NHS Greater Glasgow and Clyde

NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (16)
Minutes of a Meeting held on
Friday 22nd August 2008
New South Glasgow Hospital Project Office, 1 Jubilee Court
Hillington, Glasgow G52 4LB

PRESENT:	Mr Peter Daniels	Chair (PPC Vice Chair)
	Mr Alan Fraser	Lay Member
	Mr William Reid	Deputy Lay Member
	Mrs Jean Coote	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 Development Pharmacist

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/INCL11/2008
Assura Pharmacy Ltd – Gleddoch Road, Glasgow G52 4BD

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The Committee was asked to consider an application submitted by Assura Pharmacy Ltd to provide general pharmaceutical services from premises to be situated at Gleddoch Road, Glasgow G52 4BD 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 Assura Pharmacy 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 Jim Campbell ("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 Charles Tait (Boots UK Ltd), Mr Iain McDowell (Gilbride Pharmacy) and Mr Dan Guidi (Guidi's 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 Applicant's premises, pharmacies, GP surgeries and facilities in the immediate and surrounding areas of Hillington, Penilee, Cardonald, Paisley Road and Craigton.

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.

The Applicant's Case

Mr Campbell thanked the Committee for giving him the opportunity to put forward Assura Pharmacy Ltd's case for a new pharmacy contract at the proposed premises. He commenced his presentation by providing the Committee with some background information about the company.

He advised that Assura Pharmacy Ltd were part of a larger company based in Runcorn, which comprised three divisions. Assura Property, Assura Medical and Assura Pharmacy. Currently Assura Pharmacy Ltd had 34 contracts across the UK with one in Scotland at Bonnyrigg.

He advised the Committee that the proposed premises would be situated in a new retail development in Gleddoch Road which was being developed in conjunction with R S McColl Ltd. Initially there was to be three retail units in the development; however Mr Campbell had recently learned that this number was to be increased to five due to the demand from other retailers. There was to be a turf accountant, a hairdresser and a Post Office in addition to the proposed pharmacy. There was also opportunity to expand the development by another two units.

Mr Campbell was aware that there had been two previous applications for new contracts in this area previously, but suggested that the development in pharmacy practice over recent years had resulted in an increase in demand which made the current application more relevant. Mr Campbell pointed to the dramatic increase in prescription growth, which taking an average annual increase of 4%, had increased by 26% over the past five years.

Mr Campbell reminded the Committee that the legal test required the Board to grant a pharmacy contract only if it was satisfied that 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. He advised that the key words in the test were around pharmaceutical services. The Committee should look at the demand for pharmaceutical services in the neighbourhood, both present and in the future and should look at the adequacy of these services and how best to secure these in the neighbourhood. He advised that there was nothing in the Regulations to say what a neighbourhood was, and so the Committee should apply a definition as though it was a normal word. It should be related to nearness and vicinity. The Committee might take account of physical boundaries, elements of topography, social and demographic factors and housing styles in determining a definition. In a residential neighbourhood it would be where the residents considered themselves neighbours of each other.

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Mr Campbell advised that his neighbourhood had defined boundaries. To the north the railway line formed a physical boundary. To the east Sandwood Road was a man-made boundary, as it was a busy road. On the west the social divide line to Paisley Road West marked areas of differing social status. To the south Penilee Terrace was a demarcation between a residential area and an area of hills and fields further west.

Mr Campbell asserted that this was a defined neighbourhood, given that the area of Penilee also featured in the Scottish Government national statistics. He further asserted that no-one had objected to this definition of neighbourhood. He advised that according to 2006 figures, the population of the defined neighbourhood was around 5,447. Although there had been some depopulation in recent times, Mr Campbell was sure this had not had a significant impact on population statistics and that according to the local councillor the population of the area remained in the region of 5,000.

The residents of the area were, according to Mr Campbell a deprived population. 28% were described as income deprived, compared with a Scottish average of 13.9%. 21% were of pensionable age, which was consistent with the Scottish average; however this element was much less well off, with 35.9% of over 65s claiming Pension Credits, compared with a Scottish average of 19%. According to the 2001 Census statistics, 1,700 of the population suffered from long term illness and this probably had not changed much in the intervening years. Mr Campbell contended that areas where these elements of the population i.e. elderly, deprived and ill were prevalent had a greater need for medical and pharmaceutical support.

Mr Campbell advised that the judgement of Lord Drummond Young had put forward a good approach to the determination of the legal test. He had advised that the test should be approached in two parts. The first consideration should be to the question of adequacy. Were the existing services in the neighbourhood adequate? If the answer was yes, the application should fail. If the answer was no, the second consideration should be to whether it was necessary or desirable to grant a further contract to secure the adequate provision of services. This was, in Mr Campbell's opinion straightforward. The fundamental consideration should be around the adequacy of pharmaceutical service in the neighbourhood. It was of no relevance whether the other services e.g. education etc were adequate.

Mr Campbell advised that it was proper to look at future development within the area in consideration of how to secure adequate service provision. Mr Campbell asserted that the Committee should look at the probable development in the Penilee area and how pharmaceutical provision had moved on and continued to move on. He reminded the Committee that the judgement of Lord Drummond Young allowed the

granting of an application where it would result in a degree of overprovision if this was necessary or desirable to secure the adequate provision of services for the future.

There was, said Mr Campbell, no pharmacy within the defined neighbourhood. He accepted that some might argue that there didn't need to be a pharmacy in all areas for the provision of service to be considered adequate, however he contended that the Committee should look at demand for pharmaceutical services in the area. If there was a demand for services, how could it be adequate?

Figures gained from ISD (Information Services Division) from March 2007 showed an average of 17.31 prescriptions was written for each head of population within the Penilee area in one year. This equated to 93,000 per year, or 1,800 prescriptions items per week based on an average population. As Mr Campbell had asserted previously in his presentation that Penilee was less affluent than the average neighbourhood. In the traditional supply function this level of prescription volume signified a demand for pharmaceutical service, which the residents could only access currently by travelling outwith the defined neighbourhood. The residents did this at the moment because they had to and not through choice. Mr Campbell had received feedback from an attendee at a recent public meeting who had advised that the need to travel outwith the area for services impacted on the ability of Home Care workers to provide services to their clients.

Mr Campbell advised that Lord Drummond Young's judgement spoke about securing adequate pharmaceutical services into the future. Changes in pharmaceutical provision in Scotland made it desirable to grant the contract to improve the quality of care by bringing pharmaceutical services to the community. Due to the new developments in pharmacy it was becoming less and less relevant for patients to visit their GP to access care.

Mr Campbell then went on to describe the demand for new contract services. He estimated there were approximately 3,000 patients in the area eligible for the Minor Ailment Service (MAS).. 20% of the population was under 16, 20% was over 21 and 24% could be described as income deprived. Mr Campbell considered this to be a conservative estimate as it did not take account of those who were eligible through maternity etc. At present these patients needed to travel outwith the defined neighbourhood to access these services which could entail a round trip of over 1.5 miles.

In terms of the Public Health Service (PHS), being developed to tackle health inequalities in Scotland, Assura were seeking to provide health promotion messages. New services including Emergency Hormonal Contraception (EHC) and smoking cessation would be offered. Mr Campbell advised that these were important services when

consideration was given to the statistics showing that 43% of pregnant women in the Penilee area were smokers compared with a UK average of 23%. 43% of births in Penilee resulted in low birth weight compared with a 22% Scottish average; there was a definite correlation between the two.

Mr Campbell highlighted assertions made in the Scottish Government's "Better Health Better Care" policy document. Point 2.4 related to the tackling of health inequalities which undertook to better target resources to areas of greatest need. This meant providing services such as EHC and smoking cessation in deprived areas. Mr Campbell suggested that what was adequate seven or eight years ago, was clearly not adequate now. The historical supply function of pharmacy was gone. The health promotion element was all about making people better and Mr Campbell believed this service to be inadequate in the defined neighbourhood.

In terms of the Chronic Medication Service, Mr Campbell asserted that demand would be generated by the commencement of the service. He was aware that the service would result in patients with certain conditions being looked after by community pharmacists. He questioned whether it was adequate that this service only be provided outwith the defined neighbourhood. Pharmacy had an important part to play in this service and this view had been compounded by the RPSGB.

Mr Campbell suggested that he had shown there to be current and future demand for pharmaceutical services in the neighbourhood.

Before completing his presentation, Mr Campbell provided a few words around the written objections received during the statutory consultation period. He advised that Boots UK Ltd and Gilbride Pharmacy had provided standard responses with which he had no comment. Mr Guidi had submitted a more extensive observation talking about the services provided by other contractors in the area. Mr Campbell advised that he did not disagree with Mr Guidi's assertions, but that the salient point was that the population of Penilee currently were forced to seek access to services outwith their neighbourhood. He had also made reference to Assura Pharmacy Ltd's application being similar to those previously considered by the Board in 2000 and 2001. In response, Mr Campbell asserted that pharmaceutical services had moved on significantly since that time. Prescription dispensing had increased, pharmaceutical provison had changed, and whilst there may have been social changes within the neighbourhood this had not made the population more affluent or made the pharmaceutical services more adequate. The current pharmaceutical services remained as they were. The population still had to travel outwith the area to access them. He did not believe that the granting of this application would affect the viability of other contractors in the area.

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Mr Campbell concluded that within the defined neighbourhood there was a high demand for pharmaceutical services. It was difficult to suggest that the current services would secure adequacy of provision into the future. The current application was therefore necessary and desirable.

The Interested Parties Question the Applicant

In response to questioning from **Mr McDowell**, Mr Campbell advised that the local councillor had organised a public meeting ostensibly around the shopping parade in general, but which had touched on the pharmacy in particular. There had been mixed reactions mainly around the provision of methadone services with two people saying they did not wish this service to be offered. Some feedback had been gained around the difficulties experienced by the elderly in travelling to access services. This could entail a taxi journey costing around £7.00. He confirmed that there had been no formal survey undertaken.

In response to further questioning from Mr McDowell, Mr Campbell confirmed that the population within his defined neighbourhood was around 5,000. This did not include the area at the bottom of his map submitted with the initial application.

Responding to a question from Mr McDowell around the collection and delivery service operated by most of the current pharmacy network, Mr Campbell asserted that such a service could not make up for the provison of face to face services to the local community.

In response to final questioning from Mr McDowell, Mr Campbell confirmed that Lord Drummond Young's judgement was clear in that it was irrelevant that residents of the defined neighbourhood had to travel outwith the area to access other services. The consideration of the Committee must be around the adequacy of pharmaceutical services. He also confirmed that he was not suggesting that Sandwood Road was so uncrossable as to prevent the residents moving outwith the area. The issue was that the residents could not access services in their neighbourhood, but had to travel either by foot or by car.

In response to questioning from **Mr Guidi**, Mr Campbell confirmed that he was not aware what areas Penilee had been compared to when the social mix of the area was mentioned in his presentation. He asserted however that the other areas within the wider vicinity all had community pharmacies situated within them.

In response to further questioning from Mr Guidi, Mr Campbell advised that he hadn't said that Sandwood Road or Paisley Road West were impenetrable boundaries, nor had he said that residents could not move outwith the defined neighbourhood. He had said that the

provison of pharmaceutical services was inadequate and that residents had to travel outwith the area to access them.

Responding to a question from Mr Guidi around the definition of his neighbourhood statistics, Mr Campbell confirmed that his population figure did not include the flatted properties east of Tinwald Path or the tenement properties at Sandwood Path. He reiterated that the population of his area was in the region of 5,000.

In response to further questioning from Mr Guidi around the comments made by the social care employee on the effect on Home Care staff of having to travel outwith the area to access services, Mr Campbell asserted that inconvenience could lead to inadequacy. This concept had been supported by the judgement of Lord Justice Bedlam who asserted that inconvenience was not an irrelevant consideration when determining whether an additional contract was necessary or desirable.

In response to final questioning from Mr Guidi, Mr Campbell accepted that even if the application were granted there would still be a percentage of the residents within his defined neighbourhood who would be situated closer to the existing provision on Paisley Road West. Mr Campbell did not however agree that these pharmacies were more accessible for the population. The topography of the area resulted in access issues and therefore distance was not the only factor but ease of access as well.

In response to questioning from **Mr Tait**, Mr Campbell confirmed that his population statistics were based on 2006 Scottish Neighbourhood Statistics. The only statistic taken from the 2001 Census were the illness figures.

In response to further questioning from Mr Tait, Mr Campbell asserted that there had been changes to the demographic composition of the defined neighbourhood, but that he did not consider these to have had a major effect.

In response to final questioning from Mr Tait, Mr Campbell advised that Lord Justice Bedlam's ruling was based on English law and therefore not effective in Scotland. Mr Campbell asserted however that the general issues raised by the judgement would have some bearing in Scotland.

The PPC Question the Applicant

In response to questioning from **Mr Dykes**, Mr Campbell confirmed that the shopping parade would contain a Post Office. The City Council had recognised the importance of the Post Office to the local community and the current facility had obtained permission to relocate to the new development.

In response to final questioning from Mr Dykes, Mr Campbell confirmed that he was unaware of the plans for the high rise flats in the area.

In response to questioning from **Mr Fraser**, Mr Campbell advised that the developer was due on site toward the end of 2008. The development was due for completion early in 2009.

In response to further questioning from Mr Fraser around services to be provided by Assura that were not already provided by the existing network, Mr Campbell asserted that he had not suggested that services were not currently being provided, but that they were not currently provided within the defined neighbourhood.

In response to final questioning from Mr Fraser, Mr Campbell accepted that a significant proportion of the population had access to a car and that this allowed them to travel outwith the area freely to access services. Mr Campbell reiterated however that they travelled outwith the area at the moment because they had to, not because they chose to.

In response to questioning from **Mr Reid**, Mr Campbell confirmed that Assura Pharmacy would not have applied for a contract in Penilee if the new retail development had not been going ahead. He confirmed that the development was a joint commercial venture between Glasgow City Council and R S McColl and would comprise a convenience store with supporting retail facilities.

In response to further questioning from Mr Reid, Mr Campbell advised that the demand for pharmaceutical services was putting demands on existing contractors. There were no services within the neighbourhood and the new contractual services would have a dramatic impact on the existing contractors and their ability to service the needs of the Penilee neighbourhood. A new contract was necessary and desirable to secure the adequate provision of services.

In response to further questioning from Mr Reid, Mr Campbell advised that the increase in affluence occasioned by the new build within the area did not mean that those residents had no need for pharmacy services. He further confirmed that in his opinion the residents of the neighbourhood could go places throughout Glasgow to access their weekly shop. He reiterated that they did this because they had to at the moment through necessity, not through choice.

In response to questioning from **Mrs Coote**, Mr Campbell explained how he had arrived at the statistic of 93,000 prescriptions for the population of the neighbourhood. He advised that he had taken figures from ISD which showed that on average 17.3 prescriptions were written per head of population for the people of Glasgow. Taking a

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population of 5,000 for Penilee this would equate to an estimate of 93,000 per annum.

In response to additional questioning from Mrs Coote, around what percentage of the population were not mobile and could not access additional services, Mr Campbell asserted that he was unsure of the percentage, but was aware that those not able to access services stretched across the whole spectrum of age groups.

In response to questioning from **Mr Thomson**, in seeking to clarify the boundaries of the defined neighbourhood, Mr Campbell confirmed the north boundary as the railway line leading to Paisley Road West. He further clarified that the map showing his defined neighbourhood was that submitted with the initial application and not the map submitted subsequently which included a small area to the south west, which was not included in his defined neighbourhood. He explained that he had excluded this area from his neighbourhood due to the social divide line which appeared on the map. He didn't feel that those residents living in the houses south of Paisley Road would consider themselves to be neighbours of those to the north.

In response to further questioning from Mr Thomson, Mr Campbell asserted that while he had quoted figures for numbers of prescriptions this was an indication of demand for services. He was aware that there would be a large population who were eligible to access MAS and concluded that such future services would not be met in the area taking into account the current demand and the current lack of provision.

In response to final questioning from Mr Thomson, Mr Campbell confirmed that he had included Addiction Services in his submission as he felt these to be currently inadequate. At the moment anyone requiring this service was forced to travel outwith the area to access it. This was not adequate. He further confirmed that he did not know how many residents within the neighbourhood would be eligible for Home Care Services. He had included the anecdote in his presentation because he felt it was relevant to his argument.

In response to questioning from **the Chair**, Mr Campbell advised that he did not think it strange that the Board had received no complaints regarding the apparent lack of services in the Penilee area. He advised that people normally become accustomed to the services that they had in their area, and so were unaware what services they would be able to access. Mr Campbell asserted that people in the area would start asking for a pharmacy if they were fully aware of the services that they could have access to if one was available.

The Interested Parties' Case – Gilbride Pharmacy (Mr Ian McDowell)

Mr McDowell advised the Committee that the population of Penilee were getting excellent pharmaceutical provision from the current network of contracts. For those who were unable to access the current services, the contractors provided an extensive collection and delivery service.

He asserted that even if a pharmacy were established at the proposed premises, those elements of the population who found it difficult to access a pharmacy, would continue to do so.

Mr McDowell suggested that the Applicant had not contested that the existing contractors provided all services, but that it would be convenient for those in the neighbourhood to go to a pharmacy in their own area. Mr McDowell had not heard any evidence from the Applicant other than convenience. He averred that the population of Penilee were aware that pharmaceutical advice was only a phone call away.

The Applicant Questions Mr McDowell

In response to questioning from **Mr Campbell**, Mr McDowell disagreed that the level of patients phoning the existing pharmacies suggested that there was a difficulty in accessing current services. He advised that the phone advice provided was for many different reasons and covered a whole range of issues, and were not generated through difficulty in access.

There were no questions to Mr McDowell from Mr Guidi or Mr Tait.

The PPC Question Mr McDowell

In response to questioning from **Mr Dykes**, Mr McDowell confirmed that the Gilbride's Pharmacy at 2232 Paisley Road West did have a consultation room. This was situated towards the back of the pharmacy. He advised that it had not been used in the last week, and felt this was due to the lack of referrals around some of the additional services the pharmacy was involved in. The patients were aware of the room's availability, despite there being no obvious signage. The pharmacy also had a consultation point towards the front of the pharmacy where patients could be assessed to see whether further privacy was needed.

In response to final questioning from **Mr Dykes**, Mr McDowell confirmed that he did not know what was to happen to the high rise flats in the area.

In response to questioning from **Mr Fraser** around Gilbride Pharmacy's plans for the future development of services, Mr McDowell confirmed

that as a company Gilbride's always tried to commit to Health Board initiatives. In addition they had commissioned the development of a practice leaflet which would provide information on all services available. The company had also undertaken a survey to find out where their business was generated from.

In response to final questioning from **Mr Fraser**, Mr McDowell confirmed that he accepted the boundaries put forward by the Applicant, but disagreed that they could not be crossed.

In response to questioning from **Mr Reid**, Mr McDowell estimated that approximately 25% of the population of the Penilee area would find it easier to travel to the existing pharmacies even if the proposed pharmacy was granted.

In response to questioning from **Mr Thomson**, Mr McDowell advised that the company employed a driver who undertook deliveries. The driver had demonstrated competency and was the driver for the Gilbride Pharmacy group. Mr McDowell confirmed that deliveries were made to patients in Penilee.

There were no questions to Mr McDowell from the Chair or Mrs Coote.

The Interested Parties' Case – Guidi's Pharmacy (Mr Dan Guidi)

Mr Guidi advised the Committee that the argument he intended to present was that Penilee was a housing estate or settlement but that the neighbourhood was more diffuse with borders confluent with surrounding areas.

Mr Guidi asserted there were five existing pharmacies, all accessible by foot, within one mile of the Applicant's proposed site. The application was therefore not necessary; a view which had been upheld by the National Appeals Panel (NAP) in similar applications considered in March and November 2002. Mr Guidi advised that in two exhaustive examinations into the adequacy of pharmaceutical services in the neighbourhood, the NAP had concluded that further provision was neither necessary nor desirable.

Mr Guidi asserted that the application was born solely from the prospect of the building of a new arcade of shops in Gleddoch Road and not around an inadequacy of pharmaceutical services.

Mr Guidi's letter of 15th May 2008 in objection to the application clearly stated his opinion that the neighbourhood of Penilee was more diffuse and beyond the simple boundaries offered by the Applicant in their submission.

Referring to the second map provided by the Applicant, they had

appeared to include properties which were actually outside their suggested boundary. These were the residents on the eastern side of Sandwood Road, specifically the tenemental properties on the eastern side of Sandwood Road and the four eight-storey blocks at Tinwald Path, also on the eastern side of Sandwood Road. The Applicant would have the Committee believe that Sandwood Road was a busy dual carriageway cutting off the residents at either side rendering the area of Penilee a virtual island. Assura seemed to be claiming that the residents in these properties considered themselves to be a part of the suggested restricted neighbourhood of Penilee and not the more diffuse area extending eastwards across Sandwood Road, that they did not move freely, by choice and convenience around the area east of Sandwood Road, that the residents did not consider themselves to be a part of a neighbourhood which was more diffuse than Assura's.

Mr Guidi also felt that Assura seemed to claim that the residents of Tinwald Path, who were in the large part the elderly, ill and relatively deprived, who lived a few yards across Hillington Road South from the Appliance Pharmacy and Gilbride's Pharmacy, did not have access to pharmaceuticals services because there was no pharmacy in Gleddoch Road, which was considerably further away. Mr Guidi asserted that this was clearly not the case.

Mr Guidi advised that a pharmacy in Gleddoch Road would be an irrelevance to the residents in these properties and would not enhance their access to pharmaceutical services in the slightest. The residents of the eastern parts of Penilee, such as the Kelhead Path flats, Sandwood Road, Linburn Road, Muirdykes Road and Ranfurley moved freely around the area and considered themselves to be in the same neighbourhood as those residents in the western parts of North Cardonald such as Hillington Quadrant, Hillington Road south, the eastern sides of Sandwood Road and Hillington Road.

Mr Guidi asserted that the style of housing in Penilee was identical to much of that in the rest of the North Cardonald/Penilee neighbourhood. He asked the Applicant to agree that the tenement properties in Bowfield Crescent, Honeybog Road and Clavens Road in the Applicant's area were identical to those in Hillington Road South and Wedderlea Drive which were outside the Applicant's area. This was also true of the properties at Kelhead Path, Swinton Drive, Allanton Drive, Midlem Drive, Redpath Drive and Carham Drive. Mr Guidi advised that the CH(C)P and Glasgow City Council did not hold the same very restricted idea of a neighbourhood which the Applicant had put forward.

Mr Guidi had lived and worked in the area around Penilee for over 30 years and the reality was that Penilee was a housing estate or settlement, but the actual neighbourhood was more diffuse and its borders confluent with surrounding areas rather than the simple

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boundaries offered by the Applicant. The proximity and distribution of certain crucial services to the residents of the area, such as schools, surgeries and churches further supported this argument.

Mr Guidi advised that there was no non-denominational primary school within the Applicant's small area. There was one primary school within the area, but this was not a non-denominational school. There was no secondary school in the area. Mr Guidi offered that Glasgow City Council shared the more diffuse view of the actual neighbourhood when in June 2002 Penilee Secondary school was relocated from Penilee to a new build located south of Paisley Road West at Ross Hall. Mr Guidi suggested that if the City Council had agreed to a relocation of such a significant institution outwith the neighbourhood there would have been an outcry from the general public.

Mr Guidi pointed out that there was no GP practice within the Applicant's proposed neighbourhood and suggested this to be further evidence that all residents moved freely within the more diffuse area in the normal fabric of their daily lives. Mr Guidi also pointed out that Penilee was part of South West Glasgow CH(C)P, which was subdivided into six neighbourhoods; Bellahouston, Craigton & Mosspark, Corkerhill & North Pollok, Crookston & South Cardonald, Ibrox & Kingston, Govan & Craigton and North Cardonald & Penilee.

Mr Guidi further asserted that Glasgow City Council in its Local Housing Strategy for 2009 – 2014 also established the Glasgow South West area into six neighbourhoods each of which it stated had particular characteristics and needs. The City Council appeared to disagree with the Applicant's neighbourhood in that it also considered the neighbourhood to be North Cardonald/Penilee. An area larger than that put forward by the Applicant.

In addition a South West Glasgow Community Health Profile had been compiled by the Glasgow Centre for Population Health in collaboration with the ISD Scotland and NHS Greater Glasgow & Clyde and was presented for each neighbourhood in a community. The profile covered North Cardonald/Penilee as a neighbourhood in its analysis of the community of South West Glasgow.

Mr Guidi advised that the Applicant had claimed there to have been additional housing development in the area since 2006. He asserted that many of the social-economic problems of Penilee were concentrated in the tenement properties of Gleddoch Road, Craigmuir Road, Corse Road and Barshaw Road, but that these properties were demolished in the redevelopment of the area. Bellway Homes built 250 new houses on the site. Of these properties, only 30 were social rented units. The remaining 220 of these properties were privately owned. The smaller properties were selling for £100,000 and a four bedroom detached was on sale for £195,000. With the additional

housing since the Applicant's estimate of resident population, there had been an overall reduction in the number of households and a significant increase in owner occupation.

Mr Guidi also took exception to the Applicant's suggestion that the location of Guidi's Pharmacy may preclude patients from accessing services there. Mr Guidi advised the committee that Thurston Road Surgery was in close proximity to the pharmacy. Many residents of Penilee chose to register with this surgery despite there being two separate practices on Hillington Road South. There had been a surgery at Thurston Road for 25 years. A new building was developed some ten years ago. Mr Guidi was not aware of any complaints regarding difficulty of access. Many of the residents of Penilee chose to register with this practice and to send their children to Hillington Primary School. They also chose to use the shopping facilities around Thurston Road, which was, in Mr Guidi's opinion within their neighbourhood and easily accessible. Mr Guidi considered the Applicant's description of Thurston Road being a steep hill an overstatement. Mr Guidi asserted that within the area of Penilee itself there were hills, and that access from the proposed pharmacy in Gleddoch Road for residents in the south-eastern part of Penilee would incur encountering hills, especially around Kelhead Drive, Ranfurley Road and Inkerman Road.

Mr Guidi then went on to describe the adequacy of pharmaceutical services in Penilee. He advised that there were five pharmacies closely situated around the housing of Penilee: Boots Pharmacy on Paisley Road West was less than one mile away, Gilbride's Pharmacy on Paisley Road West, Guidi's Pharmacy on Thurston Road and Alliance Pharmacy on Hillington Road South were approx ¾ of a mile away and Alliance Pharmacy on Penilee Road was ½ a mile or around 700 metres away, easily accessible on foot from Penilee by means of a footpath from Gleddoch Road itself. Additionally just over one mile away from the proposed site there was a sixth pharmacy, Lloydspharmacy with extended opening of around 80 hours per week. Mr Guidi advised the Committee that these were within walking distances from the proposed arcade of shops, not from the housing of Penilee which in most cases were closer.

Given the Applicant's premises were more biased towards the western side of Penilee and there was more housing on the eastern side, three existing contractors were in fact closer to many of the addresses in Penilee that the proposed contract. Guidi's Pharmacy was closer to all the addresses on Moorpark Drive, Muirdykes Avenue, Sandwood Crescent and also parts of Muirdykes Road and others

Since the medical practices serving the residents of Penilee were located outwith the designated area, Mr Guidi failed to understand how a pharmacy in Gleddoch Road would avoid the need for residents to

travel to Hillington Road South, Thurston Road, Paisley road West and Crookston to visit their GP and collect their prescriptions.

In Mr Guidi's opinion a pharmacy on Gleddoch Road could only survive by providing a prescription collection and delivery service from surgeries to patients' homes. This service was already provided to anyone on request from the existing contractors.

Mr Guidi asserted that the current contractors provided a full and comprehensive pharmaceutical service. None of the pharmacies were overworked, including services to drug dependant individuals. Mr Guidi's own pharmacy was already providing extended services over and above the core elements of the new contract to the residents of Penilee. The pharmacy extended to around 115 square meters, and had a fully fitted consultation room and a quiet consultation area.

Mr Guidi advised that he provided methadone supervision, an enhanced smoking cessation service, supplementary prescribing, participated in the Heart Failure Service, Fall Service and the Elderly Medication Reviews. They participated in the South West Glasgow Keep Well campaign and the Glasgow Head Lice Project. His pharmacy also hosted fortnightly anticoagulation INR-testing clinics in conjunction with the Glasgow Anticoagulant Service. They filled monitored dosage systems, pregnancy testing services and also employed a pre-registration pharmacist as an NES approved training site. All of these services were provided for and used by the residents of Penilee.

Mr Guidi advised that, contrary to the Applicant's claim that his premises had issues with disabled access, the pharmacy had removable wheelchair ramps (both external and internal) and a more than adequate uncluttered floor area making the pharmacy very accessible for disabled patients. The pharmacy also provided a full prescription collection and delivery service to those patients who requested it. This was carried out in a Guidi's Pharmacy liveried vehicle and linked around 14 medical practices in South West Glasgow.

Mr Guidi concluded by expressing his concerns to the Committee that squeezing a totally unnecessary sixth pharmacy into the neighbourhood would seriously affect his viability and therefore his ability to continue to provide these services, amongst others to the residents of Penilee. An additional pharmacy would result in an overall deterioration in services to the neighbourhood.

<u>The Applicant Questions Mr Guidi</u>

In response to a question from **Mr Campbell**, Mr Guidi advised that he could not say which services would need to be discontinued if a new

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pharmacy contract were granted. He was making the general point around viability and his ability to invest in staff that currently freed his time to allow the additional services to be provided.

There were no questions to Mr Venables from Mr Tait or McDowell.

The PPC Question Mr Guidi

In response to questioning from **Mr Dykes**, Mr Guidi confirmed that the high rise flats in the area had recently been reclad and fitted with replacement windows.

In response to further questioning from Mr Dykes, Mr Guidi confirmed that he considered Penilee to be a settlement or housing area, not a neighbourhood in its own right. The neighbourhood was much wider. He agreed that there were similar housing styles across Glasgow city and that similarity in housing did not in itself point to neighbourhood. Mr Guidi reiterated however that moving outwith the Applicant's boundaries there was a similar level of deprivation, similar social status and a wider neighbourhood feel.

In response to final questioning from Mr Dykes, Mr Guidi agreed that he had used his level of business to enhance services provided and that this was done because the viability of his pharmacy allowed him to. He had invested not only in the fabric of the pharmacy but also in staff. Any impact on his viability could affect his ability to continue providing additional services at the current level.

In response to a question from **Mr Fraser** around where Mr Guidi considered the eastern boundary of his neighbourhood to be, he confirmed that in his opinion, the neighbourhood extended to Berryknowes Road.

In response to questioning from **Mr Reid**, Mr Guidi confirmed that the walking distance from the Applicant's proposed premises to the nearest pharmacy on Penilee Road would be approximately 5 minutes. He further confirmed that the local secondary school was called Ross Hall Academy.

In response to final questioning from Mr Reid, Mr Guidi confirmed that there were no GP practices within the Applicant's neighbourhood.

In response to questioning from **Mrs Coote**, Mr Guidi confirmed that he employed an Accredited Checking Technician which increased capacity to allow him to concentrate on providing additional services. He confirmed that he visited patients in their homes as part of the Falls and Heart Failure Services, and that he would go to a patient's home to deliver oxygen. Visits to patients in their homes happened most weeks.

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In response to further questioning from Mrs Coote, Mr Guidi confirmed that he had contact with the Board's Prescribing Advisors.

In response to questioning from **Mr Thomson**, Mr Guidi confirmed his view that the south west corner of the Applicant's neighbourhood was not within the Penilee area.

There were no questions to Mr Guidi from the Chair.

The Interested Parties' Case – Boots UK Ltd (Mr Charles Tait)

Mr Tait advised that the Applicant had suggested there to be an increase in prescription numbers in the area. The Committee would have access to these figures and Mr Tait invited them to make a judgement on whether they showed the existing contractors to be stretched.

He advised that his defined neighbourhood included the Boots Pharmacy on Penilee Road which gave the residents fairly good access to a pharmacy. He asked the Committee to consider the adequacy question not from the Applicant's site but from the area. He suggested that the application was based on convenience and accepted that while it might be appropriate to consider inconvenience to lead to inadequacy once a certain level of inconvenience had been reached, this was not the case in this instance, given the whole area was swathed in pharmacies.

The Applicant Questions Mr Tait

In response to questioning from **Mr Campbell**, Mr Tait advised that if a further contract were granted, Boots UK Ltd may need to consider closing the pharmacy at Penilee Road. This was further evidence that the existing contractors in the area were not stretched.

There were no questions to Mr Tait from Mr Guidi or Mr McDowell.

The PPC Question Mr Tait

In response to questioning from **Mr Thomson**, Mr Tait confirmed that the three Boots UK Ltd pharmacies in the area were due to be refitted where this was appropriate. Where the premises could not support a full refit, Boots would look at opportunities to relocate. The timescale for this was around a year to a year and a half.

There were no questions to Mr Tait from the Chair, Mr Dykes, Mr Fraser, Mr Reid or Mrs Coote.

Summing Up

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

Mr Tait advised that the Regulations were clear, if there was no evidence of inadequacy there was no application.

Mr Guidi advised that there was no inadequacy. A further pharmacy would impact on a more than adequate network of services currently provided.

Mr McDowell advised that there was no evidence of inadequacy. The application was not necessary.

Mr Campbell advised that he had used the criteria to show inadequacy within the area. He would contend the granting of the application to be 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.

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 Committee (APC) 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;

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e) Demographic information regarding the area of G52.2, G52.3 and G52.4;

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 APC 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, travelling east over Sandwood Road to the meeting with Berryknowes Road (west side);
East: Berryknowes Road, travelling south to Paisley Road West;
South: Paisley Road West, travelling westwards to the black line marked "Social Divide" on the plan submitted by the Applicant, north into Penilee Road.
West: Penilee Road to its meeting with the railway line.

The Committee considered this area to form a natural neighbourhood well served by public transport, distinguished by natural boundaries including the railway, major roads and a physical natural barrier on the western boundary which had no interlinking routes along a significant portion of its length. The area was also commonly held to be a defined neighbourhood for other agencies i.e. the CH(C)P and Glasgow City Council.

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.

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The Committee noted that within the neighbourhood as defined by the PPC there were five pharmacies. These pharmacies provided the full range of pharmaceutical services including supervised methadone. The Committee further noted that there were other 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 any other source which demonstrated that the services currently provided to the neighbourhood were inadequate. The Committee considered the Applicant's assertion that the adequacy of future services could not be secured, and agreed that no evidence had been produced to substantiate this claim. The Committee had heard anecdotal evidence around one person's perceived difficulties in accessing services; however this had not been underpinned by any formal evidence. The Committee were aware that two pharmacies in the area would be subject to refit which would further enhance the current network's provision of services to the neighbourhood.

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. ANY OTHER COMPETENT BUSINESS

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None.

5. DATE OF NEXT MEETING

The next scheduled meeting would take place on Monday 25th August 2008.

The Meeting ended at 4.00p.m.

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