NHS Greater Glasgow and Clyde

NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (12)
Minutes of a Meeting held on
Wednesday 6th August 2008
Platform, The Bridge, 1000 Westerhouse Road,
Easterhouse, Glasgow G34 9JW

PRESENT:	Mrs Agnes Stewart	Chair
	Professor J McKie	Lay Member
	Mrs Charlotte McDonald	Deputy Lay Member
	Professor H McNulty	Deputy Non Contractor Pharmacist Member
	Mr Gordon Dykes	Contractor Pharmacist Member
IN ATTENDANCE:	Dale Cochran	Contracts Supervisor – Community Pharmacy Development
	Janine Glen	Contracts Manager – Community Pharmacy Development
	David Thomson	Deputy Lead - Community Pharmacy Development

ACTION

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. 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/INCL07/2008
Mr David Liston – 6 Lamlash Crescent, Cranhill, Glasgow G33 3LQ

The Committee was asked to consider an application submitted by Mr

David Liston, to provide general pharmaceutical services from premises situated at 6 Lamlash Crescent, Cranhill, Glasgow G33 3LQ 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 Liston, 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 David Liston ("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 Paul Nightingale (National Co-operative Chemists), assisted by Ms Emma Griffiths, Mr David Young (Rowlands Pharmacy) and Ms Lynn Duthie (Lightburn Pharmacy), assisted by Mr Douglas Miller ("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 Cranhill, Ruchazie, Carntyne, Springboig and Shettleston.

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.

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The Applicants' Case

The Applicant thanked the members of the Pharmacy Practice Committee for hearing his application. He advised that Cranhill, which featured in the Scottish Indices of Multiple Deprivation falling into five datazone areas which rank in the bottom 15% of all Scottish datazones, was a neighbourhood in which there was an unmet need for Pharmaceutical services. Mr Liston felt that it was necessary and desirable to have a pharmacy in this highly deprived neighbourhood.

From the Applicant's proposed premises Mr Liston intended to provide the core elements of the NHS pharmaceutical contract with eMAS being a particular benefit to the local community. He would offer a free collection and delivery service for repeat and acute prescriptions, compliance aids and advice to nursing homes. The premises would also afford an area for supervision of Methadone and for needle/syringe exchange. Mr Liston had spoken to the head of the East Community Addictions Team who indicated he considered such a development would benefit clients that have to travel outwith the area to access such services. Within the pharmacy there would be an advice point for the display of health promotion materials and a facility for anyone seeking professional advice from pharmacy staff.

Also included in the plans for the pharmacy was a large consultation room which complied with the pharmaceutical services contract. The room would be available for a number of purposes e.g. diabetes screening and blood pressure monitoring, smoking cessation, sexual health advice and weight management classes. Mr Liston had spoken to the Director of East Glasgow CH(C)P who had indicated that such a resource would be integral to the CH(C)P plans to improve the health, well being and quality of life of Cranhill residents by providing services such as community nurses, diet and nutrition advice from dieticians and a podiatry service. In his research for the application Mr Liston had noted a lack of out of hours services in the East End. In considering this, he had decided to apply to open from 9.00am to 10.00pm seven days a week. He felt this would be particularly beneficial to the neighbourhood of Cranhill as the Glasgow Emergency Medical Service (GEMS) was about one mile away in Easterhouse. Patients taken to GEMS returned home after consultation and may not have access to a pharmacy. This would minimise the need for residents in the Cranhill neighbourhood to travel to another area of the city to access a pharmacy. Mr Liston felt that the Minor Ailment Service (MAS) would be particularly useful when accessing the pharmacy out of hours.

Mr Liston indicated that during his research he had been advised that a pharmacy has previously operated within the neighbourhood in an area to the south of Lamlash Crescent in Monach Road. This was positioned within a row of shops and houses demolished in the early nineties.

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Mr Liston then turned his attention to the question of neighbourhood and quoted from the rulings of Lords Nimmo Smith and Banks on the definition of neighbourhood.

"Neighbourhood is not defined in the regulations and must therefore be given the meaning which would normally be attributed to it as an ordinary word of the English language. As the word is ordinarily understood, it has connotations of vicinity or nearness…The word neighbourhood in regulation 5(1) of the 1995 regulations means an area which is relatively near to the premises in question which need not have any residents and which can be regarded as neighbourhood for all purposes."

In the Applicant's opinion, the most important concept to be taken from Lord Nimmo Smith's ruling was that the word neighbourhood, when used in the regulations had the same meaning as when used in every day speech. In other words a neighbourhood is a place where everyone would consider each other as neighbours.

Lord Nimmo Smith underlined this point by stating that it was "an area which can be regarded as a neighbourhood for all purposes."

The Applicant suggested that this statement is sometimes misunderstood. It did not mean that a neighbourhood must include a wide range of services. The word 'purpose' was not the same as the word 'service'. The Applicant asserted that what Lord Nimmo Smith actually meant was that the context in which one was determining a neighbourhood did not alter the boundaries of that neighbourhood. A neighbourhood in which a Tesco Superstore was located would be the same neighbourhood if one was to substitute the Tesco with a small corner shop. Neighbourhood should not be confused with catchment area – the boundaries of which will change depending on the context. In the previous example the Tesco store would have a larger catchment area than the small corner shop but still be in the same neighbourhood.

Further guidance on the question of neighbourhood had been provided by Lord Justice Banks.

"I will not pause to consider which is indicated by the expression neighbourhood. In this connection it is impossible to lay down any general rule. In country districts people are said to be neighbours, that is to live in the same neighbourhood, who live many miles apart. The same cannot be said of dwellers in a town where a single street, or a single square may constitute a neighbourhood. Again physical conditions may determine the boundary or boundaries of a neighbourhood as for instance a range of hills, a river, a railway or a line which separates a high class residential district from a district consisting only of artisans or workmen's dwellings."

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The Applicant asserted that this judicial review dovetailed nicely with that given by Lord Nimmo Smith. A neighbourhood in a town or city may cover a relatively small area "a single square may constitute a neighbourhood" and the simple reason is that a person living in a high class residential district would not consider themselves a neighbour of a person living in an adjacent working class area. There may not be any physical boundary between two such neighbourhoods but they will be different neighbourhoods none the less because a neighbourhood must be given the meaning which would be attributed to it as an ordinary word of the English language.

With the benefit of the judicial opinion and guidance, Mr Liston stated that the neighbourhood in which the premises were located was:

North – the M8 motorway;
South – the A8 Edinburgh Road;
East – the B765 Stepps Road; and
West – Ruchazie Road leading to Gartcraig Road, heading north where it crosses the M8.

Mr Liston advised that this area of Glasgow was known as Cranhill which was a distinctive residential neighbourhood and within which all the residents would consider each other to be neighbours. Cranhill was bounded on three sides by distinctive physical boundaries; the M8 motorway to the north, on the south Edinburgh Road and to the East by Stepps Road which separated Cranhill from Queenslie Industrial Estate. The western boundary was slightly more difficult to define but since he suggested that Cranhill was not the same neighbourhood as Riddrie, he considered Ruchazie Road to be a reasonable choice.

The Applicant advised that this was also the neighbourhood identified by the Greater Glasgow Area Pharmaceutical CP Subcommittee at their meeting of 12th May 2008 and in the document, Cranhill Community Profile Statistics, January 2007.

The Applicant advised that in previous applications there had been different interpretations of the Cranhill neighbourhood. The Applicant then referred to the map used by the National Appeals Panel (NAP) in their determination of the appeal in 2006 which concluded that the Cranhill neighbourhood included an area to the south of Edinburgh Road which was in Carntyne and which already contained a pharmacy. The NAP rejected the appeal. The Applicant felt that this was not a reasonable interpretation of the neighbourhood as a place could only be in one neighbourhood. It couldn't be in two. If Lightburn Pharmacy was in the Cranhill neighbourhood (which was all located north of Edinburgh Road) then it was not in the Carntyne neighbourhood. The Applicant asserted that if he were to ask a resident of Carntyne Road if they lived in Carntyne or Cranhill he was sure they would live in Carntyne. This led the Applicant to state that Lightburn Pharmacy was

not in Cranhill. It was in Carntyne.

The Applicant advised that there had been a number of previous applications in Glasgow east end area and there had been a number of neighbourhoods contrived which always placed an NHS pharmacy contract within the neighbourhood in which the premises were located. These neighbourhoods however did not fit together in a rational fashion and an existing pharmacy in one neighbourhood may move to another neighbourhood depending on the location of the proposed new premises. The neighbourhood in which these premises were located was Cranhill.

The Applicant then turned his attention to the issue of adequacy of existing services. He advised that the residents of Cranhill accessed their pharmacy services from the surrounding Cranhill area mostly from Lightburn Pharmacy in Carntyne Road, Robertsons in Smithycroft Road, Alliance in Abbeyhill street and to a lesser extent various pharmacies on Shettleston Road and across the M8. While Mr Liston did not doubt that these pharmacies provided a good service this indicated a fragmentation of service with a large number of pharmacies each providing services to a small number of the Cranhill community. Mr Liston felt that Cranhill deserved its own Pharmacy dedicated to serving and improving the health of the local population which measured some 3,700 (Cranhill Community Profile Statistics – January 2007). Mr Liston reiterated that the people of Cranhill were some of the most deprived not just in Glasgow but in the whole of Scotland with a lower than average life expectancy.

For men life expectancy was 63 years, 11 years less than the national average. To put this into perspective, male life expectancy in Iraq was 67 years. Cranhill had increased mortality due to coronary heart disease (45% above national average), cancer (53% above national average), alcohol abuse (84%) and drug misuse (158% above national average). There was also increased incidence of hospital admission due to heart disease (94%), cancer (19%) and diabetes (35% higher than average). These figures were taken from the 2006 Scottish Indices of Multiple Deprivation figures which also indicated that 28.2% of the population was unable to work due to illness/disability (167% higher than average), 33.8% had a long term limiting illness (51% higher than average) and 18% of people self assess their health as “Not Good”. Mr Liston reiterated that alcohol and drug abuse was a major problem in this area with 115% more alcohol related hospital admissions and 158% more drug related deaths than the Scottish average. Smoking was also a major health problem with 56.3% more estimated smokers and 75% more smoking related deaths than the Scottish average. In fact Cranhill was above the Scottish average for all health indicators.

Currently, the people of Cranhill had to travel to access their pharmacy

services. This may prove difficult for some as 69% of the population did not have access to a car although people could travel by bus or taxi. 53% of people were economically inactive and 40% claimed income support. 7% were unemployed. Elderly patients, the infirm, expectant or young mothers with prams may also find it difficult to access a pharmacy if walking especially when considering the gradient of the hill from Edinburgh Road. In conversation with the two local housing associations, Glasgow Housing Association and The new Housing Association a common complaint from their tenants were the lack of a local pharmacy and the difficulties of going elsewhere to access one. This point was also made by the local councillor who also indicated that securing a community pharmacy was one of his priorities and that he was very keen to have this valuable service within the Cranhill neighbourhood. The need for a pharmacy was further evidenced by the petition which had been gathered over a three day period in the local post office.

Mr Liston advised that taking these factors into consideration; the fragmentation of current service with no one pharmacy dedicated to the neighbourhood of Cranhill; the high level of deprivation which a pharmacy would be in a position to improve; and the lack of mobility for elderly, infirm, expectant and young mothers, he concluded that the current pharmaceutical service was inadequate. He therefore concluded that, due to this inadequacy, it was necessary and therefore desirable that Cranhill has a pharmacy dedicated to providing a high quality healthcare service which would help this highly deprived population.

The Interested Parties Question the Applicant

In response to questioning from **Ms Duthie**, Mr Liston confirmed that he had amended the opening hours initially intimated on his application form. This had been in response to the research undertaken. He further confirmed that the consultation room within the pharmacy would measure 4 metres x 2 metres. He also confirmed that the total population of the defined neighbourhood was 3,700 as obtained from the Cranhill Community Profile Statistics – January 2007.

In response to further questioning from Ms Duthie, Mr Liston listed the other retail premises in the neighbourhood.

In response to further questioning from Ms Duthie, Mr Liston clarified his comments around the current provision of services into the Cranhill area. He did not agree that services to the area were over prescribed. He clarified that he felt that the totality of the neighbourhood was being served by several pharmacies. There was no dedicated provision of services. Mr Liston confirmed that the nearest pharmacy to those living in Sumburgh Street was Alliance or Lightburn, the nearest to Mallin Place and Corran Street was also Alliance or Lightburn. The nearest

pharmacy to Loretto Street, Strone Road, Crowlin Crescent, Fidra Street and Startpoint Street was Alliance Pharmacy. Mr Liston accepted that many of the residents of Cranhill could be expected to travel to the nearest pharmacy to their home.

In response to further questioning from Ms Duthie, Mr Liston advised that the proposed pharmacy would serve the resident population of Cranhill as there was little reason for non-residents to travel into the area. He also confirmed that the proposed pharmacy would not provide any services which were not already being provided by the existing contractors in the area.

In response to further question from Ms Duthie, Mr Liston advised that he had been told that previously there had been a pharmacy in the neighbourhood located in Monach Road. Mr Liston accepted that this information might not be accurate and that in fact the premises may have been a GP surgery and not a pharmacy.

In response to further questioning from Ms Duthie, Mr Liston confirmed that he had spoken to a representative from the Addiction Services in the East End. He advised that a pharmacy in the proposed location would be welcomed and it would provide more options to access services. He did not say that the area was struggling for methadone places.

In response to questioning from **Mr Nightingale**, Mr Liston advised that the dispensary area would be approximately 175square metres. He confirmed that plans for the premises were in draft format only and that the layout would be fully compliant with health and safety regulations.

In response to further questioning from Mr Nightingale, Mr Liston disagreed that his pharmacy would serve only one part of the west half of the area, given that patients from Cranhill would continue to access services closest to their homes. Mr Liston advised that the residents of Cranhill were forced to travel outwith their neighbourhood currently to access services. This would not be the case when the new pharmacy opened and he hoped to attract them back into the area. He did not agree with Mr Nightingale's assertion that this amounted to a matter of convenience and not necessity.

In response to further questioning from Mr Nightingale, Mr Liston confirmed that in his opinion a viable pharmacy needed a patient base of 1,800 to 2,000.

In response to further questioning from Mr Nightingale, Mr Liston confirmed that the local councillors had supported the proposal. He also confirmed that he had written evidence around the inadequacy of the current service; however he had not submitted this within the

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timescale specified in the PPC's processes.

In response to final questioning from Mr Nightingale, Mr Liston stated that residents were unable to access current services because of their lack of mobility. He confirmed that the current pharmaceutical network provided a collection and delivery service and again stated he had no information re survey.

In response to questioning from **Mr Young**, Mr Liston advised that he was unaware of whether the Health Board had received any complaints about the current services provided in the area. He advised however that the two housing associations he had contacted had confirmed that some of their residents had pointed out some problems in accessing services. He felt that patients would not complain to anyone who provided current services.

Mr Young then asked what changes had occurred since NAP had refused a previous application in the area. Mr Liston advised that since 2006 there had been no development in the area. He asserted however that he did not consider this meant current services were adequate.

The PPC Question the Applicant

In response to questioning from **Mrs McDonald**, the Applicant confirmed there was good access to bus services in the area. There were bus stops both up and down the hill from the proposed premises.

In response to questioning from **Mr Dykes**, the Applicant confirmed that he didn't feel the reduction in population seen with the recent demolition of housing would continue. He believed there were plans to build new houses and this would halt the reduction in population.

In response to further questioning from Mr Dykes, the Applicant advised that there was no particular reason why he had opted not to provide a domiciliary oxygen therapy service. He advised that Lightburn Pharmacy already provided this service. He also confirmed that he had had experience of working in late night pharmacies through his work at a locum.

In response to questioning from **Professor McKie**, the Applicant confirmed that the bus service travelled along Stepps Road, Bellrock Street and onto Edinburgh Road. He was not aware of other bus services in the area.

In response to further questioning from Professor McKie, the Applicant confirmed that he did not feel that an additional pharmacy would further fragment services. A further pharmacy would provide services to the entire population of Cranhill thus bringing residents back into the

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community.

In response to questioning from **Mr Thomson**, the Applicant further clarified his south boundary as the north side of Edinburgh Road. He further confirmed that he did not know what percentage of the population comprised young mothers.

In response to further questioning from Mr Thomson, Mr Liston confirmed he was aware that provision of some services was dependent on Health Board authorisation and funding. He advised that he was hopeful in securing authorisation to these services, but did not consider these essential to secure viability.

In response to questioning from **Professor McNulty**, Mr Liston advised that residents in the area travelled to Edinburgh Road, Shettleston Health Centre and Budhill Medical Practice to access GP services. He advised that they may need to take two buses to access these services.

In response to final questioning from Professor McNulty, Mr Liston confirmed that there were two primary schools in the area.

There were no questions to the Applicant from the Chair.

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

Mr Young thanked the committed for the opportunity to present his case on behalf of Rowlands Pharmacy.

He advised that there had been no indication given that there was an inadequacy of pharmaceutical service provision in the area. This was also the opinion of the CP Subcommittee.

He felt that he spoke for all contractors in the area that if any issues were identified, then these would be addressed as they arose. This would also apply to any future needs identified.

Mr Young advised that there had already been two previous applications in this area. These had been fully examined and rejected and there had been no real changes in the area since then.

If it was neither necessary nor desirable at that point then it must apply to this application as well. Furthermore, there were already 11 pharmacies in a one mile radius of the proposed site. Mr Young advised that this figure spoke for itself.

There were no questions to Mr Young from the Applicant, Mr Nightingale or Ms Duthie.

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NHS Greater Glasgow and Clyde

The PPC Questions to Mr Young

In response to questioning from **Professor McKie**, Mr Young confirmed there were public transport links convenient for the residents of Cranhill to his pharmacies. He was unsure of the exact details, but he was aware that bus services run along Springboig Road.

In response to questioning from **Mr Dykes**, Mr Young confirmed that the two Rowlands Pharmacies within the area had been fully refitted and both had consultation rooms. Rowlands operated a 6 year rolling programme of refits.

In response to questioning from **Mr Thomson**, Mr Young confirmed that Rowlands Pharmacy provided a collection and delivery service to the residents of Cranhill.

There were no questions to Mr Young from the Chair, Mrs McDonald, or Professor McNulty.

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

Mr Nightingale advised that the Applicant's proposed premises were situated in an area where there was already an adequate provision of pharmaceutical services. There were two pharmacies close to the edge of the neighbourhood, with nine pharmacies within a one mile radius providing services to the residents of Cranhill. The National Co-operative Chemist premises all had disabled access, and provided a dedicated collection and delivery service from the pharmacies in Shettleston and Garrowhill.

Mr Nightingale advised that there were limited opportunities for shopping in Cranhill, with residents requiring to travel outwith the area to access their weekly shop. They could travel by bus to Morrison's at Easterhouse or to Tesco or the Co-op in Shettleston. The residents of Cranhill were already moving outwith the area to access other services.

Mr Nightingale advised that National Co-operative Chemists operated a freephone advice line from their pharmacies which gave patients direct access to a pharmacist for telephone advice. This had been in place when the previous applications had been considered and nothing had changed since this time.

The Applicant Questions Mr Nightingale

In response to a question from **Mr Liston** regarding the fairness of requiring residents of a deprived neighbourhood to travel to access

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services, Mr Nightingale advised that it was not necessary for the residents to travel long distances to access current services. There were pharmacies within close proximity.

There were no questions to Mr Nightingale from Mr Young or Ms Duthie.

The PPC Question Mr Nightingale

In response to questioning from **Mrs McDonald**, Mr Nightingale explained the telephone advice service provided by National Co-operative Chemists. He advised that patients could access advice from a pharmacist. If this resulted in a prescription being generated, National Co-op could deliver this to the patient.

In response to questioning from **Professor McKie**, Mr Nightingale confirmed that the third supermarket referred to in his presentation was the Morrison's Supermarket at Easterhouse. He further confirmed that he did not know the exact details of the bus services operating in the area. He was aware that Tesco's had previously operated a free bus service from their store in Shettleston but this had now ceased.

In response to questioning from **Mr Thomson**, Mr Nightingale confirmed that the telephone advice service was provided from all National Co-operative Chemist branches.

In response to questioning from **Professor McNulty**, Mr Nightingale confirmed that National Co-operative Chemists had available methadone spaces in both their pharmacies in Shettleston and Cartyne.

There were no questions to Mr Nightingale from the Chair, Mr Dykes or Mrs McDonald.

The Interested Parties' Case – Lightburn Pharmacy (Ms Duthie)

Ms Duthie advised that she would like to draw attention to the statutory test and the requirement to consider necessity and desirability. She considered that the pharmaceutical services presently provided to the neighbourhood were adequate and invited the PPC to dismiss the application. She defined the neighbourhood as the area bound to the north by the M8, to the east by Stepps Road, across Edinburgh Road and along Springboig Road, to the south by Greenfield Avenue and Inveresk street and the west by Ruchazie Road to the M8 motorway which was similar to both the previous PPC and NAP decisions. The Applicant's neighbourhood suggested a neighbourhood could be defined without taking into account access to GP services, hospital services (Lightburn hospital) and local children's schooling i.e. the only secondary school, and shopping amenities. Cranhill at the moment

has the availability of a sub post office, a small shop and hairdressers.

She advised that in the past Cranhill consisted of high density 4 storey tenement flats. The majority of these had been replaced. There were no further applications in planning nor were there applications pending for further house building. Between 2001 and 2006 364 houses had been demolished and the densely populated tenement housing had been replaced by one to two storey owner occupied low density housing with car parking facilities. The decrease in population was reflected by the fact that four schools had been amalgamated into two.

Ms Duthie asserted that the Applicant suggested that Cranhill had a high % of elderly and young residents. Drawing the PPC's attention to the 2004 figures, the average elderly population in Glasgow was 18%; the elderly in Cranhill was 13%. The young population average in Glasgow was 23%. In Cranhill it was 17% - these figures would have further decreased. Indeed the largest population is middle aged.

The Applicant had stated that few people in Cranhill had access to cars – Ms Duthie asserted that there were far more cars now than there ever were. As reflected by most of the new housing having car driveways included. The average drive time to Lightburn Pharmacy from anywhere in Cranhill was 2.18 minutes. For those who did not have cars and were able bodied, the pharmacies are very accessible. Ms Duthie's pharmacy was a one minute walk from the nearest point to a 5 - 10 minute walk from the North of Cranhill. Indeed patients would have to make the journey to GP surgeries anyway to access medical services. The west of Cranhill had open access to Edinburgh Road. There was also access through the park and five access routes to the east. There was also access down Stepps Road. There were also many pedestrian crossings across Edinburgh Road. Indeed many children made this crossing every day to access the local secondary school.

Ms Duthie advised that the people of Cranhill had direct access to several buses and a pharmacy en route either way, thus making access to public transport more available to those who needed it. Indeed the average public transport time from any part of Cranhill to a GP surgery was 7.9 minutes – and when taking into account that there was a pharmacy near each of these then you could conclude this was also the travelling time to a pharmacy. For those patients who were not able to access these, Lightburn Pharmacy had a delivery driver who provided a daily collection and delivery service. In addition, pharmacist visits to the patient's could also be undertaken

Ms Duthie advised that it was important to note that the people of Cranhill accessed many services from surrounding areas e.g. Carntyne Square and Carntyne Road. Ms Duthie would question how Cranhill could be a neighbourhood in its own right.

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Ms Duthie indicated that Lightburn Pharmacy was an independent family business. The premises were DDA compliant, had a methadone supervision area, consultation room and treatment room. It had incorporated facilities for needle exchange but these were not in use at present as the pharmacy was not included in this particular service. The Pharmacy had provided methadone supervision for many years, and currently they were not at full capacity. They provided all the services the Applicant was hoping to provide and more. Lightburn Pharmacy had two pharmacists and so could offer a wide range of services. This came at a substantial financial cost which was why if another pharmacy was to open it would put pressure on existing services and the second pharmacist would be the first position to go which would reduce the number of services Lightburn Pharmacy could provide and the service they gave to patients.

Ms Duthie advised that she had made substantial investment in the new premises and she feared that by granting another application (two new applications in three years, half a mile away from each other, plus the new application granted to Boots at the Fort which would take the total to three new applications in four years) this would mean Lightburn Pharmacy would not be able to provide services they wanted to provide and fragment the services already provided to patients.

Ms Duthie believed that the current pharmaceutical services could not be deemed inadequate and were comprehensive. The neighbourhood the Applicant defined did not have the infrastructure or the population to be classed as such. Patients living within the Applicant's neighbourhood could not live their daily lives without accessing services outwith the area. Ms Duthie concluded that the application was neither necessary nor desirable and should be rejected.

The Applicant Questions Ms Duthie

In response to questioning from the **Applicant**, Ms Duthie disagreed that residents of Carntyne Road would consider themselves to live in a different neighbourhood to those living across Edinburgh Road. She did not agree that residents were restricted by the common names of areas where their homes were located. Most residents moved freely about the area accessing services and travelling by public transport through neighbouring areas. She further confirmed that most of the population north of Edinburgh Road travelled past Lightburn Pharmacy to access other services.

In response to further questioning from Mr Liston, Ms Duthie disagreed that Lightburn Pharmacy had defined different boundaries in previous applications for premises within a similar area, which placed Lightburn Pharmacy in overlapping neighbourhoods.

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The Interested Parties' Question Ms Duthie

In response to questioning from **Mr Nightingale**, Ms Duthie confirmed that in previous applications for the Springboig area, the neighbourhood had been defined taking into consideration the proposed premises stipulated in the application.

There were no questions to Ms Duthie from Mr Young.

The PPC Question Ms Duthie

In response to questioning from **Professor McNulty**, Ms Duthie advised that her statistics had been obtained from the National Datazone Statistics.

In response to questioning from **Mr Thomson**, Ms Duthie confirmed that community pharmacy could no longer rely on GP services for their income. MAS would continue to develop and become a significant component of income. If there were a pharmacy on every street corner, many would not survive. Lightburn Pharmacy would well equipped to deal with the increasing demands that MAS would make.

In response to further questioning from **Mr Thomson**, Ms Duthie confirmed that Lightburn Pharmacy provided a collection and delivery services. As the pharmacy employed two pharmacists, Lightburn Pharmacy could also provide house visits to patients at any time. The delivery driver used a mobile phone to advise the pharmacist of any issues and these were addressed as they arose.

In response to questioning from **Professor McKie**, Ms Duthie confirmed that Ruchazie Road was the west boundary to her neighbourhood. She further confirmed that bus services 33, 39 and 39A operated a direct route through Cranhill.

In response to questioning from **Mr Dykes**, Ms Duthie confirmed that the plans to demolish the high rise flats in Cranhill had been put on hold as funds had been diverted to the Dalmarnock area of the city to address developments required for the 2014 Commonwealth Games. This resulted in a five to 10 year reprieve for the flats.

In response to final questioning from Mr Dykes, Ms Duthie confirmed that deliveries made on Saturdays were undertaken by the pharmacist.

There were no questions to Ms Duthie from the Chair or Mrs McDonald.

Summing Up

The Applicant and Interested Parties were then given the opportunity to

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sum up.

Mr Young advised that the margins in community pharmacy were being squeezed more and more, especially as a result of Category M. Another contract in the area would further dilute prescriptions, destabilise the area and could seriously affect the viability of certain pharmacies. He concluded that as a result of reduced turnover, costs would need to be looked at which ultimately could lead to current services from existing pharmacies being affected.

Mr Nightingale advised that nothing had changed in the area since 2006 when a previous application had been considered. The application should not be passed.

Ms Duthie advised the Committee that Lightburn Pharmacy supported the decision of the previous PPC and NAP to refuse the application. She agreed with the definition of the neighbourhood set out by the previous PPC and NAP. There was no evidence of any inadequacy in existing pharmaceutical services within the neighbourhood. The accessibility of patients to such services was easily available. She concluded that according to the judgement of Lord Drummond Young if the service as it stands was adequate then that is the end of the matter and the application must fail.

Mr Liston advised that he had established that there was a neighbourhood of Cranhill with clearly defined boundaries, which historically had contained a pharmacy, but now had an inadequate pharmaceutical service. This meant that residents of the Cranhill neighbourhood had to access a pharmacy outwith their own neighbourhood. This had led to a fragmentation of service.

His new pharmacy would provide a service dedicated to the Cranhill neighbourhood. He had been given support by the area CH(C)P, the local councillor, the local housing associations and local people. Within the neighbourhood there were some of the most deprived people in Scotland who were above the national average for all health indicators. Mr Liston submitted that it was both necessary and desirable to have a community pharmacy within the neighbourhood of Cranhill offering not just a dispensing service but also providing a vital high quality healthcare service involving other healthcare organisations, which would make a significant and identifiable difference in helping to improve the health of the people of Cranhill.

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 Community Pharmacy Subcommittee;

c) The Greater Glasgow & Clyde Area Medical Committee (CP Sub-Committee).

The Committee also considered;-

d) The location of the nearest existing pharmaceutical services;

e) Demographic information regarding the area of G32.6, G33.3 and G33.5;

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 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 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:

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North: the M8 motorway;
East: the west side of Stepps Road, travelling south across Edinburgh Road to Springboig Road, to its meeting with Inveresk Street;
South: Inveresk Street, travelling along to Greenfield Avenue;
West: Ruchazie Road and Gartcraig Road.

The Committee felt that this was a distinct neighbourhood. The M8 motorway formed a physical boundary. Stepps Road marked a natural boundary between a residential area and a commercial area. Springboig Road was a busy thoroughfare and formed a natural boundary. Inveresk Street was bounded on its southern edge by green open areas, and Ruchazie Road formed a natural neighbourhood boundary between Cranhill and Carntyne. The Committee agreed that those resident north of Edinburgh Road required to travel south for most other services accessed in Carntyne Square and Springboig. Edinburgh Road therefore was not seen as a boundary.

Adequacy of Existing Provision of Pharmaceutical Services and Necessity or Desirability

Having reached this decision, the PPC was then required to consider the adequacy of pharmaceutical services in the defined 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 two pharmacies. These pharmacies provided the full range of pharmaceutical services including supervised methadone. The Committee further noted that there were at least nine additional pharmacies within the extended area that provided services. 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 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 could be considered 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.

Contractor Services Supervisor

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

4. MINOR RELOCATION

Case No: PPC/MRELOC02/20087 – LG Pharmacy Ltd, 476 St Vincent Street, Glasgow G3 8XU

The Committee having previously been circulated with Paper 2008/38 noted that LG Pharmacy Ltd had applied to relocate pharmaceutical services currently provided from 66 St Vincent Terrace, Glasgow G3.8. L G Pharmacy Ltd wished to move to alternative premises situated at 476 St Vincent Street, Glasgow G3.8.

The Deputy Lead – Community Pharmacy Development and the Greater Glasgow and Clyde Area Pharmaceutical CP Subcommittee recommended that the application fulfilled the criteria for minor relocation.

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

DECIDED/-

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

Contractor Services Supervisor

5. ANY OTHER COMPETENT BUSINESS

None.

6. DATE OF NEXT MEETING

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The next scheduled meeting would take place on Tuesday 12th August 2008.

The Meeting ended at 4.00p.m.

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