in Renfrew was for residents from the Kirklandneuk area. She also confirmed that demand for spaces was increasing every year and would increase four fold in the next four years. An additional pharmacy would obviously help the situation.

Mr Salwan advised that he had support from Renfrew Community Council. Representatives from Kirklandneuk sit on this council and air the views of residents via the Kirklandneuk Management Committee who run the Community Hall. As could be seen from the list of services mentioned earlier pharmacies in the modern age had a lot to offer enclosed neighbourhoods such as Kirklandneuk and being situated at the very centre of the community could offer a more dedicated one-to-one service to its residents than they currently enjoyed.

Mr Salwan advised that his pharmacy would be purpose built for all the new contract services planned and he would not have any issues complying with the premises planning as demanded by the Health Board in their recent circular in order to provide new contract services. He also intended to build a counselling room and treatment room for local nurses to hold clinics. There was ample and well lit parking outside.

Mr Salwan hoped the Committee agreed with him on the points made and grant the NHS pharmacy contract in order for him to serve the healthcare needs of this neighbourhood.

The Interested Party Questions the Applicant

In response to questioning from Mr Mooney, the Applicant advised that he considered the current pharmacy services in Renfrew to be inadequate for the Kirklandneuk neighbourhood as the demand for methadone had increased. He did not feel the current network was suitable as it required residents of Kirklandneuk to travel into town for services. He felt it more beneficial if they could access services nearer to their own neighbourhood.

In response to further questioning from Mr Mooney, the Applicant advised that he had arrived at his population statistics by taking the number of houses in the area (approximately 650) and applying an average occupancy rate of 4 per house. He had not had time to obtain accurate estimates from the population datazones. He conceded that the accurate population of the datazone covering the Kirklandneuk area was in the region of 1,500. He further advised that he felt Alliance Pharmacy to be a 10 minute walk from Porterfield Road.

In response to Mr Mooney's challenge that NHS finite resources should be centred in developing local services targeting local priority health areas through existing contractors rather than funding a new contract which could offer nothing new, Mr Salwan advised that the Board's first responsibility should be to ensure the provision of adequate pharmaceutical services to neighbourhoods.

In response to further questioning from Mr Mooney, the Applicant confirmed that Ferry Village was not included in his definition of neighbourhood. He advised that the importance of this new population was that it would access services from Renfrew town centre, which would place additional pressure on the facilities within that area.

In response to further questioning from Mr Mooney, the Applicant advised that he was unaware that there was parking facilities on High Street at Wallace Bar, which led to the Alliance Pharmacy.

In response to final questioning from Mr Mooney, the Applicant advised that he felt there was unmet need in Renfrew due to access to services. Elderly residents found it awkward to access services in the town centre. There was no Sunday provision at all. This was his personal opinion and he had no evidence to demonstrate unmet need. In response to Mr Mooney's question around whether he saw a difference between a need and a want (bearing in mind the support from the Community Council), the Applicant advised that there was a need for services in the Kirklandneuk area as at present there was no pharmaceutical provision in the neighbourhood at all.

The PPC Question the Applicant

In response to questioning from Dr Johnson, the Applicant confirmed that he had not yet organised any nurse input for the pharmacy. He envisaged that provision would come from the Royal Alexandra Hospital and would take the form of a walk-in clinic. He was not aware if this service was already being provided from the Health Centre. He suggested that the pharmacy could host nurse led clinics providing services such as dressings and cholesterol checking.

In response to further questioning from Dr Johnson that the apparent narrow roads and speed bumps in the area would make driving to the premises difficult, Mr Salwan asserted that he felt the majority of those visiting the pharmacy would be resident within the Kirklandneuk area and would travel on foot.

In response to questioning from Mr Reid, Mr Salwan advised that he intended to provide additional services such as anti-coagulation clinics and domiciliary oxygen amongst others.

In response to further questioning from Mr Reid, Mr Salwan confirmed that the parking for the pharmacy was not a dedicated allocation, but rather the general spaces provided outside the parade of shops. He further confirmed that he intended to provide an enclosed treatment room within the pharmacy which would be private and lockable, and that this was in addition to the counselling room mentioned in his presentation.

In response to final questioning from Mr Reid, Mr Salwan confirmed that Ferry Village was not within his identified neighbourhood. He further agreed that those buying houses in this area would most likely access the current network of pharmacies.

In response to questioning from Mr McCammon, Mr Salwan confirmed that his neighbourhood was the area generally known as Kirklandneuk. He had estimated there to be 650 houses in the area, which comprised high density council housing. He envisaged that his clientele would be derived from within the neighbourhood as opposed to attracting clientele from outside.

In response to further questioning from Mr McCammon, the Applicant confirmed that Sunday opening was not included in his original application that this had been added subsequent to the initial submission.

In response to a question from Mr Dykes around what his pharmacy would provide on a Sunday that the current pharmacies in Braehead Shopping Centre did not provide, Mr Salwan pointed out that his pharmacy would serve as an alternative to the current network.

In response to questioning from Mr Daniels, Mr Salwan advised that patients did not normally submit complaints about healthcare even when there was unmet demand. The non-existence of complaints did not mean the service in the area was adequate.

In response to further questioning from Mr Daniels, Mr Salwan agreed that residents from Kirklandneuk who shopped in Porterfield Road would be more likely to visit one of the current pharmacies. He did not agree that there had been no complaints because the population was happy with the current provision. He suggested that the population of Kirklandneuk would find it more convenient to access services within their own neighbourhood regardless of whether they were shopping.

In response to final questioning from Mr Daniels, Mr Salwan confirmed that he was aware that the four current pharmacies took part in the supervised methadone scheme.

There were no questions to the Applicant from Mr Gillespie or the Chair.

The Interested Party's Case – Mr Andrew Mooney (Alliance Pharmacy)

Mr Mooney advised the Committee he wished to commence his presentation by making two observations:

- The Applicant's proposed hours of service had changed since the submission of the initial application. The Applicant now asserted that he would provide a Sunday service. Mr Mooney contended that this was not needed as people would continue to use the current network in Braehead Shopping Centre.
- He would disagree with the Applicant that there was no current pharmaceutical provision within the neighbourhood defined. Taking the Applicant's boundaries there would be one pharmacy in the area.

Mr Mooney asserted that Alliance Pharmacy would maintain that adequate pharmaceutical provision was already available with the neighbourhood that the Applicant proposed for his contract. Alliance Pharmacy supported the definition of neighbourhood provided by the NHS Greater Glasgow & Clyde Area Pharmaceutical General Practitioner Sub-committee which is the town of Renfrew bounded as detailed in their letter of 17th May 2007.

Within this neighbourhood there was currently four pharmacies serving a population of 20,251 (General Register Office for Scotland statistics – SCROL Data 2001 Census), along with a Boots the Chemist pharmacy at the edge of town in Braehead Shopping Centre, which provided a further point of access to services. This equated to five pharmacies serving the population of Renfrew and the Health centre which had a patient list of approximately 19k.

Mr Mooney was aware that at first glance within the area there appeared

to be a significant amount of new build housing. To put this into perspective, he pointed to the most recent GRO locality estimates for Renfrew, which were used to provide population statistics in the years between Census. According to these figures released in June 2006 the population of Renfrew was approximately 20,150, with the Council planning figure for 2005 being 20,060. There had been no significant increase.

It could be argued that the historic distribution of the current network was not ideal, but Mr Mooney would argue that the services provided by this network were indeed adequate with all services easily accessible particularly from the proposed site of application. One of the Alliance Pharmacy staff in Renfrew was a resident of Kirklandneuk and travelled to work on foot every day which took approximately 10 minutes. In addition in terms of the Scottish Neighbourhood Statistics, the Kirklandneuk area was ranked as 8, which put travelling distance to health services at approximately 13 minutes.

Mr Mooney advised that Alliance Pharmacy's branch on Paisley Road provided a full and comprehensive range of pharmaceutical services for the local population which included the following locally negotiated services in addition to the core services of the new pharmacy contract: free collection and delivery service, addiction services (working along side partners in primary care to provide supervised methadone supervision and needle exchange, with capacity to further develop these services), community dosage systems (to aid compliance when assessment deems necessary), smoking cessation, domiciliary oxygen supply, emergency hormonal contraception, urgent supply PGD and stoma services.

Furthermore in recognition of the role and responsibilities that community pharmacies had for public health, Alliance Pharmacy published leaflets to support advice provided by the pharmacist. They operated from 8.30am – 6.30pm Monday – Friday; and 9.00am – 5.00pm Saturday in line with the local surgery hours.

Mr Mooney therefore concluded that the Alliance Pharmacies in Renfrew provided adequate pharmaceutical services to the neighbourhood defined. A new contract was not necessary or desirable to secure adequate provision of pharmaceutical services in Renfrew and may in fact be detrimental to development of existing services. In a time when resources were limited the priority must be to develop services in the CHP and from existing contractors to address key priorities in the locality. Mr Mooney contended that this was a more valuable use of resources than funding a new pharmacy that offered nothing more than the existing providers and could destabilise an existing local network.

The Applicant Questions Mr Mooney

In response to questioning from the Applicant, Mr Mooney confirmed that the datazone statistics quoted during his presentation were dated 2005.

Datazone S01005326 equated to 918 persons, and Datazone S01005327 equated to 596 persons. Giving a total population for the area of 1,514. This area included the Kirklandneuk community.

In response to further questioning from the Applicant, Mr Mooney confirmed that as Area Manager he had visited the Alliance Pharmacies in Renfrew regularly and had not experienced any difficulties in parking. As well as parking outside one of the branches there was parking behind the fire station and there was a bus stop directly outside one of the branches. He agreed that Paisley Road was a busy road.

In response to further questioning from the Applicant, Mr Mooney agreed that those living in the new houses in Ferry Village would access services in Renfrew town centre. He agreed the landscape of the area would change, but it was difficult to define what it would change to. He agreed that the current network was concentrated around the town centre, but contended that this was a historical distribution attached to the past remuneration model which relied on volume dispensing. Currently an Applicant was required to show inadequacy of provision for an application to succeed. Inadequacy of distribution was not a reason to approve a new contract application.

In response to further questioning from the Applicant, Mr Mooney advised that the member of staff who travelled from Kirklandneuk was not elderly. He contended however that in general conversation the view was that the population of Kirklandneuk had access to adequate services. This had been a personal view and he did not have any evidence to support his contentions around the issue of access.

In response to further questioning from the Applicant, Mr Mooney explained that the Scottish Neighbourhood statistics were a measure to define deprivation. The statistics were from 2006 and health was only one of the indices used as measurement.

Mr Mooney responded to further questioning from the Applicant by asserting that Alliance Pharmacy had measures in place to gauge waiting times. Both Alliance branches in Renfrew met the company's target of less than ten minutes. He conceded there may be demand peaks where this increased.

In response to questioning around nicotine replacement services, Mr Mooney advised that both Alliance branches would be providing this service. At present not all staff were trained, but would be.

In response to final questioning from the Applicant, the Chair asked those present if they would mind Ms Irving responding. None objected and Ms Irving answered that Alliance Pharmacy had no applications for new pharmacies pending.

The PPC Question Mr Mooney

In response to questioning from Dr Johnson, Mr Mooney confirmed that Alliance Pharmacy provided collection and delivery services to the Kirklandneuk area on a daily basis. Approximately 10 deliveries were made per month to Kirklandneuk. He advised that both Alliance Pharmacies had capacity to take on more methadone patients. The number of methadone patients at the Porterfield Road branch had decreased.

In response to further questioning from Dr Johnson, Mr Mooney confirmed that there was one full time pharmacist on duty at one of the Alliance Pharmacies, with one full time and one part time at the other branch across from the fire station. The full time pharmacist at this branch was the Lead Pharmacist for the CHP and was allocated time for admin duties associated with this role. The additional pharmacist was not brought in specifically for clinical input. The branches were not overworked with new contract services. These had been incorporated into the current workflow.

In response to questioning from Mr Reid, Mr Mooney confirmed that Alliance Pharmacy considered the neighbourhood to be the whole of Renfrew. He confirmed his south boundary as the M8 and his West boundary as the White Cart Water.

In response to final questioning from Mr Reid, Mr Mooney confirmed his assertion that the current network of pharmacies provided adequate services to the total population of around 20,000.

In response to questioning from Mr McCammon, Mr Mooney confirmed that he thought that a further contract in the area would adversely affect the existing pharmacies who already serviced patients.

In response to questioning from Mr Dykes, Mr Mooney confirmed that he felt the existing network to be rationally distributed when you considered the internal geography of the area. He asserted that regardless of whether the distribution of the existing network was considered to be appropriate, the critical test for determining whether an application should be granted was that of adequacy. Mr Mooney quoted from Lord Justice Clerk, Lord MacFadyean and Lord Drummond Young in the 2004 case who concluded that as decision makers the critical question for the Committee was the adequacy of the existing provision, not the adequacy or desirability of some other possible configuration of services in the neighbourhood.

In response to questioning from Mr Daniels around what weight Mr Mooney would give to the letter of support from Renfrew Community Council, Mr Mooney asserted that the Community Council would give their support to anyone offering any health service within a neighbourhood. Their role was to develop the community; however he asserted that the services to the neighbourhood were already adequate.

In response to further questioning from Mr Daniels, Mr Mooney advised that he was not suggesting that it was more cost effective to develop existing services in every instance. He accepted that in neighbourhoods where there was an identified inadequacy it would not be beneficial to develop existing services, however it remained his contention that this did not apply to this particular neighbourhood.

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

The Interested Party Sums Up

Mr Mooney advised the Committee that he did not feel that the Applicant had shown that existing services were inadequate. He reminded the Committee that there was no spectrum of adequacy. Services were either adequate or not. The application should fail.

The Applicant Sums Up

Mr Salwan advised that he had shown support from Renfrew Community Council who spoke for all residents in Renfrew. He pointed to the increased population in the Ferry Village area and asserted that this would add pressure to the existing network, possibly increasing waiting times. There was no Sunday opening and therefore no access to the minor ailment service. Renfrew Drug Problem Service had estimated that there would be a four fold increase in the number of methadone patients, causing an extra demand on the service. Accordingly in Mr Salwan's neighbourhood there was an inadequacy within the boundaries. His application passed the legal test and should be granted.

Before the Applicant and the Interested Parties left the hearing, the Chair asked them to confirm that they had had a full and fair hearing. All confirmed that they had.

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

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

The PPC took into all 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;

- b) The NHS Greater Glasgow & Clyde Area Pharmaceutical (General Practitioner Sub-Committee);
- c) The Greater Glasgow & Clyde Area Medical Committee (GP Sub-Committee).

The Committee also considered;-

- d) The location of the nearest existing pharmaceutical services;
- e) Demographic information regarding the Renfrew area;
- f) NHS Greater Glasgow and Clyde plans for future development of services; and
- g) Additional information provided by Mr Salwan in the form of a letter of support from Renfrew Community Council.

DECISION

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 the various neighbourhoods put forward by the Applicant, the Interested Parties and the GP Sub-Committee. Taking all information into consideration, the Committee considered that the neighbourhood should be defined as follows:

North: the River Clyde;

East: Ferry Road and Paisley Road (west side);

South: Porterfield Road (north side) to:

West: the White Cart Water, north to its meeting with the River Clyde.

The Committee felt that this was distinct neighbourhood. The White Care Water to the west formed a physical boundary, as did the River Clyde to the north. Ferry Road and Paisley Road were main roads. The area east of Paisley Road was different in composition. The area within these boundaries was, in the Committee's opinion a neighbourhood for all purposes. It contained schools, businesses, churches and residential areas.

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 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.

Within the neighbourhood as defined by the PPC there was one pharmacy. This pharmacy provided the full range of pharmaceutical services including supervised methadone and domiciliary oxygen. The Committee considered that the level of existing services ensured that satisfactory access to pharmaceutical services existed within the defined neighbourhood. The Committee therefore considered that the existing pharmaceutical services in the neighbourhood were adequate.

The Committee considered the Applicant's comments around the proposed significant increase in demand that would be caused by the new housing developments within the Ferry Village area. While the Committee accepted that some increase could take place, they were mindful that there were three other pharmacies within the immediate adjacent neighbourhood and one further pharmacy within the large shopping centre nearby. The Committee were confident that the existing network in the immediate and wider areas would absorb any additional demand comfortably and as such an additional contract in the area was not necessary as the existing provision was currently adequate and would continue to be so for any expansion in population that may occur in an area that was outwith the neighbourhood which the Committee concluded would be served from the Applicant's proposed premises.

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

In accordance with the statutory procedure the Chemist Contractor Members of the Committee Scott McCammon and Gordon Dykes and Board Officers were excluded from the decision process:

DECIDED/-

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

The Chemist Contractor Members of the Committee Scott McCammon and Gordon Dykes and Board Officers rejoined the meeting at this stage.

**Contractor
Services
Supervisor**

5. APPLICATIONS STILL TO BE CONSIDERED

The Committee having previously been circulated with Paper 2007/54 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 did not require an oral hearing and that consideration could be made based on the written representations:

**Mrs Lisa Christie, L G Pharmacy Ltd, Unit 2 19 Kennedy Path,
Townhead, Glasgow G4.0**

6. ANY OTHER COMPETENT BUSINESS

There was no other competent business.

7. DATE OF NEXT MEETING

Scheduled for Wednesday 21st November 2007 at 12.30pm. Board Room, Royal Alexandria Hospital.

The Meeting ended at 4.00p.m.

NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (19)
Minutes of a Meeting held on
Wednesday 21st November 2007
Glynhill Hotel, Junction 27 M8, Paisley Road,
Renfrew PA4 8XB

PRESENT:	Andrew Robertson	Chair
	Mrs Maura Lynch	Lay Member
	Prof J McKie	Lay Member
	Dr James Johnson	Non Contractor Pharmacist Member
	Gordon Dykes	Contractor Pharmacist Member
	Colin Fergusson	Deputy Contractor Pharmacist Member
IN ATTENDANCE:	Trish Cawley	Contractor Services Manager
	Richard Duke	Contracts Manager – Community Pharmacy Development
	Robert Gillespie	Lead – Community Pharmacy Development
	Janine Glen	Contracts Manager – Community Pharmacy Development

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

There were no apologies.

2. MINUTES

The Minutes of the meeting held on Monday 22nd October 2007 **PPC[M]2007/16** and Tuesday 30th October 2007 **PPC[M] 2007/17** were approved as a correct record.

3. ANY OTHER BUSINESS NOT INCLUDED IN AGENDA

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

Section 1 – Applications Under Regulation 5 (10)

ACTION

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

Case No: PPC/INCL20/2007

Mr Denis Houlihan of Houlihan Partners, 11-17 Princes Street, Port Glasgow G14 5JA

The Committee was asked to consider an application submitted by Mr Denis Houlihan, to provide general pharmaceutical services from premises situated at 11-17 Princes Street, Port Glasgow PA14 5JA under Regulation 5(10) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 1995 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 Mr Houlihan, agreed that the application should be considered by oral hearing.

The hearing was convened under paragraph 2(2) of Schedule 3 to the National Health Service (Pharmaceutical Services) (Scotland) Regulations 1995 as amended ("the Regulations"). In terms of this paragraph, the PPC "shall determine an application in such a manner as it thinks fit". In terms of Regulation 5(10) of the Regulations, the question for the PPC is whether "the provision of pharmaceutical services at the premises named in the application is necessary or desirable to secure adequate provision of pharmaceutical service in the neighbourhood in which the premises are located by persons whose names are included in the Pharmaceutical List."

The Applicant was represented in person by Mr James Semple ("the Applicant"). The interested parties who had submitted written representations during the consultation period, and who had chosen to attend the oral hearing was Mr J M Boyd, (David Wyse Ltd) assisted by Ms Melinda Setanoians ("the Interested Parties").

Prior to the hearing, the Panel had collectively visited the vicinity surrounding the Applicant's premises, pharmacies, GP surgeries and facilities in the area of Port Glasgow.

The procedure adopted by the PPC at the hearing was that the Chair asked the Applicant to make his submission. There followed the opportunity for the Interested Parties and the PPC to ask questions. Each of the Interested Parties then gave their presentation, with the opportunity for the Applicant and the PPC to ask questions. The Interested Parties and the Applicant were then given the opportunity to

sum up.

Mr Boyd asked the Chair if he would agree to Ms Setanoians providing factual information around the range of services provided by the David Wyse Ltd pharmacies in Port Glasgow. The Chair asked those present if they had any objections to Ms Setanoians contributing to the meeting. The Applicant and the Committee confirmed they would have no objections to Ms Setanoians providing factual content.

The Applicant's Case

Mr Semple commenced his presentation by thanking the Committee for giving him the opportunity to present his case. He advised that Mr Houlihan had been prevented from attending the hearing due to family illness. Mr Semple advised that before he commenced his presentation around the legal test, he wished to take some time to provide a description of the premises.

He advised the Committee that the premises were currently utilised as a Charity shop. The unit was large in size and included an area upstairs. This area would not be used by the pharmacy and the Applicant asserted that the area was big, however not in the context of other premises in Princes Street. The Applicant had not yet had plans made up, however the shop fitting would be undertaken by a specialist company and would include two consulting rooms, a private area, a large dispensary, a health advice area and perhaps internet access to encourage self care awareness complementing the services provided by the pharmacist. The unit was a blank canvas. The Applicant intended to provide the core pharmacy services along with the range of locally negotiated services, including methadone, oxygen, and nicotine replacement therapy. He was thinking about providing flu vaccinations but recognised that this required additional facilities e.g. sink, bed, washable floor. The pharmacy would also provide blood pressure and diabetes checking and while these services were not currently offered under the NHS through a health board initiative, they could be provided on a private basis. The Applicant also stated that upstairs was to be used as an office, which offered an opportunity for a second pharmacist if required.

Mr Semple advised the Committee that he had stipulated hours of service in line with the minimum required under the model hours. It was his intention however to canvass public opinion once the pharmacy was open to offer opening hours to meet the needs of the local population.

In terms of the defined neighbourhood, the Applicant was content to agree with the definition of neighbourhood put forward by the National Appeals Plan in 2003 when it considered a case concerning premises in the same area. The neighbourhood was defined as the town commonly known as Port Glasgow.

To the north – the River Clyde to Gibshill Road at the west – turning east along the cycle track across Dougliehill and Port Glasgow Golf Course to Mid Auchinleck crossing Kilmacolm Road to Park Farm on the East through the area of Woodhall to rejoin the River Clyde.

Mr Semple reminded the Committee that the NAPs had not considered there to be sufficient evidence to indicate any internal physical split within the area. They determined that there was a free flow of population in the area from port level to that at the top of the hill. They determined that all roads focused on the town centre and frequent bus services operated in all parts. Mr Semple argued that if the Committee were inclined to consider the area as two distinct parts because of the hill, they should consider the lack of amenities in the area at the top of the hill. All residents needed to travel to the town centre for their shopping. Mr Semple further asserted that if asked, residents of this area would say they came from “the Port”.

Mr Semple advised that the area of Gibshill could be considered an exception to this rule, however he had included it within his neighbourhood as there were no services within the area of Gibshill and Port Glasgow town centre continued to be the focus. He reminded the Committee that the current pharmacy regulations required them to look at services within the neighbourhood and not the population. He reiterated that the needs of the population of Port Glasgow as a whole had to be taken into consideration and this would include those in Gibshill as they had to look to Port Glasgow town centre for their services.

Mr Semple then went on to describe the major development work within the area. This included developments which were complete and which were still under construction. The Riverview/Castlebank development comprised 524 residential units. The Kingston development would contain 500 residential units (information gained from Riverside/Inverclyde). He advised that there were other developments under construction in the upper areas of Port Glasgow.

Mr Semple also advised that the Tesco Extra store was located in Port Glasgow town centre and since opening in the summer of 2007 had integrated into the town centre. In his opinion this development was different to out of town developments as it was located at the end of the “main” shopping thoroughfare in Port Glasgow. Mr Semple advised that this had been illustrated in an article recently printed in the Greenock Herald which stated that the footfall within Port Glasgow town centre had increased since the opening of the Tesco store. Mr Semple advised that the existence of Tesco within the area brought transient population from other areas such as Langbank, Kilmacolm, Greenock, Gourock, Inverkip and from outwith the area e.g. Paisley, Bishopton, Erskine and Johnstone.

The Applicant then went on to describe the pharmaceutical services that currently existed within the area. He advised that there were currently three pharmacies within the Port Glasgow area. One very specifically served the population towards the top end of Port Glasgow, while the other two served the entire Town Centre, and which were owned by the same company. He advised that general medical services in the area were provided from Port Glasgow Health Centre and Dubbs Road Health Centre.

Mr Semple advised that in his opinion the pharmacy serving the top end of Port Glasgow could be discounted. He intended to focus on the two pharmacies currently serving the Town Centre. Mr Semple reminded the Committee that just because there were existing services in a neighbourhood it did not necessarily follow that these services were adequate. He pointed to previous applications within the past two years where the NAP had granted contracts in areas where there was already services e.g. Springburn (4 pharmacies), Bonnyrigg (2 pharmacies) and St Andrews (1 pharmacy). Mr Semple advised that in all cases it was considered that the population in and served by these pharmacies was such that a further pharmacy was required, although there were other considerations.

Against this background, Mr Semple invited the Committee to consider the case for inadequacy. The population of the area was large. It covered two ward areas: Port Glasgow and Gibshill. The 2001 Census statistics put the population at 20,097. Mr Semple estimated the current population to be around 23,000 based on 1,000 new family homes. Mr Semple reminded the Committee that the Regulations did not require the existence of residential population, but population that required services in the neighbourhood.

The health profile of the area was considerably low. The area had a higher than average percentage of those elements of the population who traditionally required access to pharmaceutical services. The number of those claiming disability living allowance was 83% above the national average, while the number of lone parent families was 41% above the national average.

Mr Semple also asserted that the population/pharmacy ratios were increasingly being taken into account by the NAP when considering whether a further pharmacy was needed in an area. In 2001 the population: pharmacy ratio within Port Glasgow was 1:6,700. In 2007, this was 1:7,500, significantly higher than the Scottish average.

Mr Semple advised that the current pharmacy network was inadequate in terms of premises, hours and in number. He advised that if the application were not necessary to secure adequate services, it was certainly desirable to cope with the increased need. He asserted that

much had moved on since the previous application in 2003 and that Port Glasgow needed to have the same level of service as everyone else.

There were no questions to the Applicant from the Interested Party.

The PPC Question the Applicant

In response to questioning from Mrs Lynch, Mr Semple confirmed his population figures and advised that his estimate of the current population included those patients travelling into the area. He further confirmed that he had estimated his increase in population by calculating an average occupancy rate of 3 persons per house. He advised that the new residential development within the area were not 1 bed flats, but family houses. He was not aware what proportion of the new developments were Housing Authority dwellings. He reiterated that the profile of Port Glasgow as increasing with new residents being attracted into the area by good transport links.

In response to further questioning from Mrs Lynch, Mr Semple advised that he did not believe the older premises occupied by the current network within the area provided adequate services. Space was limited and one pharmacist per pharmacy was not sufficient for the size of the population. He asserted that the move towards the provision of clinical services would result in less reliance upon volume dispensing. The current volume of dispensing from the two existing pharmacies was unusual.

In response to further questioning from Mrs Lynch, Mr Semple advised that the area of Port Glasgow was large, but was also unusual. When looking at areas where a pharmacy could be developed he was of the opinion that the Town Centre was the focus for all services. There were some amenities on the periphery of the area, however the area around the Town Centre continued to be the focus for the entire population of Port Glasgow and this was compounded with the existence of the Tesco store.

In response to questioning from Professor McKie around his use of statistics concerning the ratio of pharmacy/population instead of providing firm evidence of inadequacy, Mr Semple advised that it was very difficult to obtain evidence of a problem with prescription waiting times. He did not consider the current network to be fit for purpose, and he was of the opinion that the premises should be bigger and have additional pharmacists. The current pharmacies did not dispense prescriptions timeously and this led to unhappiness. He advised that he would undertake a survey of opinion if his application had to be considered by the NAP. He confirmed that his evidence was anecdotal which he considered significant.

In response to questioning from Dr Johnson, Mr Semple disagreed that

Tesco were efficient at applying for pharmacy contracts, and would have done if the services in the area had been considered inadequate. He asserted that Tesco's intelligence around pharmacy was not good and they were not familiar with the Scottish Regulations. He was surprised that they had not previously applied for a pharmacy contract in the area.

In response to further questioning from Dr Johnson, Mr Semple confirmed that the Lloydspharmacy at the top of Port Glasgow drew their prescriptions from patients in the Bogleston area. He reiterated however that this population continued to travel to the Town Centre for other services.

In response to questioning from Mr Fergusson, Mr Semple advised that he would provide hours of service to address the demand of patients in the area. He suggested that the changing patterns of access may require a late night pharmacy in the area to complement the services provided by Tesco. If this was the case, the pharmacy would provide hours to meet this demand.

In response to questioning from Mr Dykes, Mr Semple advised that he had not already undertaken a survey of the area as he had not had the time to do this.

There were no questions to the Applicant from Mr Gillespie or the Chair.

The Interested Party's Case – Mr J M Boyd (David Wyse Ltd)

Mr Boyd advised the Committee that he had been born in Port Glasgow and knew the area well. His company had been the first to have typewriters in their premises and also the first to install Kardex systems and computers for labelling. It was his policy to provide the best service to the local community.

He advised that his company had always provided domiciliary oxygen services and there was no limit to the number of patients they could provide the service to. The company also provided compliance aids.

He disagreed with the Applicant's population figures. He advised that the new developments within the area had replaced housing that had been demolished in the area several years ago. He advised that 8 years previously his company had enjoyed over the counter sales four times that which they experienced currently. The opening of the Tesco store had not helped the situation and he considered the area of Port Glasgow to be in decline.

He advised that he had undertaken significant upgrade work to the interior of his pharmacies. He had submitted plans to Inverclyde Council for the fronts of both shops and this work would have been undertaken some time ago if he had not experienced problems with the architect he

had employed to oversee the project. He had to construct a consultation room within his pharmacy and had given up retail space within the pharmacy to accommodate this. He had installed a new central heating system and the pharmacy had been rewired. He advised that the Council had contacted business in the area to offer grants to improve the shop fronts and he had been allocated £10k per pharmacy.

He advised that his company had two pharmacies in Port Glasgow. He had recently appointed a new team to the pharmacy in Fore Street. He had advertised for a new pharmacist, offering the best rates and had received a good response. He had employed two young, enthusiastic pharmacists and had given them a free hand in the running of the pharmacy, providing Port Glasgow with the best possible pharmacy to address the requirements of the new contract. They were authorised to purchase any equipment necessary. He considered this to be a huge financial commitment but was satisfied that the expenditure was warranted to provide the kind of service the population deserved.

He advised that his pharmacies had opened to 6.00pm. They were not busy from 5.30pm and a decision had been taken to close at this time. If there had been any demand for services after this, he would provide them. He confirmed that the waiting time was less than 10 mins, but that on odd occasions a rush may lead to a slight delay.

Ms Setanoians advised the Committee that the David Wyse Ltd pharmacy in Fore Street currently employed two pharmacists. This was in anticipation of the introduction of the Chronic Medication Service (CMS) element of the new contract. She advised that dispensing business alone would not warrant further pharmacist, but that without one the company would not have been able to utilise their consultation room so well.

She advised that the pharmacy provided a smoking cessation service to 32 patients. There were no waiting times and no appointments. They also participated in the heart failure service, although no patients had been referred as yet. They took part in all Health Board initiatives including emergency hormonal contraception, blood pressure monitoring and compliance aids (they currently served 45 patients, but had capacity for 100). The pharmacist undertakes an assessment as part of this service and provides support to the patient's family. This was a unique service. The pharmacy also took part in the supervised methadone service. At present the pharmacy was operating under capacity with 35 patients at the moment. As part of the service, the pharmacy provides care management which includes the provision of support around diet, alcohol and dental care.

The pharmacy provided diabetes and cholesterol testing but not to high volume.

The pharmacy had fostered good working relationships with the other health care professionals in the area and liaised closely with the optometrist in the area, which was also owned by David Wyse Ltd.

Ms Setanoians reiterated that the Applicant would be hard pushed to offer anything unique and different. She guaranteed that the waiting time for prescriptions was less than 10 minutes. The company employed drivers to operate their delivery service. The company exhibited a thoroughness of effort to provide top class pharmaceutical services under the new contract.

The Applicant Questions Mr Boyd

In response to questioning from the Applicant, Mr Boyd advised that work around the establishment of a ramp outside one of his pharmacies had not already taken place due to problems he experienced with the architect he had employed to oversee work at his pharmacies. He was aware that he had advised the NAP in 2003 that work would be undertaken imminently, but this had not happened.

In response to further questioning from the Applicant, Mr Boyd advised that an extensive refurbishment of his premises had not been undertaken as he had struggled to find a suitable time when this could be facilitated. The delay had not been due to a lack of willingness to commit financial resource but to third parties letting him down.

In response to further questioning from the Applicant, Mr Boyd disagreed that he could simply close one of his pharmacies and redirect prescriptions to the other, in order to facilitate the refit. Mr Boyd advised that he had committed financial resources to the pharmacies. The lack of progress was now resolved with the appointment of another architect and the commencement of work on the shop fronts. This had not been undertaken previously as the company were awaiting grants from the Council to facilitate this.

In response to further questioning from the Applicant, Mr Boyd advised that he was not sure when his two pharmacies last received refits.

In response to further questioning from the Applicant, Mr Boyd advised that he had employed a second pharmacist nearly a year ago. There was a second full time pharmacist in the Fore Street branch and as he was a pharmacist he was also available to assist in the John Wood Street branch if necessary.

In response to further questioning from the Applicant, Mr Boyd advised that the Applicant's population figures included the area of Greenock which in his opinion over emphasised the population. He did not feel the new developments in the area had added population. The population had in fact declined. This was evidenced from consideration of figures

provided for the hearing of the previous application.

In response to final questioning from the Applicant, Mr Boyd advised that if a fourth pharmacy opened in Port Glasgow he did not know if either of his pharmacies would be affected. He considered the pharmacy in John Wood Street to be particularly vulnerable but could not say whether it would be affected detrimentally.

The PPC Question Mr Boyd

In response to questioning from Mrs Lynch, Mr Boyd defined his neighbourhood as the one mile radius used by the Board in the consultation process. When further questioned, Mr Boyd defined the neighbourhood as the town of Port Glasgow without Boglestone and Gibshill.

In response to further questioning from Mrs Lynch, Mr Boyd agreed that in 2003 he had advised the NAP that the shop refurbishment was imminent. He had believed this to be the case; however the delay had come about because of his issues with the architect he had employed to oversee the work. Progress couldn't be made. He advised that there had been issues around planning and the allocation of funds by the Council.

In response to further questioning from Mrs Lynch, Mr Boyd advised that his pharmacy closed at 4.30pm on a Wednesday. This was because there was no requirement for a service after this time. Early closure on a Wednesday also allowed the pharmacy to open full day on Saturday.

In response to final questioning from Mrs Lynch, Mr Boyd confirmed that the consultation room at the John Wood Street pharmacy was quite small and that there were plans to install a larger room. He had no indicative date for this work

In response to questioning from the Chair, Mr Boyd confirmed that he would agree with the neighbourhood put forward by the NAP in the determination of the previous application.

In response to questioning from Professor McKie, Mr Boyd confirmed that the work around the shop frontage would need to commence by March 2008 or the grants allocated by the Council would cease to be available.

In response to questioning from Dr Johnson, Ms Setanoians advised that the pharmacies provided a collection and delivery services. Currently around 20 deliveries per month were done from John Wood Street and 20 from Fore Street. The service was available to anyone who wished to access it and most of the patients who took advantage

of the service lived within 10 to 15 minutes from the pharmacy.

In response to further questioning from Dr Johnson, Mr Boyd agreed that there was a significant amount of non-pharmacy items sold in the Fore Street pharmacy. He advised that this had been necessary to secure viability income had fallen. It was not something he had wanted to do, but was necessary as he needed to secure his business. He advised that he would reconsider his position if the Town Centre recovered.

In response to questioning from Mr Fergusson, Mr Boyd confirmed that the pharmacy in John Wood Street was displaying the current Public Health Service poster. There was also a health advice area within the pharmacy.

In response to questioning from Mr Dykes, Ms Setanoians advised that within Fore Street pharmacy she employed five dispensers; four had attained NVQ3 and 1 was about to undertake NVQ2. The company was due to undertake staff appraisals in the new year and was looking to take advantage of the Advanced Checking Technician qualification to build in adaptability and flexibility.

There were no questions to Mr Boyd from Mr Gillespie.

The Interested Party Sums Up

Mr Boyd advised the Committee that the main thrust of his defence concentrated on the provision of a superior service. He had satisfied customers. He had made a significant financial commitment by employing two full time pharmacists to all the provision of services to meet the requirements of the new contract and he had made himself slightly vulnerable by doing so. He was certain that the case was strong for full and adequate services in Port Glasgow.

The Applicant Sums Up

Mr Semple advised that the population in Port Glasgow was large, between 20 and 23 thousand. There was an influx of people into the neighbourhood which would add a burden to the current pharmacy network. If existing services were modern, he would still be of the opinion that a further pharmacy was required. He advised that the Interested Party owned two pharmacies within the Town Centre. This was an enviable position. The pharmacies had not had a refit for a long time nor had the Interested Party provided any evidence of when a refit would be carried out. He suggested that each time there was a suggestion of competition being introduced to the area, the Interested Party made promises of modernisation which were not kept. He advised that his pharmacy in Gourrock provided delivery services to approximately 47 patients within the neighbourhood he had defined

and this was nine miles away. He reiterated that Port Glasgow needed another pharmacy.

Before the Applicant and the Interested Parties left the hearing, the Chair asked them to confirm that they had had a full and fair hearing. All confirmed that they had.

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

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

The PPC took into all 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;
- b) The NHS Greater Glasgow & Clyde Area Pharmaceutical (General Practitioner Sub-Committee);
- c) The NHS Greater Glasgow & Clyde Area Medical Committee (GP Sub-Committee).

The Committee also considered;-

- d) The location of the nearest existing pharmaceutical services;
- e) Demographic information regarding the Port Glasgow area; and
- f) NHS Greater Glasgow and Clyde plans for future development of services.

DECISION

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 the various neighbourhoods put forward by the Applicant, the Interested Parties and the GP Sub-Committee. Taking all information into consideration, the Committee considered

that the neighbourhood should be defined as follows:

North: the River Clyde;

East: Park Hill, Park Farm to Kilmacolm Road;

South: Behind residential area at High Auchinleck, through Mid Auchinleck crossing Port Glasgow golf course to its meeting with the cycle track;

West: Gibshill Road to its meeting with the A8 and the River Clyde.

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 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.

Within the neighbourhood as defined by the PPC there were two pharmacies. These pharmacies provided the full range of pharmaceutical services including supervised methadone and domiciliary oxygen. The Committee considered that the level of existing services ensured that satisfactory access to pharmaceutical services existed within the defined neighbourhood. The Committee therefore considered that the existing pharmaceutical services in the neighbourhood were adequate.

The Committee considered the Applicant's comments around the proposed significant increase in demand that would be caused by the new housing developments within the Port Glasgow area. The Committee were satisfied that the existing network could address this demand. They did however consider that the question might arise in future years if there was a continued failure to improve premises in John Wood Street and to a lesser extent Fore Street.

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

In accordance with the statutory procedure the Chemist Contractor Members of the Committee Colin Fergusson and Gordon Dykes and Board Officers were excluded from the decision process:

DECIDED/-

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

Having made the above decision the PPC noted that despite past assurances the principle objector and owner of the two existing pharmacies within the neighbourhood had made little progress in modernising his premises.

The Chemist Contractor Members of the Committee Colin Fergusson and Gordon Dykes and Board Officers rejoined the meeting at this stage.

5. APPLICATIONS STILL TO BE CONSIDERED

The Committee having previously been circulated with Paper 2007/56 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 did not require an oral hearing and that consideration could be made based on the written representations:

Mrs Lisa Christie, L G Pharmacy Ltd, Unit 2 19 Kennedy Path, Townhead, Glasgow G4.0

The Committee agreed the following applications should be considered by means of an oral hearing:

Mr Abdul Qayum, 209-211 Main Street, Bridgeton, Glasgow G40.1

6. ANY OTHER COMPETENT BUSINESS

There was no other competent business.

7. DATE OF NEXT MEETING

Scheduled for Wednesday 21st November 2007 at 12.30pm. Board Room, Royal Alexandria Hospital.

The Meeting ended at 4.00p.m.

NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (20)
Minutes of a Meeting held on
Tuesday 27th November 2007
Meeting Room, Kings Park Hotel, Mill Street
Glasgow, G73 2LX

PRESENT:

Mrs Agnes Stewart	Vice Chair
Professor J McKie	Lay Member
Peter Daniels	Deputy Lay Member
Mrs Kay Roberts	Deputy Non Contractor Pharmacist Member
Kenny Irvine	Deputy Contractor Pharmacist Member
Scott McCammon	Deputy Contractor Pharmacist Member

IN ATTENDANCE:

Trish Cawley	Contractor Services Supervisor
Richard Duke	Contracts Manager – Community Pharmacy Development
Robert Gillespie	Lead – Community Pharmacy Development
Janine Glen	Contracts Manager – Community Pharmacy Development

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.

ACTION

No declarations of interest were made.

1. APOLOGIES

There were no apologies

2. ANY OTHER BUSINESS NOT INCLUDED IN AGENDA

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

Section 1 – Applications Under Regulation 5 (10)

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

Case No: PPC/INCL20/2007

Mr Razwan Shafi, 17 Busby Road, Glasgow G76 9BP

The Committee was asked to consider an application submitted by Mr Razwan Shafi, to provide general pharmaceutical services from premises situated at 17 Busby Road, Glasgow G76 9BP under Regulation 5(10) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 1995 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 Mr Shafi, agreed that the application should be considered by oral hearing.

The hearing was convened under paragraph 2(2) of Schedule 3 to the National Health Service (Pharmaceutical Services) (Scotland) Regulations 1995 as amended ("the Regulations"). In terms of this paragraph, the PPC "shall determine an application in such a manner as it thinks fit". In terms of Regulation 5(10) of the Regulations, the question for the PPC is whether "the provision of pharmaceutical services at the premises named in the application is necessary or desirable to secure adequate provision of pharmaceutical service in the neighbourhood in which the premises are located by persons whose names are included in the Pharmaceutical List."

The Applicant was represented in person by Mr Razwan Shafi ("the Applicant"). The interested party who had submitted written representations during the consultation period, and who had chosen to attend the oral hearing was Mr James Semple, (CHC Pharmacy) assisted by Mrs Mary Jo Kellock ("the Interested Party").

Prior to the hearing, the Panel had collectively visited the vicinity surrounding the Applicant's premises, pharmacies, GP surgeries and facilities in the immediate neighbourhood, and the wider area around Croftfoot and Castlemilk.

The procedure adopted by the PPC at the hearing was that the Chair asked the Applicant to make his submission. There followed the opportunity for the Interested Party and the PPC to ask questions. The Interested Party then gave his presentation, with the opportunity for the Applicant and PPC to ask questions. The Interested Party and the Applicant were then given the opportunity to sum up.

The Applicant's Case

Mr Shafi commenced his presentation by thanking the Committee for giving him the opportunity to present his case. He asserted that

currently there was no pharmacy within the Carmunnock area. He advised that Carmunnock was a neighbourhood surrounded on all sides by greenbelt. It comprised two churches; a primary school and Carmunnock Village Recreation club. The commercial services consisted of: a post office, a newsagent, a petrol station, a coffee shop and a restaurant. There was no general medical practice, dental practice or other health service in the village. Carmunnock was located on the edge of the Glasgow City Council boundary and was bound to the north and east by South Lanarkshire and to the west by the B766 bypass.

The population of the village was 1,320 with a current development of 67 residences which should increase the population by approximately 200. This would result in a population of around 1,520. Carmunnock had a significantly elderly population comprising 30% of over 60 year olds compared to the national average of 20%. This would increase as the population aged and there would be an increasing need for healthcare in the area for this particular element of the population. This was further highlighted by the existence of two sheltered housing complexes in the village.

The primary school currently had a roll of 190 children. A particularly dependent vulnerable group that needs immediate healthcare attention. At present parents were required to travel outwith the area to access pharmaceutical care. Apart from the need to travel outwith the area, there were problems with parking at Busby, Clarkston, Croftfoot and Castlemilk.

The closest pharmacy to Carmunnock was situated in the health centre at Castlemilk. This area of Castlemilk suffered from socio-economic deprivation. The villagers of Carmunnock tended to avoid Castlemilk and tended instead to visit Busby, Clarkston or Croftfoot for their healthcare needs. This translated into travelling significant distances to access pharmaceutical services. The residents had options of using either: private transport, public transport or walking to utilise these services. Public transport within the area was provided by the First Group bus service number 31, which ran every 30 minutes. A return journey to access pharmaceutical services could take upwards of one hour which the Applicant asserted was unacceptable. The return journey into the village necessitated a walk uphill which vulnerable groups like the young, the elderly and mothers with small children would find difficult. The alternative of taking public transport meant having to catch two buses to reach the health centre pharmacy.

The Applicant advised that the establishment of a pharmacy in the village would offer residents direct access to services such as MAS (Minor Ailments Service) which would benefit residents. He asked the Committee to bear in mind contracts that had been granted for isolated neighbourhoods including Twechar, Milton and Torrance and reminded

the Committee that none of these areas had any general medical practitioner presence. Mr Shafi advised that he intended to open the pharmacy for 57 hours per week. This was an increase of 52% when compared to the hours of service provided by CHC Pharmacy at Castlemilk Health Centre, which closed on Saturdays and at lunch times. This meant that the residents of Carmunnock did not have access to services at the health centre during this time.

The Applicant pointed to the letter of support from Carmunnock Community Council which was submitted as part of his initial application. Additionally he had provided a petition of support from over 150 residents and this number had increased to 200 in the intervening period since the initial submission. The 150 signatures had been achieved within two weeks of the petition commencing. The petition had attracted a response from 16% of the residential population within four weeks of its establishment.

Mr Shafi believed that the granting of a pharmacy contract was both desirable and necessary to secure adequate services for the neighbourhood and asked the Committee to grant a new pharmacy contract for the neighbourhood.

The Interested Party Questions the Applicant

In response to questioning from Mr Semple, the Applicant advised that he was aware of the gross margin to be achieved in a pharmacy. When asked by the Chair to explain the relevance of the question, Mr Semple quoted advice contained in the training material produced by the National Appeals Panel which in his opinion suggested that Pharmacy Practice Committees were required to take into consideration the viability issue when considering whether a contract should be granted.

In response to further questioning from Mr Semple, the Applicant advised that he had quoted a population figure of around 1,320 by talking to the Chair of Carmunnock Community Council and obtaining his consideration of the population size. He was aware that the 2001 Census statistics placed the population around 1,100 but contended that 1,320 was a more realistic figure. His estimated increase in population brought about by the new development was also derived from consultation with the Chair of the Community Council.

In response to further questioning from Mr Semple around how many items the Applicant felt a pharmacy in the area would dispense on a monthly basis, Mr Shafi confirmed that he felt the pharmacy would be viable. He further confirmed that he was aware of the implications brought about by the recent Category M changes and he had amended his Business Plan to accommodate this.

The PPC Question the Applicant

In response to questioning from Mrs Roberts, the Applicant advised that he had not yet analysed how many residents would be in the village during the day. He felt this would depend on certain assumptions being made. He asserted that even those who worked outwith the village would be able to use the pharmacy for their prescriptions as the pharmacy would be open at weekends. As the village existed on a cross junction there was the potential for those passing through to avail themselves of the services.

In response to questioning from Mr McCammon, the Applicant confirmed that the proposed premises were 450 square feet. He was aware that the Committee had spoken to the owner of the premises who had quoted the size of the premises as 355 square feet. This was not correct. Mr Shafi advised that he had commissioned plans to be drawn up for the premises and he confirmed that he would be concentrating on pharmacy products and not beauty or personal care items. He further confirmed that the pharmacy would be established within six months of inclusion in the Pharmaceutical List. It would continue to function as a Post Office until the end of January.

In response to questioning from Mr Irvine, the Applicant confirmed that he had drawn up plans for the pharmacy and that he would focus on health items.

In response to further questioning from Mr Irvine, the Applicant advised that he had not picked up on the apparent duplication of some names on the petition.

In response to further questioning from Mr Irvine, the Applicant confirmed that he was aware of the Essential Small Pharmacy Scheme but was not familiar with the details. He further confirmed that he had not looked closely at other statistics like car ownership. He had focused on those elements of the population who would most benefit from pharmaceutical services e.g. elderly.

In response to further questioning from Mr Irvine around his own personal experience of community pharmacy, the Applicant advised that he had graduated in 1993 and had spent ten years working for Boots in England. He had worked at Heathrow and on return to Scotland had worked part time for Boots and as a locum. He had two friends who had set up a successful pharmacy network, and was confident that he had access to a stable support network.

In response to questioning from Mr Daniels, the applicant advised that he had worked on Sundays at varying times in his career. He had opted not to open the pharmacy on Sundays, but would reconsider this if he felt there was demand for such a service.

In response to further questioning from Mr Daniels, the Applicant advised that his plans clearly showed there was sufficient space for a consulting room within the pharmacy. This was made possible by focussing on healthcare aspects of the business and not personal care and beauty items. Focussing on pharmacy only products brought other benefits including reducing shop lifting. He did not feel that his turnover would be compromised by sacrificing other items to focus on pharmacy products.

In response to final questioning from Mr Daniels, the Applicant confirmed that the petition included in the papers only contained a proportion of the total signatures gained. This was because he had had to submit additional information within a timescale which had precluded him from including the signatures gathered over the last two weeks.

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

The Interested Party's Case – Mr James Semple (CHC Pharmacy)

Mr Semple thanked the Committee for providing CHC Pharmacy the opportunity to make representation. He advised that on the issue of neighbourhood he agreed with the Applicant. He considered the neighbourhood to be the village of Carmunnock bounded as it was by open land on all sides. He advised that the existing services in the village were provided by CHC Pharmacy in Castlemilk, by Freeman's Pharmacy in Busby and from the pharmacy in Croftfoot.

Mr Semple advised that he had spoken to Mr Kayne (Freeman's Pharmacy) the day before the hearing. Mr Kayne had expressed his disappointment at not having been included in the consultation process associated with the application. While he was aware that the procedure applied by the Board had resulted in his not being included, he believed that he was most certainly an interested party.

In terms of adequacy, Mr Semple advised that Carmunnock was a wealthy village, with little unemployment and that the services provided to it were adequate. The vast majority of the population had access to cars, public transport links were excellent and a delivery service was available to the household.

In terms of healthcare needs, the community of Carmunnock enjoyed significantly better health than the Scottish average, even taking the slightly higher age profile into consideration with a 3% improvement on the Scottish average being "good health". The 2001 Census statistics showed that 26% of the village's population were of pensionable age against a Scottish average of 18%. He reminded the Committee that not all pensioners were "elderly" and contested that Mr Shafi's claim that 30% of the population was elderly was over-inflated. The population of over 75s was only 12%, which equated to approximately 120 people.

Mr Semple advised that the simple fact of the matter was that Carmunnock had a well off population with high car ownership and good health. Due to the absence of other services e.g. a reasonable sized grocer, the population of the village required to access all of their services in adjacent suburbs or in East Kilbride.

Mr Semple advised that if the Committee were to interpret the question of "inadequacy" as meaning "does Carmunnock need a pharmacy", the answer was "it didn't" and so the existing services were adequate. Mr Semple asserted that even assuming that the Committee came to the conclusion that the services in Carmunnock were inadequate because there was no pharmaceutical service currently in the village; the application should still not be granted because of the construction of the legal test required under the Regulations. Mr Semple advised that if the Committee were to simply consider the neighbourhood and the adequacy of the existing services, then there would be nothing to stop pharmacists opening premises in every single small village and hamlet in the country; of which there were hundreds. The wording of the current pharmacy regulations prevented this from happening as they specifically demanded that an application was only granted when it was "necessary or desirable to **secure** (Mr Semple's emphasis) an adequate pharmaceutical service in the neighbourhood." Mr Semple then went on to quote from the PPC Training material provided by the National Appeals Panel at section 5.8 and 5.9.

"5.8 If you consider that the existing provision of services in the neighbourhood is wholly inadequate that does not necessarily mean that it is either necessary or desirable to grant the application. The test requires that it is necessary or desirable in order to secure adequate provision of pharmaceutical services.

5.9 If the applicant's business is not likely to be viable, then it may not achieve the aim of securing adequate provision. The Committee may find that the existing service is inadequate but that granting the application will not secure adequate provision and there it should be refused."

Mr Semple advised that the most important question for the PPC today was not the neighbourhood and not the adequacy of the existing service, but would a pharmacy in Carmunnock be viable? He suggested that any experienced contractor would answer "No" to this question.

Mr Semple suggested that the basis for this assertion was based in statistics which showed that the average number of prescriptions dispensed per month per person in Scotland (2006/2007) was 1.254. Given the Census population of Carmunnock was 1,106, this would equate to an estimate prescription volume for the area of 1,387. Even using Mr Shafi's population figure of 1,500, this gave a prescription

volume of 1,875 items per month. This estimate was only relevant assuming that Carmunnock residents had an average health profile and that 100% of the residents would have their prescriptions dispensed at the proposed pharmacy. Mr Semple was confident that no-one would travel to the village from outside to have their prescription dispensed. Taking these factors into consideration, Mr Semple estimated the maximum number of prescriptions the pharmacy may expect to dispense would be somewhere between 1,387 and 1,875 per month. This was not sustainable.

In explanation, Mr Semple pointed to the gross profit required from a pharmacy. This remained directly related to prescription turnover. The more prescriptions a pharmacy dispensed, the higher the gross profit. The costs associated with a community pharmacy were front loaded – they rose very slowly as the pharmacy did more business but in general terms a pharmacy dispensing zero items would have the same costs as one dispensing 1,000 items. The average starting costs per month was in the region of £8-9k. The break even point for a pharmacy based on £10 per item, a 25% margin, and a 10% OTC element was 2,300 items per month. There was no reasonable prospect of a pharmacy in Carmunnock reaching this level.

Mr Semple asked the Committee to discount the Essential Small Pharmacy facility, which he claimed, was not fit for purpose and was about to be abolished. In addition there was no guarantee that a pharmacy would be awarded the status.

Mr Semple advised that there were a large number of villages of the size of Carmunnock in Scotland and very few would support a pharmacy. The ones that would support a pharmacy were situated in rural areas which attracted people from a large surrounding area to utilise their services (e.g. Doune in Perthshire). Mr Semple asserted that a pharmacy in Carmunnock would be not be secure and the application should fail.

There were no questions to Mr Semple from the Applicant.

The PPC Question Mr Semple

In response to questioning from Mr Daniels, Mr Semple advised that his argument was based around the fact that a pharmacy in Carmunnock would not be viable. He reiterated his statistics around the average prescription dispensed per person per month, which showed that a pharmacy in Carmunnock could only hope to dispense a maximum of 1,387 items per month. This was on the assumption that 100% of prescriptions were dispensed in the pharmacy. This level would not make the pharmacy viable.

In response to further questioning from Mr Daniels around the petition

submitted by the Applicant, Mr Semple advised that he would expect everyone in the village to sign the petition. In response to Mr Daniels question as to how this level of support related to his assertion that the services were adequate, Mr Semple responded by reiterating that there was a harsh economic reality to be faced that there was not enough volume in the village to sustain a pharmacy. There was no dispensing GP or any GP service.

In response to further questioning from Mr Daniels, Mr Semple advised that the Committee must fully consider the issue of viability when it was related to the question of securing adequate pharmaceutical services in a neighbourhood.

In response to questioning from Mr Irvine, Mr Semple agreed that at the outset front end costs associated with a pharmacy might reduce were the pharmacy was staffed by the owner. He advised that while this may be sustainable as a short term solution, it would be unlikely for a pharmacy owner not to take drawings from the business in the long term. He reiterated that a pharmacy in Carmunnock would only be viable if the number of residents increased, and as the village was a designated conservation area, this would be highly unlikely.

In response to further questioning from Mr Irvine, Mr Semple explained that the global sum for community pharmacy would not accommodate having a pharmacy in every small area. Each new contract would exert increased pressure on the cash limited resource.

In response to final questioning from Mr Irvine, Mr Semple confirmed his agreement that the residents of Carmunnock would wish to support services in the village. He suggested however that Carmunnock was a commuter village. There were few residents in the village during the day, as most were at work. There would be no residents around during the day to give support to the pharmacy.

In response to questioning from Professor McKie, Mr Semple confirmed that he had not taken legal advice around his interpretation of the NAP guidance. He advised that he was quoting directly from the training material.

In response to questioning from Mrs Roberts, Mr Semple confirmed that he felt the existing services in Carmunnock to be adequate. Carmunnock was a small village with a mobile population which needed to travel outwith the village as part of their everyday existence. The services outside the village were adequate and Carmunnock therefore did not need a pharmacy. No-one would be disadvantaged if the pharmacy contract were not granted.

In response to final questioning from Mrs Roberts, Mr Semple advised that the population of Carmunnock would access immediately required

services such as MAS from where they currently accessed other services.

There were no questions to Mr Semple from Mr McCammon, Mr Gillespie or the Chair.

The Interested Party Sums Up

Mr Semple advised the Committee that it would be fantastic if every neighbourhood could have a pharmacy, but the reality was that a pharmacy wasn't needed in every neighbourhood. Carmunnock was a neighbourhood that didn't require a pharmacy. Services to the area were adequate. If the Committee considered that the current services weren't adequate there was still no need to grant the application as it failed to comply with the legal test. The harsh economic fact was that a population of around 1,000 would not sustain a pharmacy.

The Applicant Sums Up

Mr Shafi advised that Mr Kayne of Freeman's Pharmacy had a high homoeopathic element to his business. He would not be detrimentally affected if the application were granted. There was no current pharmacy in Carmunnock. The nearest was situated in Castlemilk. This pharmacy was not open at weekend. Within the area of Carmunnock there was a high elderly population with 29.8% of the population over 65. His personal opinion was that the current services were inadequate and as such the granting of the contract was necessary and desirable.

Before the Applicant and the Interested Parties left the hearing, the Chair asked them to confirm that they had had a full and fair hearing. All confirmed that they had.

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

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

The PPC took into all 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;

- b) The NHS Greater Glasgow & Clyde Area Pharmaceutical (General Practitioner Sub-Committee);
- c) The Greater Glasgow & Clyde Area Medical Committee (GP Sub-Committee).

The Committee also considered;-

- d) The location of the nearest existing pharmaceutical services;
- e) Demographic information regarding the Carmunnock area; and
- f) NHS Greater Glasgow and Clyde plans for future development of services.

DECISION

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 the various neighbourhoods put forward by the Applicant, the Interested Party and the GP Sub-Committee. Taking all information into consideration, the Committee considered that the neighbourhood should be defined as follows:

North: Arden Craig Road;

East: Greenfield, moving south across the G759 and Kittochside Road to meet the A726 trunk road;

South: the A726 trunk road to the B756 Busby Road to its meeting with the B766 Carmunnock Road;

West: the B766 trunk road, north to its meeting with Arden Craig Road.

The Committee felt that this was distinct neighbourhood. The area was commonly known as Carmunnock, a conservation village lying within three miles of East Kilbride and Busby.

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 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.

Within the neighbourhood as defined by the PPC there was no

pharmacy. The Committee noted that the residents were required to travel to nearby Castlemilk to access pharmaceutical services, or to East Kilbride or Busby, which were both further away.

The Committee considered Mr Semple's comments around the potential prescription load which a pharmacy in the area could be expected to achieve. The Committee were mindful that the new pharmacy contract was not solely dependent on the dispensing of prescriptions, but rather the provision of services within a neighbourhood, by a pharmacist providing care at the heart of the community. As the new contract developed and electronic transfer of prescriptions reduced the requirement to visit a GP surgery, there would be more need for pharmaceutical intervention within a neighbourhood. Those suffering from acute and chronic conditions within the village did not have access to immediate services. The Committee agreed that in terms of the way in which pharmaceutical services were developing in response to government initiatives, the current services available in the neighbourhood of Carmunnock were not adequate.

The Committee were mindful that assertions had been made around the potential viability of any new pharmacy in the area, and concluded that there was no firm evidence to show that the Applicant could not provide services to the extent that the pharmacy would attain viability.

In accordance with the statutory procedure the Chemist Contractor Members of the Committee Scott McCammon and Kenny Irvine and Board Officers were excluded from the decision process:

DECIDED/-

The PPC was satisfied that the provision of pharmaceutical services at the premises of the Applicant were necessary and desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises were located by persons whose names are included in the Pharmaceutical List and in the circumstances, it was the unanimous decision of the PPC that the application be granted.

The Chemist Contractor Members of the Committee Scott McCammon and Kenny Irvine and Board Officers rejoined the meeting at this stage.

4. NATIONAL APPEALS PANEL DETERMINATION

The Committee having previously been circulated with paper 2007/58 noted the contents which gave details of the National Appeals Panel's

**Contractor
Services
Supervisor**

determination of appeals lodged against the Committee's decision in the following cases:

Premichem Pharmacy Ltd – Unit E, Kingston Quay, Morrison Street, Glasgow G5.8 (Case No: PPC/INCL11/2007)

The Committee noted that the National Appeals Panel had dismissed the Appeal submitted against the PPC's decision to refuse Premichem Pharmacy Ltd's application to establish a pharmacy at the above address. As such Premichem's name was not included in the Board's Provisional Pharmaceutical List, and the file on the application had been closed.

5. ANY OTHER COMPETENT BUSINESS

There was no other competent business.

6. DATE OF NEXT MEETING

Scheduled for Thursday 13th December 2007 at 12.30pm. Venue to be confirmed.

The Meeting ended at 4.30p.m.