NHS Greater Glasgow and Clyde

NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (13)
Minutes of a Meeting held on
Tuesday 12th August 2008
Platform, The Bridge, 1000 Westerhouse Road,
Easterhouse, Glasgow G34 9JW

PRESENT:	Mrs Agnes Stewart	Chair
	Professor J McKie	Lay Member
	Mr William Reid	Deputy Lay Member
	Mrs Kay Roberts	Deputy Non Contractor Pharmacist Member
	Mr Gordon Dykes	Contractor Pharmacist Member

IN ATTENDANCE:	Trish Cawley	Contracts Supervisor – Community Pharmacy Development
	Richard Duke	Contracts Manager – Community Pharmacy Development
	David Thomson	Deputy Lead - Community Development Pharmacist

ACTION

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

No declarations of interest were made.

1. APOLOGIES

There were no apologies.

2. ANY OTHER BUSINESS NOT INCLUDED IN AGENDA

None.

<u>Section 1 – Applications Under Regulation 5 (10)</u>

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

Case No: PPC/INCL08/2008
Mr Mohammed Yousaf Ahmad, 328 Westmuir Street, Glasgow G31 5BY

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The Committee was asked to consider an application submitted by Mr Mohammed Yousaf Ahmad, to provide general pharmaceutical services from premises situated at, 328 Westmuir Street Glasgow G31 5BY 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 Ahmad, 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 Mohammed Yousaf Ahmad ("the Applicant") assisted by Ms Manira Ahmad. The interested parties who had submitted written representations during the consultation period, and who had chosen to attend the oral hearing were Mr Paul Nightingale (National Co-operative Chemists), assisted by Ms Emma Griffiths, Mr David Young (Rowlands Pharmacy), Mr D Robertson (Shettleston Pharmacy & Robertson Chemist) and Mr John Rossi (Tollcross Pharmacy) ("the Interested Parties").

The Chair asked all present to confirm that they were not appearing before the Committee in the capacity of solicitor, counsel or paid advocate. All confirmed that they were not.

Prior to the hearing, the Panel had collectively visited the vicinity surrounding the Applicants' premises, pharmacies, GP surgeries and facilities in the immediate area and the surrounding areas of Shettleston, Westmuir Street, Parkhead, Tollcross Road and Carntyne.

The procedure adopted by the PPC at the hearing was that the Chair asked the Applicant to make their 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.

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The Applicants' Case

The Applicant thanked the members of the Pharmacy Practice Committee for the opportunity of attending this hearing. He advised that he had previously worked in the NHS both within a hospital and in the community, as a locum pharmacist. He said that he planned to provide a harmonious pharmacy which aimed to improve the patient's journey through the NHS by adopting a holistic approach.

Mr Ahmad firstly defined the neighbourhood in which the premises were proposed as:

West - Fielden Street across to;
North - Shettleston Road and along the railway, down to;
East - Chester Street/Eckford Street and down to;
South - London Road

Mr Ahmad advised that the current population within a 1 mile radius from the site of the premises was 27,701 and 66,721 within a wider, 1 ½ mile radius.

The Applicant planned to provide a more convenient and specialised pharmaceutical service, contributing to a more permanent solution to the continuity of care, whilst developing a more personal relationship with members of the local community. He added that the pharmacy would be family run and be in keeping with the Government's policies in developing community focused services

Mr Ahmad referred to the Scottish Government's recently published strategy *The Road to Recovery,* which aimed to meet the needs and desires for each community. He summarised this strategy by stating:

- It recognised problem drug use could only be addressed through effective policies on economic measures, tackling poverty and supporting families & children.
- It required a new approach to drug education, including the provision of factual information on drugs to every household in Scotland.
- The investment in drugs services and the outcomes they delivered needed to be tracked.
- There needed to be a commitment to strengthening existing powers for the seizure of assets from drug dealers.
- It required a new approach to achieving a better quality of drug treatment services within prisons.

The Applicant anticipated this strategy would impact on community pharmacy services through the need for longer opening hours and Sunday opening. Currently he said, it was only multiple pharmacies that offered a Sunday service.

Mr Ahmad said that as a result of this Strategy, he believed pharmacies

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would be required to provide many more additional services. Many of these would require a multi agency approach being taken to provide services from within a pharmacy. Such a radical change will require a greater understanding of the community needs through improved communications and involvement with the likes of Public Partnership Forums and other groups. The East Glasgow Community Health & Care Partnership currently hold such forums, which include members from voluntary groups/organisations.

In support of these expected changes for community pharmacy, Mr Ahmad planned to undertake a quarterly survey to identify the changing needs of the community.

The Applicant explained his application had been based on the findings of a survey he had undertaken within the proposed neighbourhood. Details of the questions asked had been previously provided to the Committee and to Interested Parties. 136 residents took part in the survey. Two thirds lived within 100 metres of the proposed pharmacy and the remainder living within a 10 to 15 minute walk of the site.

Mr Ahmad said the survey identified: 55% of residents were not satisfied living in this area; 50% were not satisfied with the current level of healthcare in the area and the community wanted access to longer opening hours, including Sunday opening. Other key issues identified were the need for: increased policing; greater help with drug & alcohol misuse; depression and anxiety problems. He added that health statistics within the G31 post code area indicated that hospital admissions for alcohol misuse were 49% higher that the Glasgow average and 77% higher for drug misuse.

The Applicant referred to *Drug-related Deaths in Scotland 2007,* published earlier this month. This document indicated that a record 455 people had died last year from drug related deaths, 34 (8%) more than in 2006 and 231 (103%) more than in 1997. Mr Ahmad suggested this indicated a clearly growing problem.

Mr Ahmad believed the current level of health services offered within the identified neighbourhood did not adequately meet the needs of the community. This observation had been reflected in his survey and also recently available health statistics. These findings had highlighted the requirement for community pharmacies to provide specialist help and support. He therefore planned to work with local residents in helping them to better understand their addictions/ illness and further de-stigmatise the issue

Mr Ahmad also planned to offer additional services for example:

- Medicine reviews - both within the pharmacy and in a patients home.
- Consultation rooms – for methadone dispensing and medicine reviews.
- Train pharmacy staff, in life support.
- Provide home methadone supervision.

The Applicant advised that the Parkhead Housing Association currently planned to develop approximately 500 new housing units, which would increase the neighbourhood's population by around 1,100. In addition, there were several private house builders undertaking developments. The future increase in neighbourhood population therefore supported his application for a new pharmacy within the area. In addition, he said the future Commonwealth Games would also place increased demands on pharmaceutical services within the area.

The Interested Parties Question the Applicant

In response to questioning from **Mr Rossi**, the Applicant accepted that currently the population were well served for pharmaceutical services. He said however, that he believed the services would become inadequate in the future with the expected increase in population and the need for more focused services e.g. mental health & drug addiction. These new services he added would provide the population with access to a whole range of other community professionals from within the community pharmacy setting.

In response to a further question from Mr Rossi, Mr Ahmad confirmed that he had spoken with Carole Hunter of the Glasgow Addiction Service. He accepted the current availability of methadone and needle exchange services were adequate but stated that much wider services were needed e.g. housing, finance and employment in order to more effectively tackle underlying issues highlighted.

In response to further questioning from Mr Rossi, Mr Ahmad he said that he did not accept that the new housing developments were just replacing high density housing which had been demolished. The population growth statistics he had presented were based on 2006 information. He did not agree there had been an overall population decline over the last 5 years but accepted that the population were now living in better accommodation.

In response to a final question from Mr Rossi, Mr Ahmad stated that he was not aware of any complaints to the Board concerning the access to Sunday services.

In response to questioning from **Mr Nightingale** concerning the source for his population statistics, the Applicant advised he used the *2006 General Register Office for Scotland Datazone Estimates* for a 1½ mile radius area from the proposed premises. He added, that this area indicated a total population estimated at 66,000. However, he estimated that 27,000 were resident within a 1 mile radius from the premises.

In response to further questioning from Mr Nightingale, Mr Ahmad accepted that pharmacies already established within the neighbourhood provided a full range of pharmaceutical services including Sunday services but he emphasised that he intended to provide more focused services through

partnership with other agencies. He also accepted that Needle Exchange services were locally negotiated with the Health Board although he believed any application would be successful. He was not aware of any Board financial constraints that would impede his application for this particular service.

In response to further questioning from Mr Nightingale, Mr Ahmad confirmed that two thirds of his survey had been undertaken house-to-house within 100 metres of the premises. He accepted any respondent being asked if they wished to have a pharmacy within the locality would respond positively. He accepted that as he had not asked residents if they were unable to access current services, their responses were therefore based on convenience rather than any unmet need

In response to a further question from Mr Nightingale, Mr Ahmad confirmed that he required a NHS pharmaceutical services contract to be in a position to offer the extended services with other organisations.

In response to further questioning from Mr Nightingale, Mr Ahmad reiterated that he did not accept that housing demolition and developments had resulted in an overall net decrease in the population. He accepted the 2001 Census had recorded a 31,000 population for the area and now it was 27,000 and that this had risen since 2006.

In response to a final question from Mr Nightingale, Mr Ahmad said that although he had referred to the 2014 Commonwealth Games in his presentation, and that this would produce a temporary increase in the population, his application was based on the need to provide a long term service.

In response to a question from **Mr Young**, the Applicant accepted that pharmaceutical services were readily available within the neighbourhood, with six pharmacies within 600yds of the proposed premises. However he stressed health statistics continued to show no decline in community drug related deaths.

In response to a final question from Mr Young, Mr Ahmad said that he had personally undertaken the survey to 136 residents. He accepted that this amounted to approximately 0.002% of the population but he believed this to be adequate in offering a snapshot of the population.

In response to questioning from **Mr Robertson** concerning the survey analysis, the Applicant confirmed these results provided the basis for his assessment that there did exist a current inadequacy of service, which he believed was supported by Local Government statistics showing no improvement in population health and wellbeing status.

In response to a final question from Mr Robertson, Mr Ahmad accepted that no one pharmacy could overturn the government statistics but he had the

right drive and ambition to succeed with these challenges.

The PPC Question the Applicant

In response to a question from **Mr Reid** concerning the easterly boundary of the neighbourhood, the Applicant confirmed it was from the railway line, down Chester Street and Eckford Street to London Road.

In response to a second question from Mr Reid, Mr Ahmad confirmed that he intended to offer in excess of provide 20 additional services over and above the core services, which he believed to be unique.

In response to further questioning from Mr Reid, Mr Ahmad confirmed he had undertaken the survey and his sister had collated the data. He had not considered employing an independent surveyor as he wanted the opportunity to introduce himself to the residents at the time of the survey.

In response to a final question from Mr Reid, Mr Ahmad confirmed that his original application stated the pharmacy would close on Sundays, this was subsequently changed in response to comments made by residents during the survey.

In response to a question from **Professor McKie**, the Applicant advised the name 'Gateway Community Pharmacy' was a trading name he had recently decided on for the pharmacy. It was not a registered company.

In response to a further question from Professor McKie, Mr Ahmad confirmed the property was already owned and that his family had other retails units close by.

In response to further questioning from Professor McKie, Mr Ahmad confirmed he had produced an age analysis of the survey's sample but had not analysed this by gender or housing. Professor McKie expressed concern on how the sample could be considered as a fair representation of the population. Mr Ahmad stated that he believed the survey could only be considered as representative if the entire 27,000 residents had been involved.

In response to a further question from Professor McKie, Mr Ahmad said he wished to provide a one-stop-shop service and not just a consultative service referring-on to specific services.

In response to a final question from Professor McKie, Mr Ahmad accepted the area currently had an exceptionally large concentration of pharmacies but added that statistics still showed a decline in the health status of the population and he posed the question, why would that be?

In response to questioning from **Mr Thomson**, the Applicant advised his presentation had stated 22% of the population were young (16 to 29) and to

this particular group he planned to offer; C Card service, Emergency Hormonal Contraception along with sexual health education, in conjunction with Sandyford Initiative. He did not foresee any problems with patients accepting this educational advice from a pharmacist as he would be sensitive to the way he offered information and would encourage their active participation in the discussion.

In response to questioning from **Mrs Roberts**, the Applicant agreed that his presentation had weighed heavily on the basis of the survey findings even though it represented a very small proportion of the neighbourhood. He confirmed that he had not compared the survey analysis with any other similar UK surveys. He also agreed that it was possible that similar responses may have been received for the 18 to 25 year old group if surveyed elsewhere in the UK.

In response to a further question from Mrs Roberts, Mr Ahmad agreed that his presentation had also weighed heavily on drug related deaths quoting the 455 deaths reported in *Drug-related Deaths in Scotland 2007*. He did however, accept this statistic included; deaths related to alcohol, suicide and unidentified causes.

In response to a question from **Mr Dykes**, the Applicant advised that the premises had been purchased by his father 3 years ago and given to him as a gift so that he could open a pharmacy. He also confirmed that this was the first time he had applied to develop the premises.

In response to further questioning from Mr Dykes, Mr Ahmad confirmed that the sample of people surveyed were not aware of the purpose of the survey i.e. for his own use in support of his pharmacy application. He also advised that he did not have previous experience in designing survey questions. He added, the survey had been developed from his own ideas, the needs of the population and information he collected.

In response to final questioning from Mr Dykes, Mr Ahmad reiterated that he wished to provide an on-call service. He did not envisage generally providing his mobile phone number to patients but to specific organisations and NHS. He did recognise that he would need to investigate further how this may impact on the Health Board.

There were no questions to the Applicant from the Chair.

<u>The Interested Parties' Case – Tollcross Pharmacy (Mr John Rossi)</u>

Mr Rossi stated the general area was currently well served by community pharmacies with 13 within a one mile of the proposed pharmacy all offering patient access to the full range of pharmaceutical services. He said the applicant's presentation had placed an emphasis on patient communication but he said that current pharmacy contractors already had a very good knowledge of their patients, which had been built-up over a long time. When

appropriate, patients were already being referred to alcohol addiction/ diet & housing services and those patients suffering from depression were given help. Current referral systems, in his opinion, were working well.

Mr Rossi said that he had worked within the area for a long time and stated that population levels were falling as high density housing was now being replaced by better housing. The demolition work had ended in 2006 and he had recognised that some of relocated residents had now moved back.

Mr Rossi referred to the applicant's survey results, which he believed raised questions around the population's apparent healthcare concerns. He was also concerned as to whether the applicant's proposed additional services would in fact actually materialise or indeed be sustainable. By example he stated the Board were currently unable to extend the Needle Exchange service due to insufficient funding. Also, the Glasgow Addiction Service had advised him that there was no need for an additional methadone supervision site in the area.

Mr Rossi said the survey had identified the need for Sunday access but services were already available from three existing pharmacies in the area and the applicant's differentiation between services provided by multiple and independent pharmacies was really not an issue. Services were available.

Mr Rossi ended his presentation asking the committee to reject the application on the basis that the area was already well provided with services.

The Applicant Questions Mr Rossi

In response to questioning from **Mr Ahmad**, Mr Rossi reiterated his belief in the existence of the adequate provision within the area and that community pharmacy was part of the health team, which cannot resolve all a patient's health problems alone.

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

The PPC Question Mr Rossi

In response to a question from **Mr Thomson** in respect of patient referrals, Mr Rossi advised that as a quality measure, he ensures these are appropriate by seeking feedback from the services he has referred too.

In response to a final question from Mr Thomson, Mr Rossi clarified that the additional services his pharmacy provides have been established and evolved from the needs of his patients and the opportunities made available by the Health Board.

In response to a question from **Professor McKie**, Mr Rossi confirmed that he accepted that his pharmacy was sometimes more busier than others but at

no time did he believe any of his services were overstretched.

There were no questions to Mr Rossi from the Chair, Mr Dykes, Mrs Roberts and Mr Reid.

The Interested Parties' Case – National Co-operative Chemists (Mr Nightingale)

Mr Nightingale stated the purpose of this hearing was to consider a new NHS Community Pharmacy Contract and not a Social Services Centre. He said that if it could be proven that existing services were adequate, this would meet the requirements of the Legal Test and a new contract was not required.

Mr Nightingale agreed the area in question was deprived but it was not an area deprived of pharmaceutical services. 13 pharmacies were located within the locality serving a population of 27,000 and 6 of these were within 600 metres of the proposed site. This would be considered a good provision, providing services well above the Scottish average of 4,500 patients per pharmacy.

Mr Nightingale stated the applicant's survey was not objective and the numbers surveyed were not representative of the whole population. He also believed the Report seemed to contain factual inaccuracies. By example he referred to the pie chart on page 10 of the Report. 55% of survey population had indicated they were *unsatisfied living in the area* however, the previous graph showed 37% were *neither satisfied or unsatisfied living in area*. The majority of residents were therefore satisfied?

Referring to the applicant's statement that he wished to provide Medicine Reviews, Mr Nightingale said that although this was a welcome service, he pointed out this will be part of the Chronic Medication Service in the new Pharmacy Contract once this is introduced.

Mr Nightingale concluded saying existing services were adequate and the National Co-operative Chemists on Shettleston Road had the capacity to extend its current services. The pharmacy had a disabled ramp, a consultation room and a free phone advice line and a collection & delivery service, it opened six days a week and carried out an annual customer survey. He asked the committee to reject the application.

The Applicant Questions Mr Nightingale

In response to questions from **Mr Ahmad**, Mr Nightingale advised that the annual customer survey was last undertaken in November 2007 and would be run again in September this year. The principal 2007 finding was a desire from customers for additional seating. He clarified the survey had been administered by an independent polling organisation. The survey was 4 pages long and included 50 questions. Questionnaires were left in the

pharmacy for patients to collect and return directly to the independent organisation by free post and approximately 150 responses were received. He stressed that National Co-operative Chemists had no involvement in this process other than make the questionnaires available to customers.

There were no questions to Mr Nightingale from the other interested parties.

The PPC Question Mr Nightingale

In response to questioning from **Mrs Roberts**, Mr Nightingale confirmed that, in response to customer views, improvements had been made over the last 3 to 4 years but these had been at a fairly low level and less clinical i.e. a request for a consultation room. On the whole, patients were generally satisfied with the pharmacy with the satisfaction rate improving from around 87% to last year, 94%.

In response to a further question from Mrs Roberts, Mr Nightingale advised that the pharmacy had been sited within the same premises since customer surveys had been undertaken.

In response to a question from **Mr Thomson** regarding the visibility and sighting of the pharmacy within the supermarket, Mr Nightingale felt he was unable to comment on the location as he represented the pharmacy element and had no responsibility nor authority for other areas within the store.

In response to questioning from **Professor McKie,** Mr Nightingale advised that the accommodation of the pharmacy into the food store from a separate shop unit on Shettleston Road had resulted in a decrease of dispensing activity, which had not since been recovered. The pharmacy therefore, had the capacity to increase prescription dispensing.

In response a question from **Mr Reid**, Mr Nightingale confirmed that the 6 pharmacies within 600 metres of the proposed premises were a mixture of multiple and independents pharmacies.

There were no questions to Mr Nightingale from the Chair and Mr Dykes.

The Interested Parties' Case – Rowlands Pharmacy (Mr David Young)

Mr Young stated the applicant had provided no evidence that proved there was an inadequacy of pharmaceutical service provision within the area. This was also the view of the APC CP Subcommittee, whose opinion he believed had been partly based on the high number and density of pharmacies within this area of Glasgow.

Mr Young said he believed that he spoke for all of the contractors within the area in saying if there had been any shortfalls in overall services available, these would have been addressed and overcome as they were identified in the past but would also be in the future.

Mr Young asked the committee to consider the 13 objection letters received by the Board as an indication of how well the area was currently served with services. He also took the opportunity in asking the committee to make special note of the 6 pharmacies currently within 600 metres of the proposed site.

Mr Young concluded by thanking the committee for allowing him the opportunity to speak and stated the application was neither necessary nor desirable.

There were no questions to Mr Young from the applicant.

There were no questions to Mr Young from the other interested parties.

The PPC Question Mr Young

In response to questioning from **Mr Dykes**, Mr Young advised that his pharmacy had recently introduced a customer satisfaction survey. This was now a requirement of the new English pharmacy contract, which the company decided to introduce through its UK pharmacies. The first survey for his pharmacy was planned in November.

In response to further questioning from Mr Dykes, Mr Young said that the survey's national findings had indentified the need for seating improvements and consultation rooms. The company had responded by starting to introduce 'cubes' within its pharmacies to meet the provision for consultation rooms. Customer needs would be assessed at the Shettleston pharmacy once the survey had been evaluated.

In response to a question from **Professor McKie**, Mr Young confirmed pharmacy's capacity was able to meet any further demands on its services.

There were no questions to Mr Young from the Chair, Mrs Roberts, Mr Thomson or Mr Reid.

The Interested Parties' Case – Shettleston Pharmacy & Robertson Chemist (Mr D Robertson)

Mr Robertson said that he agreed with the other interested parties that there was an adequate provision of services within the area and that these pharmacies would continue to respond to needs, if and when identified by the Health Board.

In respect of Robertson Chemist, Mr Robertson stated he had the capacity to provide methadone services to more patients. He added, his pharmacy had recently under gone a refit and now had a consultation room, which had resulted to a degree of dissatisfaction with some customers due to loss of some stock ranges from the pharmacy.

Mr Robertson ended his presentation reiterating that there was an adequate provision of service within the area.

The Applicant Questions Mr Robertson

In response to a question from **Mr Ahmad**, Mr Robertson advised that he currently provided services to patients with mental health problems.

There were no questions to Mr Robertson from the other interested parties.

The PPC Questions Mr Robertson

In response to questioning from **Mr Dykes**, Mr Robertson advised he had not seen any shift changes in his business since the refit but recognised it was still early days and it was not completely finished. He also indicated that the consultation room had yet to be fully utilised. He also confirmed that the pharmacy did have a separate area for methadone supervision.

In response to a question from **Mrs Roberts**, Mr Robertson stated now that the pharmacy had been refitted, it had the capacity to dispense more prescriptions due to the extension of its dispensing area.

There were no questions to Mr Robertson from the Chair, Mr Thomson, Professor McKie or Mr Reid.

Summing Up

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

Mr Rossi stated there was currently an adequate provision of pharmaceutical services within the area. The applicant was not offering any services that were not already available therefore this application was neither necessary nor desirable.

Mr Nightingale said the existing services were adequate and therefore the application should be refused.

Mr Young stated that the margins and profitability in pharmacy were being squeezed more and more, especially since Category M. Another contract within this area would further dilute prescriptions per pharmacy, which would only destabilise current services and could seriously affect the viability of existing pharmacies.

Mr Robertson stated there were sufficient services in the area and that all Health Board services were being provided. The application should therefore not be approved.

Mr Ahmad said his application was based on: an analysis of current

services; opinions and views from the community; an increasing population and significant housing developments. His pharmacy planned to provide a 7 day a week specialist, pharmaceutical service to improve the health & well being of the area's population.

Mr Ahmad asked the committee to consider the local government statistics which suggested that more help was needed to address this community's health needs. The proposed pharmacy was not just about delivering services like methadone and needle exchange, since it would be there to encourage an upward trend in the health & well being for the whole community.

Mr Ahmad concluded saying, this was an area of regeneration with many new housing developments, the future Commonwealth games and he was committed to meeting the need of this community.

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.

In addition to the oral submissions put forward before them, the PPC also 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, CP Subcommittee;

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 area of G31.4 and G31.5;

f) Information from Glasgow City Council's Department of Development and Regeneration Services regarding future plans for development within the area; and

g) 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 visit, the PPC had to decide first on the question of the neighbourhood in which the premises, to which the application related, were located.

The Committee considered the various neighbourhoods put forward by the Applicant, the Interested Parties and the Community Pharmacy Subcommittee in relation to the application and taking all information into consideration, the Committee considered that the neighbourhood should be defined as follows:

North: the railway line;
West: down Duke Street & Springfield Road;
South: along London Road;
East: along Maukinfauld Road & Muiryfauld Drive to the railway line.

The Committee felt that this was distinct neighbourhood. The railway formed a physical boundary. Dukes Street marked a natural boundary between a residential area and a retail area. Springfield Road was a busy trunk road forming a natural boundary to the edge of the neighbourhood. London Road was also a natural boundary bounded on its southern edge by green open areas. Muiryfauld Drive also marked a natural neighbourhood boundary with Tollcross Park lying along its easterly edge.

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 within the neighbourhood as defined by the PPC there were 4 pharmacies. These pharmacies provided the full range of pharmaceutical services, including supervised methadone and 1 offered needle exchange services. The Committee further noted that there were at least 12 additional pharmacies within the extended area that provided services and 2 opened on a Sunday service. The Committee acknowledged the applicant's personal desire and commitment to improve the health of others and to assist with their social needs. However, the Committee is

obliged to consider the adequacy of the pharmaceutical service provided. 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 the existing pharmaceutical services in the neighbourhood were adequate.

The Committee was satisfied that no evidence had been produced by the Applicant, or had been made available to the Committee via another source which demonstrated that the services currently provided to the neighbourhood were inadequate.

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

In accordance with the statutory procedure the Chemist Contractor Member of the Committee 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.

Contracts Services Supervisor

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

4. ANY OTHER COMPETENT BUSINESS

None.

5. DATE OF NEXT MEETING

The next scheduled meeting would take place on Wednesday 13th August 2008.

The Meeting ended at 3.30p.m.