NHS Greater Glasgow and Clyde

NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (15)
Minutes of a Meeting held on
Wednesday 20th August 2008
Gilmorehill G12 Centre, Gilmorehill Church,
9 University Avenue, Glasgow G12 8QQ

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 Alasdair MacIntyre	Contractor Pharmacist Member

IN ATTENDANCE:	Dale Cochran	Contracts Supervisor – Community Pharmacy Development
	Janine Glen	Contracts Manager – Community Pharmacy Development
	Robert Gillespie	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/INCL10/2008
Apple Pharmacy – Level 1, The Hub Complex, University of

Glasgow, Hillhead Street, Glasgow G12 8QE

The Committee was asked to consider an application submitted by Apple Pharmacy, to provide general pharmaceutical services from premises to be situated at The Hub Complex, University of Glasgow, Hillhead Street, Glasgow G12 8QE 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 Apple Pharmacy agreed that the application should be considered by oral hearing.

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

The Applicant was represented in person by Mr Neeraj Salwan ("the Applicant"), assisted by Dr Des Spence. 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 Peter Venables (Andrew Hand Pharmacy), assisted by Mr Andrew Hand and Mr Gerry Hughes (Greater Glasgow & Clyde Area Pharmaceutical CP Subcommittee ("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 area and the surrounding areas of Kelvinbridge, St George's Cross, Charing Cross, Cranstonhill, Partick, Hyndland, Dowanhill and Hillhead.

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 Salwan thanked the Committee for allowing him the opportunity to put his case forward on behalf of Apple Pharmacy. He advised that before speaking about the neighbourhood he would like to say a few words on the background to Apple Pharmacy's application.

At the end of 2007 Apple Pharmacy had become aware of the new health facility development at Glasgow University and had at that time expressed an interest in tendering to provide pharmacy services from the dedicated space within the facility. Apple Pharmacy was aware that other contractors were interested in offering their services, however after several meetings with University personnel, Apple Pharmacy were confirmed as the approved contractor. They were about to submit their application for inclusion in the Pharmaceutical List when they became aware that Boots UK Ltd were to close their long established pharmacy which at that time was trading as Alliance Pharmacy and was situated at 211 Byres Road. The reasons for this closure appeared to be commercially driven rather than professionally driven. Apple Pharmacy considered this to be an ideal opportunity to apply for inclusion in the Pharmaceutical List as the area would ostensibly be losing one contract. Apple Pharmacy submitted an application for inclusion at the Byres Road premises vacated by Boots UK Ltd but because they were keen not to duplicate the retail model offered by Boots UK Ltd, they withdrew the application. Apple Pharmacy wanted to provide a more specialised pharmacy that was more in keeping with the guidelines of the pharmacy contract.

Apple Pharmacy was aware that the proposed pharmacy may not be a commercial opportunity for them as a company. They were nevertheless keen to become involved in the development as an endorsement of their full support for the direction in which community pharmacy in Scotland was moving to an expansion of health based services to improve the health of Apple Pharmacy's customers.

Mr Salwan then went on to describe his defined neighbourhood. He advised the Committee that he had attempted to define a neighbourhood which reflected where the student population would be on a day to day basis. He asserted that the campus was not a village or area in its own right, but the area was used extensively by the student population, the university staff and members of the general public.

The neighbourhood was defined as:

North: Great Western Road (A82);
West: Byres Road, south to University Avenue. Byres Road being a main road separating the defined neighbourhood from the areas of Hyndland and Dowanhill;
South: University Avenue to Kelvin Way to where the park met the River Kelvin; and
East: The River Kelvin north to its joining with Great Western Road.

Mr Salwan advised that within this neighbourhood there were currently two pharmacies.

He asserted that the proposed pharmacy would not follow the traditional heavy dispensing model of most community pharmacies. The format preferred by Apple Pharmacy would be very similar to that employed successfully at the Campus pharmacy in Stirling. The owners of the University of Stirling pharmacy had allowed representatives from Apple Pharmacy to visit the pharmacy and Apple had had the opportunity of sharing ideas with the owners in how best to offer the best range of pharmaceutical services to the primarily student patient base.

Mr Salwan then went on to describe the services that would be offered from the proposed pharmacy:

Travel Clinic – the clinics would offer travel vaccination, private prescriptions for malaria prophylaxis and full pharmaceutical healthcare advice. The pharmacy would stock a full range of vaccines which most community pharmacies did not stock. This was to take account of the diverse holiday choices undertaken by students who didn't tend to opt for the usual "package holiday", but were more likely to visit poverty stricken areas of the world on a back-packing model. The clinic would provide travel aids such as travel first aid kits. The pharmacist would work closely with the GPs on-site and operate the clinics in partnership. The pharmacy could also provide advice when the GPs were not available. Apple Pharmacy hoped to make the Travel Clinic a centre which could be accessed by everyone within the west end area as the amount of people travelling abroad increases and the type of holidays taken became more diverse. The Clinic would also be a designated Yellow Fever Vaccine centre.

Sexual Health Clinic – the demand for emergency hormonal contraception would be very large. There were huge public health benefits in maximising such a service at this particular location. In addition to offering the morning after pill Apple Pharmacy would also like to offer Chlamydia testing and as such were seeking a PGD to treat positive Chlamydia tests. NHS Ayrshire and Arran ran a successful scheme and Apple Pharmacy hoped to replicate this model from the proposed premises. They were also in discussions with the Sandyford

Sexual Health Clinic seeking advice on how best to deliver the sexual health promotion message to this particular patient group.

Health care clinics – a range of other clinics including nicotine replacement therapy, lifestyle clinics and through time supplementary/independent prescriber clinics. The facility would also offer sports injury clinics and a full range of complementary medicines.

Health Promotion events – Apple Pharmacy intended to hold their own health promotion events such as healthy diet advice, advice on exercising, NRT Clinics and diabetes awareness. These events would be promoted through media such as the university's plasma screen messaging service operated throughout the campus. The Apple Pharmacy website and the website developed by the GP practice would also be used as vehicles to ensure such messages reached as many people as possible.

Website – Apple Pharmacy had also commissioned a web design company to design a website to promote the activities of the proposed pharmacy. Stirling University had developed a website which was well used that specifically offered advice on travel vaccines with links to other useful sites.

Mr Salwan advised that the pharmacy would have a large consultation area to allow the previously mentioned services to take place. It would also allow all of the elements of the pharmacy contract to be offered. Mr Salwan pointed to the pharmacy at Stirling University where there was a good uptake of the minor ailment service and considered the uptake would be similar at the proposed premises.

The proposed pharmacy could also be used for teaching undergraduate medical or pharmacy students. The GPs on-site were accredited trainers and Apple Pharmacy envisaged that pre-registration students would receive a good grounding in collaborative working with GPs.

Mr Salwan advised that the pharmacy in Stirling offered a full range of pharmaceutical services to the many staff members who worked at the University. Once again he anticipated the Glasgow University pharmacy to have the same demand for its services by this group. He estimated there was up to 20,000 students studying at the University and 10,000 staff working there. Mr Salwan asserted that this amounted to a community in its own right.

Mr Salwan then sought permission from the chair to illustrate the physical location of the consultation rooms from a plan which had not been previously submitted. As this was merely for illustrative purposes, no-one objected. Mr Salwan made copies available to the Interested Parties and the Committee. All were given the

opportunity to familiarise themselves with the plan.

Mr Salwan advised that there were three entrances into the facility. The entrance on Southpark Avenue was the most convenient for access to the proposed premises. The pharmacy was situated to the right adjacent to the GP practice area. The GP consultation rooms were situated along the right hand side. The room marked "R130" on the plan and described as "Store" would serve as the pharmacy consultation area. The pharmacy would also have the use of another room marked "R109" and one marked "Student Services Office", and also the GP consulting rooms when these weren't already in use. Mr Salwan advised that there would be many innovative developments on offer including a pager system which would allow patients to use other facilities in the Hub Complex and receive notification when their appointment was due (if the surgery was running behind time).

The Interested Parties Question the Applicant

Mr Hughes advised that he spoke on behalf of the CP Subcommittee of NHS Greater Glasgow & Clyde Area Pharmaceutical Committee. He asserted that he had found it difficult to ask questions as he had not visited the proposed premises or had sight of any supporting papers relating to this case. The only papers which he had been given were those relating to the initial application which had been considered by the CP Subcommittee on 12th May 2008.

In response to questioning from Mr Hughes, Mr Salwan advised that the pharmacy would offer a full range of "Over the Counter" (OTC) products. He did not envisage there to be a demand for non-healthcare products. The pharmacy would also provide homeopathic remedies. Mr Salwan confirmed that Apple Pharmacy employed a pharmacist who was a qualified independent prescriber and had undertaken a course on homeopathy. It was likely that this pharmacist would be moved to the proposed pharmacy to allow these services to be provided.

In response to Mr Hughes's question around why students were different from any other element of the population, Mr Salwan advised that students had unique needs. They travelled more and took more diverse types of holidays, which meant they required more specialised travel health advice.

In response to Mr Hughes's question around the operation of the proposed travel clinic, Mr Salwan advised that the prescription for the vaccine would be written by the GP and dispensed through the pharmacy. The pharmacy would keep a stock of the more diverse vaccines not readily available from other community pharmacies.

In response to further questioning from Mr Hughes, Mr Salwan advised

that from the southern boundary was a distance of around 20 metres from the proposed premises. He advised that he had chosen Great Western Road as a boundary and not the continuation of the River Kelvin as he was mainly looking at physical boundaries and agreed that the River Kelvin could be considered a more appropriate boundary.

Responding to a question from Mr Hughes around the proposed Chlamydia testing service, Mr Salwan advised that the plans for this service had not been finalised as yet. Apple Pharmacy was in discussion with NHS Ayrshire and Arran around their model. He accepted that what may be available in another health board might not necessarily be replicated in another, but reiterated that these were initial discussions. He also confirmed that he had not brought along any documentation to support his discussions with the Sandyford Sexual Health Clinic.

In response to further questioning from Mr Hughes, Mr Salwan clarified that in relation to the sports injury clinic he felt that the proposed pharmacy would be able to provide more focussed advice than would be available from other community pharmacies who would not necessarily have the time to devote to such services. He did not accept that he was making an invidious distinction between pharmacists, merely that in practical terms most community pharmacies did not have the time to devote to such specialised areas.

In response to further questioning from Mr Hughes, Mr Salwan confirmed that there would be no charge for the public health messages promoted through the university's plasma screen service. The messages would be developed in collaboration with the GP practice and no charges would be incurred.

In response to further questioning from Mr Hughes, Mr Salwan confirmed that he was not aware of the numbers of students and/or staff who may be in the defined neighbourhood at any one time. He further confirmed his assertion that the majority of the university buildings were within his defined neighbourhood and that he was aware there were some outwith this area and that some of these were outwith the city of Glasgow itself. He reiterated his assertion that these were in the minority.

In response to final questioning from Mr Hughes, Mr Salwan advised that the late submission of the plan for the premises occurred because he only received a copy of the plan on the morning of the meeting. This had not been available to him previously.

In response to questioning from Mr Venables, Mr Salwan advised that the advice provided from the proposed premises would differ from that provided by other community pharmacies as the pharmacist at the

proposed pharmacy would be able to concentrate on areas and issues which other community pharmacies would not necessarily have the time to do. This was due to the different demands that were placed on community pharmacies in normal settings. The location of the proposed pharmacy and the services required by those using the facility would allow a more focussed approach which was not possible in other community pharmacies.

In response to final questioning from Mr Venables, Mr Salwan advised that the pre-registration training provided by the proposed pharmacy would differ from that provided by other community pharmacies in that the students would be given a sound grounding in collaborative working with GPs as well as in the four core elements of the pharmacy contract. He accepted that the patient base may be narrow, but asserted that Apple Pharmacy could offer training to students from other community pharmacies. This would allow them to gain exposure with the student patient base. This could only benefit the pre-reg students.

In response to questioning from Mr Tait, Mr Salwan confirmed that the proposed clientele would probably range in age from 18-25 and would generally be considered to be in good health. He further confirmed that approximately half the student body lived in accommodation within the area, with the other half travelling in to the area, but residing at home. Mr Salwan accepted that the universities in Glasgow had a higher than average proportion of students living at home, but asserted that there were nine halls of residence within one to two miles from the proposed premises. He accepted that some of these were outwith his defined neighbourhood.

In response to final questioning from Mr Tait, Mr Salwan advised that the pharmacy at Stirling University was situated within a discreet campus in an area outside the centre of Stirling. He accepted that the area could better be described as Bridge of Allan which was different to the University of Glasgow. Mr Salwan asserted that the proposed premises were probably more like the university in Edinburgh.

The PPC Question the Applicant

In response to questioning from Mrs McDonald, Mr Salwan confirmed that his student figures included the element of mature students studying at the university, although he did not have any separate figures for this.

In response to further questioning from Mrs McDonald, Mr Salwan confirmed that there would be services provided for students presenting with mental health issues. The pharmacist could refer patients to the university Counselling Service.

Responding to a question from Mrs McDonald regarding drug and alcohol abuse amongst the student population, Mr Salwan advised that he didn't envisage this as being a problem. Dr Spence had operated a branch surgery practice from the student village at Murano Street for some time and had not encountered any patients requiring methadone treatment. Mr Salwan had spoken to the Glasgow Addiction Service and had been reassured there were sufficient methadone places within the current pharmacy network that there would not be a need for the proposed pharmacy to provide this service. Mr Salwan qualified that any approaches made to the pharmacist for such services would be considered on an individual basis.

In response to questioning from Professor McKie, Mr Salwan clarified the history behind Apple Pharmacy's application for the proposed premises. He confirmed that he had approached the University's Housing Officer regarding the proposal and that further discussions had been in conjunction with Dr Des Spence. He further confirmed that the University had approached several contractors, however through discussion Apple Pharmacy had been chosen as the preferred contractor. He further confirmed that the GP practice was already providing services to this element of the population via their branch surgery practice at Murano Street which would relocate to the Hub Complex.

In response to further questioning from Professor McKie, Mr Salwan confirmed his awareness that a neighbourhood for the purposes of considering a pharmacy application did not need to be entirely residential. Professor McKie asked why Mr Salwan had not just defined the Campus of Gilmorehill as his defined neighbourhood. Mr Salwan advised that he had tried to consider the total area where students of the University might be on a day to day basis and then looked for physical boundaries which would mark this area. He accepted the northern boundary could have been the River Kelvin, but had chosen Great Western Road as he felt this to be where most students would move about on a day to day basis.

In response to final questioning from Professor McKie, Mr Salwan advised that he had obtained student numbers from the University's Housing Officer. He accepted that the University's website showed the staff numbers as being around 5,800 and that some of these would be based off-site in other campus buildings. He further confirmed that of the halls of residence in the area one was situated within his defined neighbourhood with the others being close by.

In response to questioning from Professor McNulty, Mr Salwan confirmed that there was no GP practice in the Hub Complex at the moment. The proposal was for Dr Spence and Partners to relocate from their Murano Street branch surgery into the Hub by the end of the year. He confirmed that students would continue to be able to register

with the GP of their choice, but asserted that the GP practice already provided services to a significant proportion of the student body that were already registered with the practice and hoped to attract more to the practice list due to the central location of the Hub Complex. He confirmed there would be no in-patient beds in the facility.

In response to further questioning from Professor McNulty, Mr Salwan confirmed that anyone would be able to access the health facility at the Hub Complex. The pharmacy, this would be open to all including members of the general public.

In response to further questioning from Professor McNulty, Mr Salwan confirmed that the University's Housing Officer had approached the student representation service for their perspective on the proposed pharmacy. This had elicited positive feedback because there was no pharmacy service for students. He confirmed that the feedback had not shown there to be a lack of services in the area, but that pharmacy would be a missing link if not provided within the health facility.

In response to questioning from Mr MacIntyre, Mr Salwan confirmed his awareness that part of the legal test for pharmacy applications was consideration of the adequacy of current services. Mr Salwan advised that the proposed pharmacy, if granted, would be situated at the heart of a dedicated health facility provided for students. The facility would be used because it was offered. Many of the students might feel the current pharmacies were too far away and were not accessible. He confirmed that he considered the distance and the opening hours to be a barrier to access to the current pharmacies.

As a point of clarification Mr MacIntyre asked about the hours of service proposed from the pharmacy when the hours indicated on the application form did not necessarily demonstrate what would be commonly understood as "extended hours". Mr Salwan confirmed that the proposed opening hours would be 8.30am – 9.00pm. When it was pointed out that this differed from the hours appearing on the contract application, Mr Salwan advised that this had been an error. The proposed hours were to be those he had described i.e. 8.30am – 9.00pm.

In response to further questioning from Mr MacIntyre, Mr Salwan advised that the walking distance from the proposed premises to the two nearest pharmacies would be five minutes and ten minutes. He accepted that this may be seen as an acceptable travelling time to access services, but reiterated his assertion that students might not consider the current pharmacies provided services relevant to them. In response to Mr MacIntyre's further point asking what services Apple would provide that were not provided by the current network, Mr Salwan pointed to the travel and sports injury clinics.

In response to questioning from Mr MacIntyre around the practicalities of providing the Travel Clinic, Mr Salwan confirmed that the vaccines would be administered by a nurse, with the GP writing the prescription. The pharmacy's involvement would be around advice on side effects, storage etc. He accepted that all community pharmacies would be providing such advice, but asserted that due to the diverse nature of vaccines that would be administered the range of advice provided could be more extensive than that provided by other community pharmacies. The proposed pharmacy would be able to provide better advice as it would have more experience in dealing with such issues because of the specific patient base.

In response to further questioning from Mr MacIntyre, Mr Salwan confirmed that the current pharmacy network all provided the four core elements of the pharmacy contract, but questioned whether all were fully promoted to the student population. He could not say whether the services provided to those students who were aware of what was available, was adequate.

Mr MacIntyre asked Mr Salwan if he was aware of the announcement by Nicola Sturgeon that Sexual Health Services including emergency hormonal contraception and Chlamydia testing would move to national contract and would therefore be provided by every community pharmacy, and if he could explain what additional benefit, that the proposed pharmacy would provide compared to other pharmacies. Mr Salwan advised he was not aware that the development described had been finalised, but that the pharmacist in the proposed premises would have more time to dedicate to these issues.

In response to further questioning from Mr MacIntyre around the proposed pharmacy's provision of smoking cessation services, Mr Salwan advised that the pharmacy would be able to host group support events. It was well known that group support led to better results for those wishing to quit smoking.

In response to a final questioning from Mr MacIntyre, Mr Salwan advised that the floor space of the proposed pharmacy was 350 square feet. He was not sure of the size of the consultation room but thought that it was similar in size to the Medical Practice's consultation rooms.

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

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

Mr Tait advised the Committee that he had looked at the application and had doubts regarding the Applicant's defined neighbourhood. He contended that the neighbourhood should be extended to include the area north of Great Western Road to the park, and the area west of

Byres Road where the topography changed with the rise of the hill.

Mr Tait's defined neighbourhood stretched over four datazones, which according to the Scottish Neighbourhood Statistics and the Scottish Index of Multiple Deprivation had an average score of 4,039. When the maximum score was 6,500 it was clear that this was not a deprived area.

Mr Tait considered the population to be around 3,000.

Figures from the Scottish Neighbourhood Statistics showed the walking times to the existing community pharmacies to be 8, 10, 10 and 12 minutes from the proposed premises. The average drive time being 0.6 minutes. Mr Tait asserted that by any definition the existing pharmacies were "close by".

The student population, Mr Tait suggested, was lower than the Applicant's estimate. Many did not live in the area. There was no inadequacy of service in the area. All existing contractors were capable of delivering more if the demand required this. The Alliance Pharmacy on Byres Road had closed because of lack of business and this was evidenced by the fact that Boots UK Ltd had been unable to sell the branch as no-one would buy it.

Mr Tait advised that the legal test required there to be a demonstration of inadequacy before consideration could be given to the necessity or desirability issue of securing adequacy. He asserted that the Applicant had by his own presentation shown the services in the area to be adequate. Mr Tait advised that in the words of Lord Drummond Young "this should be the end to the matter".

The Applicant Questions Mr Tait

In response to questioning from Mr Salwan, Mr Tait advised the Alliance Pharmacy on Byres Road closed due to lack of business, and not because the rental on the premises had become too expensive. He did not feel that the pharmacy would have been profitable if operated by an independent contractor. In response to a supplementary question around where the business from this branch had gone, Mr Tait advised that the biggest proportion of the business for some years had been developing photographs. This business had been virtually wiped out with the advent of digital cameras.

In response to a question from the Applicant around where the students went during the day, Mr Tait advised that most of them were not in the campus. He asserted that the majority of students lived away from the campus in areas where they were already registered with their own GP and where there was access to community pharmacies. Other than this, they travelled through areas to get to

university, where there were already pharmaceutical services provided.

In response to further questioning from the Applicant, Mr Tait advised that student car ownership at Glasgow University was higher than average compared to other Universities.

In response to final questioning from the Applicant, Mr Tait agreed that the size of the neighbourhood may be irrelevant to the question of whether a further pharmacy was needed; however he reiterated that the proposed pharmacy would not provide any service not already provided adequately by the current pharmacy network. EHC, Chlamydia testing and smoking cessation were moving to national contract and would soon be provided by every community pharmacy, and Mr Tait did not believe the proposed pharmacy would provide any services over and above this. He agreed that a pharmacy in the complex might be seen as desirable for the students, but it was not desirable to secure adequate provision as this existed already.

There were no questions to Mr Tait from, Mr Hughes or Mr Venables.

The PPC Question Mr Tait

In response to questioning from Mr MacIntyre, Mr Tait confirmed that the Boots UK Pharmacies in the area all participated in the smoking cessation service operated by NHS Greater Glasgow & Clyde.

In response to further questioning from Mr MacIntyre, Mr Tait confirmed his defined neighbourhood as:

North: The River Kelvin to where it sweeps to Botanic Gardens;
South: Kelvingrove Park;
West: The rise in land to the north-west of Byres Road;
East: Mr Tait found it difficult to define an Eastern boundary as he considered there was little difference in housing type or social aspects. He did however consider that there was a demographic change at a certain point along Great Western Road.

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

The Interested Parties' Case – Andrew Hand Pharmacy (Mr Venables)

Mr Venables advised that he felt the area to be already adequately covered by the many existing pharmacies. He advised that the Applicant was proposing to offer a service to a young, fit element of the population. He did not consider there to be any great barrier to access in the area. The application should not be granted.

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The Applicant Questions Mr Venables

In response to a question from Mr Salwan around the proportion of Mr Venables patient base who were students, Mr Venables confirmed that he did not ask patients using his pharmacy whether they were students. He advised that those in the age-group commonly associated with students would form the minority of the patient base of any community pharmacy.

In response to final questioning from Mr Salwan, Mr Venables confirmed that his pharmacy would experience a detrimental effect if the application were granted.

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

The PPC Question Mr Venables

In response to questioning from Mrs McDonald, Mr Venables advised that he did not think the granting of the application would bring any more business to the area.

In response to questioning from Mr MacIntyre, Mr Venables confirmed that both his pharmacies participated in the smoking cessation service operated by NHS Greater Glasgow & Clyde.

In response to final questioning from Mr MacIntyre, Mr Venables confirmed his defined neighbourhood as being the same as Mr Tait's.

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

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

Mr Hughes advised that he felt the application to be highly speculative. The Applicant had expressed the same sentiment in his presentation when he said he didn't see this as a commercial venture. Mr Hughes felt that the Applicant was aiming to be better than the existing local pharmacies. He had no doubt that the pharmacist in the proposed pharmacy would be able to devote time to the supplementary services described by the Applicant if there was no other NHS business to attend to.

The Applicant's neighbourhood had excluded many buildings that were part of the University's campus, and Mr Hughes felt the neighbourhood had been described to exclude other pharmacies. The Applicant did not have any documentary evidence or figures to support his assertions around the provision of other services. The facility did not appear to have any other services associated with a facility of this

nature e.g. dentist or optometrist. Mr Hughes found the idea of a pager system to be fanciful.

Mr Hughes did not believe the general public would have unfettered access to the Hub Complex. The plans suggested that the bulk of the facility would be for the use of students only, with restricted access.

The CP Subcommittee had not seen any inadequacies. The current provision was perfectly adequate.

The Applicant Questions Mr Hughes

In response to questioning from Mr Salwan, Mr Hughes confirmed that the CP Subcommittee had defined a neighbourhood and that this would have been circulated to the applicant and interested parties previously.

In response to further questioning from Mr Salwan, Mr Hughes confirmed that he felt the students at the university would see the facility as being valuable and would use it.

In response to final questioning from Mr Salwan, Mr Hughes advised that the western boundary was chosen after consultation and discussion between the members of the CP subcommittee. It was a combined decision and the feeling was that there were numerous crossings on Byres Road that precluded it from being considered a boundary.

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

Following a question from the Chair, Mr Hughes confirmed the neighbourhood as defined by the CP Subcommittee from papers in his possession:

North: Great Westerns Road;
South: Dumbarton Road/Argyle Street;
West: Hyndland Road;
East: Belmont Street/Park Road/Kelvin Way – although Mr Hughes believed this to be a typographical error and should be Bank Street and not Park Road……

Given that Mr Hughes had previously stated that he was not in possession of the relevant papers, the chair sought clarification. After discussion, Mr Hughes agreed that he was in possession of the relevant paperwork with the exception of the map and supporting statement submitted by the applicant and withdrew his earlier comment

Given that Mr Hughes had defined the CP Subcommittee's neighbourhood after questioning was complete, the chair allowed Mr

Salwan to ask a supplementary question.

In response to final questioning from Mr Salwan, Mr Hughes advised that the western boundary was chosen after consultation and discussion between the members of the CP subcommittee. It was a combined decision and the feeling was that there were numerous crossings on Byres Road that precluded it from being considered a boundary

Summing Up

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

Mr Tait advised that the application was for pharmaceutical service provision. Under the regulations these services were defined and were already adequate in the area.

Mr Venables advised that the students would use the facility if it was provided; however these were a young, fit and healthy population who could access adequate core services somewhere else.

Mr Hughes advised that the application was not necessary whatsoever.

Mr Salwan advised that he believed the aspects of pharmaceutical service described in his presentation were not provided in such a specialised setting and manner as Apple Pharmacy envisaged. The services were highly desirable for this part of the population and were not being provided adequately from the current pharmaceutical network.

He did not believe the new pharmacy would have an effect on the viability of any of the other pharmacies in the area. The pharmacy would cater for a specialised population who travelled extensively. While the population was specialised it was not a big element. There were inadequacies in the current network in that the services were not focussed or specialised. This was the main reason for the application. Apple Pharmacy wished to improve on adequacy to help the health of the students. They wanted to improve access to the minor ailment service and better the adequacy. He did not feel there would be a financial impact on the pharmacies in the area and invited the Committee to agree with him by granting the contract.

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

The PPC was required and did take into account all relevant factors

concerning the 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 G4.9, and G12.8;

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

g) NHS Greater Glasgow and Clyde plans for future development of services; and

h) A tabled plan of the proposed premises provided by the Applicant.

DECISION

Prior to discussing the merits of the case, the Committee considered Mr Hughes' comments around not having access to papers supporting the application. Mrs Glen confirmed that notification of the initial application had been sent to the secretariat of the CP Subcommittee on 6th May 2008. This had consisted of the initial application form and map submitted by the Applicant, and a covering letter, map and information sheet provided by the Community Pharmacy Development Team. Further information had been submitted by the Applicant in the form of a supporting statement thereafter. This had been sent to the

secretariat of the CP Subcommittee on 19th May 2008. Mrs Glen was aware that this would have been received too late for consideration by the Subcommittee who had met on 12th May 2008. Invitations to the oral hearing had been sent to the Secretariat of the CP Subcommittee under cover of a letter dated 30th July 2008. This pack had contained copies of all representations received during the consultation period. Mr Hughes had confirmed that the paperwork sent with the invitation had been passed to him and indeed he had this with him at the hearing. He also had the map and information sheet provided with the initial notification by the Community Pharmacy Development Team. The Committee were satisfied that all information provided by the Applicant both at the initial application stage and subsequently had been made available to the CP Committee. The PPC did not consider the CP Subcommittee's case to have been prejudiced by Mr Hughes not having access to the map and supporting statement submitted by the Applicant. The map provided by the Applicant showed the positioning of the proposed premises in relation to the current pharmaceutical network and this information was already available to the CP Subcommittee in the form of the map and information sheet provided by the Community Pharmacy Development Team. The supporting statement submitted by the Applicant did not contain any information or evidence that had not been included in the Applicant's presentation. For these reasons, the Committee agreed that it was appropriate to continue the consideration of the application.

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:

North: Great Western Road to Kelvinbridge;
East: Kelvinbridge, following the River Kelvin south;
South: the River Kelvin travelling westwards following Dumbarton Road to Byres Road;
West: Byres Road to its meeting with Great Western Road.

The Committee spent some time debating the appropriateness of the neighbourhood and tested various definitions including a narrower neighbourhood comprising only the Gilmorehill Campus. After comprehensive discussion around the appropriateness of this, the Committee concluded that the wider area illustrated above would be more appropriate. The buildings making up the campus were spread across a wider area than that of Gilmorehill. The campus site was not

discreet in that it was surrounded by non-university buildings including residential, commercial and a hospital. There was also a sizeable private residential element within the area. For these reasons the Committee felt it appropriate to take the western boundary to Byres Road, taking in Church Street which was on the edge of the Western Infirmary complex. The Committee were also aware that in addition to the halls of residence many students rented private accommodation in the residential area in the streets north of the campus. They therefore felt it appropriate to take the northern boundary to Great Western Road to include these streets.

Adequacy of Existing Provision of Pharmaceutical Services and Necessity or Desirability

Having reached that decision, the PPC was then required to consider the adequacy of pharmaceutical services in that neighbourhood, and whether the granting of the application was necessary or desirable in order to secure adequate provision of pharmaceutical services in that neighbourhood.

The Committee noted that within the neighbourhood as defined by the PPC there were 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 were inadequate.

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

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

DECIDED/-

The PPC was satisfied that the provision of pharmaceutical services at

Contractor

Greater Glasgow and Clyde

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

Services Supervisor

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

4. ANY OTHER COMPETENT BUSINESS

None.

5. DATE OF NEXT MEETING

The next scheduled meeting would take place on Friday 22nd August 2008.

The Meeting ended at 4.00p.m.