

**NOT YET ENDORSED AS A CORRECT RECORD**

**Pharmacy Practices Committee (02)**

Minutes of a Meeting held on

Thursday 8<sup>th</sup> February 2008

Woolfson Hall Boardroom, Kelvin Conference Centre, West of Scotland Science Park  
2317 Maryhill Road, Glasgow G20 0TH

<b>PRESENT:</b>	Mr Peter Daniels	Vice Chair
	Professor J McKie	Lay Member
	Mr William Reid	Deputy Lay Member
	Dr James Johnson	Non Contractor Pharmacist Member
	Mr Colin Fergusson	Deputy Contractor Pharmacist Member
<b>IN ATTENDANCE:</b>	Trish Cawley	Contractor Services Supervisor
	Janine Glen	Contracts Manager – Community Pharmacy Development
	David Thomson	Lead – Community Pharmacy Development
	Elaine Ward	Community Pharmacy Development Pharmacist

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

**ACTION**

No declarations of interest were made.

**1. APOLOGIES**

Apologies were received on behalf of Mr Kenny Irvine.

**2. MINUTES**

The Minutes of the meeting held on Thursday 10<sup>th</sup> January 2008 **PPC[M]2008/02** were approved as a correct record.

**3. ANY OTHER BUSINESS NOT INCLUDED IN AGENDA**

None.

**Section 1 – Applications Under Regulation 5 (10)**

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

**Case No: PPC/INCL26/2007**

**Sinclair Shops Ltd, 1927 Maryhill Road, Glasgow G20 0BX**

The Committee was asked to consider an application submitted by Sinclair Shops Ltd, to provide general pharmaceutical services from premises situated at 1927 Maryhill Road, Glasgow G20.0 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 Sinclair Shops 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 David Sinclair ("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 Martin Green (Cadder Pharmacy) and Mr Abdul Qayum (Maryhill Pharmacy) assisted by Mr Imran Qayum ("the Interested Parties").

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

The procedure adopted by the PPC at the hearing was that the Chair asked the Applicant to make his submission. There followed the opportunity for the Interested Parties and the PPC to ask questions. The Interested Parties would then give their presentations, with the opportunity for the Applicant and PPC to ask questions. The Interested

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

### **The Applicant's Case**

**Mr Sinclair** commenced his presentation by thanking the Committee for their patience in delaying the start of the meeting to await his arrival. He wished to mention his confusion over the rescheduling of the hearing when he had been advised that the initial date arranged could not be amended to accommodate his availability. The Chair accepted Mr Sinclair's comments and apologised for any inconvenience the oversight may have caused.

Mr Sinclair advised the Committee that pharmacy in the 21<sup>st</sup> century was a very different proposition from times past. The profession was rightly moving away from the old prescription factory outlook where volume was king to a modern service based future. This had meant a change in what the public could expect of pharmacy. It was no longer appropriate for the sick, the elderly or those with young children to travel long distances to a GP practice to access care. Nor was it appropriate to travel such distances to visit a cluster of pharmacies surrounding that GP practice or adjacent to a large supermarket. It was with this in mind that Sinclair Shops Ltd applied to open a pharmacy at 1927 Maryhill Road.

Mr Sinclair defined his neighbourhood as Gilshochill, bound as follows:

North: the railway line from Dawsholm Station to Gilshochill Station.

East: Cadder Road south from Gilshochill Station to the canal.

South: the canal west from Cadder Road/Lochburn Road to Dawsholm Station.

West: Where the Anniesland railway line met the canal by Dawsholm Station.

Mr Sinclair advised that it had been quite difficult to establish a population for the neighbourhood. SCROL statistics showed the G20.0 postcode area as 6,600, the bulk of the populated areas of which fell within the Applicant's neighbourhood. It was therefore likely that the neighbourhood's population could be 4,500 to 5,000. Mr Sinclair would further argue that although they fell outwith the defined neighbourhood the small population resident around Acre Road (approximately 500 therefore too small to support an individual pharmacy) would find travel to a new pharmacy at 1927 Maryhill Road much easier than visiting existing premises across open fields.

The neighbourhood as defined was completely surrounded by natural boundaries. To the south, west and east are steep hills. To the south the canal delineates a clear change of neighbourhood between

Gilshochill/the Botany area of Maryhill and Maryhill proper. To the north lies the railway line which can only be crossed at two points within the neighbourhood one of which is a fairly intimidating underpass which, particularly at night does very little to encourage access.

This is truly a neighbourhood for all purposes containing more than one railway station, primary school, bank, butchers, grocers/convenience stores, dentist, public houses, supermarket, restaurants and churches. The only facility missing in Mr Sinclair's opinion was a pharmacy and he believed that such a service could provide the missing link that the neighbourhood needs to spark renewal.

The new pharmacy would provide all the core services required under the pharmacy contract. The Applicant also intended to provide addiction services, oxygen supply and stoma care and would sign up to the Glasgow head lice and stop smoking programmes. If possible, and with the agreement of the health board, the Applicant would provide a needle exchange service as well as emergency hormonal contraception via the existing Levonelle scheme, although it was appreciated that the provision of these services was not a right, but would require Health Board authorisation based on need. These services would be provided from modern premises easily accessible to the patient with good parking if needed. These premises would have both a private consultation room and a fully enclosed consultation area.

Moving on the relative health of the neighbourhood, Mr Sinclair advised that while his defined neighbourhood was part of the political constituency of Maryhill there was likely to be a difference in the health issues between his defined neighbourhood and Maryhill as a whole. He would argue that by looking at the housing stock and level of investment health was likely to be poorer than in the constituency as a whole. Maryhill as a whole had over 42% not in good health comparing to a national average of around 32%. 28.04% suffered long term illness, compared to a Scottish average of 20.31%. The population aged over 60 was in line with the national average.

In G20.0 specifically the picture was fairly bleak. Those suffering from a long term limiting illness was 32% above the national average. Hospital admissions for heart disease and stroke were 16% and 31% above the national average. Disability living allowance claimants was 104% above the national average. It was clear from these figures that the existing primary care network was failing the neighbourhood.

Mr Sinclair advised that there were several pharmacies within the vicinity of the neighbourhood. Only three could be argued to regularly provide services to the neighbourhood currently.

**Maryhill Health Centre Pharmacy** – Presented the same problems as access plus there were concerns about the promptness of the service

provided. Anecdotal evidence showed concerns over waiting times. Mr Sinclair contended that some patients travelled to his pharmacy in Bearsden to access services because of the time taken.

**Lloyds Pharmacy, Maryhill Road** – was an excellent pharmacy. Modern and spacious it had obviously been designed with the patient in mind. However for residents of the Applicant's defined neighbourhood it entailed a journey on foot involving a very steep hill passing under an ill lit canal bridge which might be considered off putting.

**Maryhill Pharmacy, Summerston** – This pharmacy, while undoubtedly close by, is in a completely different neighbourhood from Gilshochill. This was delineated by the railway line. There really was only one access under the railway to this pharmacy. This underpass did not provide sufficient access and the Applicant referred the Committee to the NAP decision to grant the application by Denis Houlihan at Darnley were a similarly positioned pharmacy (accessed by a bridge under the railway) with regard to the Applicant was determined to be in a separate neighbourhood AND not therefore providing sufficient services to the neighbourhood. Furthermore, once the patient had passed under this bridge then they had to endure passing through the Asda car park which he considered not to be a fun experience.

The Applicant contended that the neighbourhood previously defined as Gilshochill was a distinct neighbourhood separate from Maryhill to the south and Summerston to the North. While there were pharmacies in each of these places providing services to the neighbourhood the health statistics were evidence that the existing network was insufficient. Mr Sinclair therefore contended that a new pharmacy at 1927 Maryhill Road was both necessary and desirable.

### **The Interested Parties Question the Applicant**

In response to questioning from Mr Green, the Applicant advised that he had no reason for not including the portion of population to the west of Maryhill Road, which was similar to Gilshochill. He advised that housing was planned for the Botany area, but these were future plans and he was conscious of the advice given by the NAP (National Appeals Panel) around the inclusion of future developments. He contended that as these plans did not have planning permission, they shouldn't be included in his argument.

In response to further questioning from Mr Green, the Applicant advised that his pharmacy would take in patients from the area surrounded by Sandbank Street and Maryhill Road. He agreed that this area could be defined as Gilshochill. He agreed that his premises were not situated in the area commonly known as Gilshochill, but explained that he had been unable to secure suitable premises within this area. It was his contention that the location of the premise still offered better access in comparison

to existing contractors.

In response to further questioning from Mr Green, the Applicant advised that the main exit route from Gilshochill was past the Orange Hall on Sandbank Street onto Maryhill Road. He agreed that most of the other exit routes were blocked off and that the only other exit was adjacent to the railway line. He contended however that not all patients would access the pharmacy via car. He also agreed that the bus service along Maryhill Road was very regular although he could not say specifically which roads the buses travelled into Gilshochill. He was not aware that all buses going in to the area all led back to Sandbank Street.

In response to further questioning from Mr Green around his definition of the eastern boundary to his neighbourhood, the applicant advised that he could have used the railway but he had looked at the geography of the area and felt that Cadder Road would be more appropriate. He contended that how long it would take a patient to travel to the proposed new pharmacy would depend on the fitness of the patient. He contended that it would be difficult to travel from Gilshochill to Cadder and would be more unlikely if the patient were in poor health.

In response to further questioning from Mr Green, the Applicant clarified that he did not specifically mean pharmacy when he argued that primary care services were failing the area, as there was currently no pharmacy in the defined neighbourhood. He further contended that his pharmacy would help the health status of the area by taking part in health improvement campaigns, bringing this into the community; making contact with local schools and provided more a more accessible service to patients.

In response to further questioning from Mr Green, the Applicant did not agree that there were pharmacies at each of the exit points from the area. He contended that there were community pharmacies in the vicinity but that he had given the reasons why patients in his defined neighbourhood would not access these including the presence of the railway line, the bridge and the steep hill.

There were no questions to the Applicant from Mr I Qayum.

### **The PPC Question the Applicant**

In response to questioning from Mr Fergusson, the Applicant advised that he would not necessarily offer different services to those already being offered, but would be able to offer a range of services to the neighbourhood. The health statistics provided during his presentation showed that the population's health was not being improved even by the services already provided by the other pharmacies.

In response to further questioning from Mr Fergusson, the Applicant

advised that he could not say how often buses travelled along Maryhill Road, but he knew they were very frequent.

In response to questioning from Mr Reid, the Applicant advised that his population statistics were taken from the SCROL data gained from the previous census.

In response to further questioning from Mr Reid, the Applicant confirmed that he had entered into an agreement with the landlord of the premises. He further confirmed that the car park adjacent to the premises was a dedicated facility. The car park was not used frequently at the moment and the chance of there being no spaces in the car park for customers was slim. He further confirmed that residents on the west side of Dawsholm Station would more likely use the pharmacy on Cleveden Road, but those residents on the east side would more likely use the new pharmacy.

In response to questioning from Mr Thomson, the Applicant advised that his population statistics of 4,000 – 5,000 were for his own defined area, but that the serious health statistics related to the area of Maryhill as a whole. He contended that the health of the population in his area was actually worse, but that the areas of affluent housing within the area as a whole actually had the effect of improving the health statistics.

In response to questioning from Professor McKie, the Applicant confirmed that in his view the hill to the east of his proposed premises was steep in some parts. He contended that he would have liked to have secured premises in vicinity but this was not possible. He advised that the high rise flats seen against the skyline from his premises were situated on Sandbank Street, but he disagreed that most of the residents would be more likely to travel south rather than east to his proposed premises.

In response to further questioning from Professor McKie, the Applicant advised that there was no access to Maryhill Road from Drumcruin Street. He further contended that those resident in Skaethorn Street were not within his neighbourhood. When Professor McKie clarified that he was looking to find out if the residents themselves would believe themselves to be part of the neighbourhood in which the premises were situated, the Applicant advised that currently they might not, but in the future once the future developments had been completed they would feel more involved in the neighbourhood. He further advised that the new houses were proposed around Kelvindale in the open area to the right of Dawsholm Park. At present these were tenement style houses, which were due for demolition and redevelopment. The Applicant contended that this would serve to form a bridge between Gilshochill and the other side of the river.

In response to further questioning from Professor McKie, the Applicant

advised that he had not included Summerston in his neighbourhood as he felt it would be stretching the Committee's patience with such an argument. He did however contend that there would be some housing in this area that would be better served by the new pharmacy.

In response to final questioning from Professor McKie, the Applicant confirmed that there were no primary care services within his defined neighbourhood. He confirmed that he would provide a collection and delivery service from his premises to those both within his neighbourhood and those others using the pharmacy. The service would be available to the elderly. He would not employ a separate driver for this service, opting instead to use his existing driver.

In response to questioning from Dr Johnson, the Applicant confirmed that most of the convenience stores mentioned in his presentation were located on Maryhill road. He contended that they were thriving businesses as many of the population used them and rarely was any of the seen to be struggling. He agreed that most of the population would use the nearby Asda for their weekly shop and agreed that there was a pharmacy within this vicinity. He contended however that there were a number of well run businesses within the locality of his premises e.g. butchers.

In response to further questioning from Dr Johnson around the past use of the premises, the Applicant confirmed that they were previously an off-license. The applicant contended however that the closure of the premises related more to the demise of the company as a whole and not about the area of Maryhill itself.

In response to final questioning from Dr Johnson, the Applicant advised that to begin with there would be one pharmacist in the pharmacy. This would be reviewed at regular intervals.

In response to questioning from the Chair, the Applicant advised that he would be fairly strong as to who would be able to access the collection and delivery service. The decision to make a delivery was however a commercial consideration.

### **The Interested Parties' Case – Mr Martin Green (Cadder Pharmacy)**

**Mr Green** thanked the Committee for allowing him to put forward his case. He advised that he wished to start his presentation by defining the weakness in the Applicant's neighbourhood. There was no barrier between Tresta Road and Sandbank Street. He contended that the neighbourhood should be:

West: Maryhill Road.  
North: open countryside.  
East: Balmore Road.



South: Canal.

In terms of adequacy of pharmacy services there were two pharmacies in the neighbourhood, while the Applicant's proposed premises was situated outwith the neighbourhood, or if looking to the far west, then only just and it certainly wouldn't serve the population. Mr Green contended that a pharmacy did not need to be situated within a neighbourhood to provide services to it, and pointed out that just beyond the neighbourhood were a further three community pharmacies all providing services into the area. The exit from Gilshochill came from Sandbank Street to Maryhill Road, close to Lloyds Pharmacy and Maryhill Health Centre. Beyond the railway bridge lay Maryhill Dispensary at Gorstan Street and ad Tresta Road, Cadder Pharmacy. He would contend that the population was well served.

Mr Green advised that the public transport network in the area was frequent and reliable with the number 54 and the number 8 buses operating along Skirsa Street, through Gilshochill, Summerston and Maryhill Road. Buses run every two-five minutes. In addition there was the Asda free bus, which ran every 3-40 minutes.

Mr Green advised that the Applicant would not be providing any additional services to those already being provided already, for example he was not offering extended opening hours. Mr Green further advised that his pharmacy Cadder Pharmacy had been open for less than two year. It was doing fine, however he asserted that the granting of an additional pharmacy contract could jeopardise its viability given that between 25-40% of the business in Cadder Pharmacy came from the Gilshochill area.

Mr Green asserted that a further pharmacy may compromise the services already being provided and that the application was not necessary or desirable.

### **The Applicant Questions Mr Green**

In response to questioning from the Applicant, Mr Green confirmed that there were three crossing points to the railway within his defined neighbourhood. In response to the Applicant's request to describe the crossing at Tresta Road, Mr Green advised that this was via a bridge with a footpath. He did not agree that the tight bend and narrow footpath would cause an impediment.

In response to final questioning from the Applicant, Mr Green advised that he had asked the pharmacist at Cadder Pharmacy to monitor the amount of prescriptions submitted to the pharmacy from patients in the Gilshochill area. This was how he had obtained his statistics.

There were no questions to Mr Green from the other Interested Party.

### **The PPC Question Mr Green**

In response to questioning from Mr Fergusson, Mr Green confirmed that his pharmacy at Skirsa Street had capacity to take on more methadone patients and more compliance aid patients.

In response to questioning from Mr Reid, Mr Green confirmed that around 25-40% of prescriptions submitted to Cadder Pharmacy were from patients in the Gilshochill area. He confirmed that his pharmacy would be seriously affected if these prescriptions were taken away.

In response to questioning from Mr Thomson, Mr Green described the northern boundary of his neighbourhood as being open countryside. In response to Mr Thomson that he be more specific, Mr Green advise that Blackhill Road running west from Balmore Road to the river Kelvin on to Maryhill Road would be sensible as a northern boundary.

In response to further questioning from Mr Thomson, Mr Green confirmed that some prescriptions dispensed at Cadder Pharmacy came from patients living in Summerston. Cadder Pharmacy was situated on a popular bus route and some patients did travel from Summerston into the area.

In response to questioning from Professor McKie, Mr Green agreed that his projected loss of prescription business was quite high and that he would expect to lose most of this business if a further contract was granted.

In response to further questioning from Professor McKie, Mr Green advised that residents east of Sandbank Street would find it easier to continue visiting Cadder Pharmacy despite a further pharmacy being available> He would not presume where those resident on the west of Sandbank Street would be more likely to visit as he felt that pharmacy was about more than the provision of service, but also about relationships. In response to Professor McKie's suggestion that this would mean Cadder Pharmacy could retain those patients, Mr Green advised that he would not like to put this to the test.

In response to questioning from Dr Johnson, Mr Green advised that he had reviewed his definition of the area since he had made application to open Cadder Pharmacy. This had come through his experience of working in the area since the opening of the pharmacy less than two years ago. He considered it difficult to define the population of the redefined area

In response to further questioning from Dr Johnson, Mr Green advised that the population density of Gilshochill was high as was the population around Cadder. Summerston had mixed housing

comprising blocks of flats and individual houses. The area around the Applicant's proposed services had houses of newer stock, some of which were two storeys high, which resulted in a less dense population.

In response to final questioning from Dr Johnson, Mr Green advised that the houses in the Cadder area were being refurbished, with the same happening in the Gilshochill area.

There were no questions to Mr Green from the Chair.

### **The Interested Parties' Case – Mr Iqbal Qayum (Maryhill Pharmacy)**

**Mr Qayum** advised the Committee that he had nothing to add to Mr Green's submission.

### **The Applicant Questions Mr Qayum**

In response to question from the Applicant, Mr Qayum confirmed that his father had previously operated pharmacy premises at 1853 Maryhill Road, approximately 15 years. The company had relocated these premises to Gorstan Street in Summerston.

### **The Interested Parties' Questions Mr Qayum**

In response to questioning from Mr Green, Mr Qayum advised that the complex at Gorstan Street was not merely the site of an Asda store. There were other shops there including a fish and chip shop, a newsagents, an optometrist and a bookmaker. It was not really like an out of town supermarket facility, but rather like a town centre. He agreed that the facility was used by out of towners, and many of them did use the pharmacy.

In response to further questioning from Mr Green, Mr Qayum advised that his pharmacy was not at capacity and they were doing their best to fulfil the requirements of the new contract. He confirmed that he could expand the pharmacy and that the pharmacy had a consultation room, which was used regularly for the Keep Well programme, Head Lice and Smoking Cessation.

### **The PPC Question Mr Qayum**

In response to questioning from Mr Fergusson, Mr Qayum confirmed that his pharmacy had capacity to take on more methadone and compliance aid patients.

In response to questioning from Mr Reid, Mr Qayum confirmed that the pharmacy had moved from Maryhill Road to Summerston in response to a new contract application received by the Health Board at the time.

In response to questioning from Mr Thomson, Mr Qayum confirmed that his pharmacy was not open on Sundays. He had given consideration to extending his opening hour, but he felt there was not enough need in the area currently. If demand for such services was identified he would look at opening in the future.

In response to questioning from Professor McKie, Mr Qayum advised that he could not quantify how many prescriptions dispensed from his pharmacy came from the Gilshochill area. He could confirm that many of the prescriptions came from residents around Maryhill Road.

In response to further questioning from Professor McKie, Mr Qayum confirmed that most of the patients travelling to his pharmacies would do so by public transport. He further confirmed that there was parking around his pharmacy on Maryhill road. This was on-street parking, and also in behind Tesco and in Shakespeare Street.

In response to final questioning from Professor McKie, Mr Qayum did not agree with Mr Sinclair that waiting times were long at Maryhill Health Centre Pharmacy. He advised that waiting times were good and that his company had a robust monitoring system in place to ensure that patients were well served. He further confirmed that he provided a collection and delivery service to the Gilshochill, Summerston, and Maryhill areas. He also delivered to some parts of the Kelvindale area.

There were no questions to Mr Qayum from Dr Johnson or the Chair.

### **The Interested Parties Sum Up**

**Mr Green** repeated that he considered the Applicant's definition of neighbourhood to be flawed. General Pharmaceutical Services were already being provided to the area by two pharmacies in the neighbourhood and three just outside. There was no inadequacy in the area and he proposed that the application was not necessary or desirable.

**Mr Qayum** advised that he agreed with Mr Green. There was no new neighbourhood as Mr Sinclair had contended and he would not recommend application.

### **The Applicant Sums Up**

**Mr Sinclair** asked the Committee to remember the geography of the area. Maryhill Road was only accessible by travelling on a steep hill and then under a dark bridge under the canal. Tresta Road had a steep incline and the railway line was not easy to cross. Summerston was in a different neighbourhood. He contended that the existing

network may be providing a terrific service, but the statistics showed that the health of the population within the area was suffering. Something was not working with the current network. He contended that the premises were situated in a distinct neighbourhood which deserved a pharmacy.

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

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

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

The PPC took into all account all written representations and supporting documents submitted by the Applicant, the Interested Parties and those who were entitled to make representations to the PPC, namely:

- a) Pharmacy contractors within the vicinity of the applicant's premises;
- b) The NHS Greater Glasgow & Clyde Area Pharmaceutical (General Practitioner Sub-Committee);
- c) The Greater Glasgow & Clyde Area Medical Committee (GP Sub-Committee).

The Committee also considered;-

- d) The location of the nearest existing pharmaceutical services;
- e) Demographic information regarding post code sectors G12.0, G20.0, G20.9 and G23.5; and
- f) NHS Greater Glasgow and Clyde plans for future development of services and

### **DECISION**

Having considered the evidence presented to it, and the PPC's observation from the site visits, the PPC had to firstly define the neighbourhood in which the premises to which the application related,

were located.

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

North: the area of open countryside from Maryhill Road at the river, taking an imaginary line east across the open ground to Blackhill Road to its meeting with Balmore Road.;

East: Balmore Road, to the canal at Lochburn Road;

South: Lochburn Road, following the Forth and Clyde canal to Skaethorn Street, following the River Kelvin.; and

West: the River Kelvin north to its meeting with Maryhill Road.

The Committee felt that this was a distinct neighbourhood. The main shopping area for most of the neighbourhood lay at Maryhill Road, or the shopping complex around the Asda store in Summerston. The housing and topography to the west of the neighbourhood was different in that it was less dense and of a different type. There were significant barriers of exiting from the area to the north of Maryhill Road with several of the roads leading on to Maryhill Road being blocked off, restricting exit from the Gilshochill area.

#### **Adequacy of Existing Provision of Pharmaceutical Services and Necessity or Desirability**

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

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

The Committee did not feel that the Applicant had demonstrated inadequacy. The Committee agreed that there may be some pockets of the neighbourhood which may find access to existing services less convenient than other areas of the neighbourhood, but the services were provided in the neighbourhood and were adequate. In addition, there were three further pharmacies situated in the main shopping thoroughfare accessed by those in the neighbourhood who would also

provide services into the neighbourhood. The Committee pointed to the excellent public transport service in the area and the ease with which residents moved about the area. The Committee concluded that services in the neighbourhood were adequate and that a further contract was not necessary or desirable.

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

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

**DECIDED/-**

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

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

**5. MATTERS CONSIDERED BY THE CHAIR SINCE THE DATE OF THE LAST MEETING**

The Committee having previously been circulated with Paper 2008/05 noted the contents which gave details of matters considered by the Chair since the date of the last meeting:

**Change of Ownership**

**Case No: PPC/COO1/2008 – A&P MacIntyre Ltd, 213-215 Clarkston Road, Glasgow G44 3DS**

The Board had received an application from A&P MacIntyre Ltd for inclusion in the Board's Pharmaceutical List at a pharmacy previously listed as E F Ure Pharmacy at the address given above. The change of ownership was effective from 31<sup>st</sup> January 2008.

The Committee was advised that the level of service was not reduced by the change of ownership and that the new contractor was suitably registered with the Royal Pharmaceutical Society of Great Britain.

**Contractor  
Services  
Supervisor**

Given the above, the Committee agreed that the application could be granted in terms of Regulation 4 of the current Pharmaceutical Regulations.

## 6. CHANGE OF OWNERSHIP

The Committee having previously been circulated with Paper 2008/06 noted the contents which gave details of Changes of Ownership which had taken place in the following cases:

**Case No: PPC/CO02/2008 – Julie and Peter Venables, 510 Dumbarton Road, Glasgow G11.6**

**Cast No: PPC/CO03/2008 – Julie and Peter Venables, 1239/43 Dumbarton Road, Glasgow G11.6**

The Board had received an application from Julie and Peter Venables inclusion in the Board's Pharmaceutical List at pharmacies previously listed as Andrew Hand Pharmacy the addresses given above. The change of ownership was effective from 1<sup>st</sup> March 2008.

The Committee was advised that the level of service was not reduced by the change of ownership and that the new contractor was suitably registered with the Royal Pharmaceutical Society of Great Britain.

Given the above, the Committee agreed that the application could be granted in terms of Regulation 4 of the current Pharmaceutical Regulations.

## 7. NATIONAL APPEALS PANEL DETERMINATION

The Committee having previously been circulated with paper 2008/07 noted the contents which gave details of the National Appeals Panel's determination of appeals lodged against the Committee's decision in the following cases:

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

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

**Mr Neeraj Salwan – 128 Main Road, Paisley PA1.2 (Case No: PPC/INCL17/2007)**



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

**8. ANY OTHER COMPETENT BUSINESS**

The Committee gave further consideration to the question of how an application submitted for 151 Western Road, Cambuslang G72 should be considered. The Committee noted that the Applicant's had contended within their submission that they had evidence to show that the circumstances within the area had changed significantly since the Committee last considered an application for premises in this area.

After comprehensive discussion, the Committee agreed that the application should be considered by means or an oral hearing.

**9. DATE OF NEXT MEETING**

Scheduled for Friday 22<sup>nd</sup> February 2008 at 12.30pm. Venue to be confirmed.

The Meeting ended at 4.30p.m.

**NOT YET ENDORSED AS A CORRECT RECORD**

**Pharmacy Practices Committee (03)**

Minutes of a Meeting held on

Friday 22<sup>nd</sup> February 2008

Meeting Room, Glynhill Hotel, Paisley Road, Renfrew PA4 8XB

<b>PRESENT:</b>	Mr Peter Daniels	Vice Chair
	Professor J McKie	Lay Member
	Mr Alan Fraser	Lay Member
	Mrs Kay Roberts	Non Contractor Pharmacist Member
	Mr Colin Fergusson	Deputy Contractor Pharmacist Member
<b>IN ATTENDANCE:</b>	Trish Cawley	Contractor Services Supervisor
	Richard Duke	Contracts Manager, Community Pharmacy Development
	David Thomson	Deputy Lead, Community Pharmacy Development
	Elaine Ward	Community Pharmacy Development Pharmacist

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

**ACTION**

No declarations of interest were made.

**1. APOLOGIES**

None were offered.

**2. MATTERS ARISING NOT INCLUDED IN AGENDA**

None.

**3. Section 1 – Applications Under Regulation 5 (10)**

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

**Case No: PPC/INCL08/2008**

**Mr Razwan Shafi, 25 Main Street, Howwood PA9 1AR**

The Committee was asked to consider an application submitted by Mr Razwan Shafi, to provide general pharmaceutical services from premises situated at 25 Main Street, Howwood PA9 1AR under Regulation 5(10) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 1995 as amended.

The Committee had to determine whether the granting of the application was necessary or desirable to secure the adequate provision of pharmaceutical services in the neighbourhood in which the applicant's proposed premises were located.

The Committee, having previously been circulated with all the papers regarding the application from Mr Razwan Shafi, agreed that the application should be considered by oral hearing.

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

The Applicant was represented in person by Mr Razwan Shafi ("the Applicant"). The interested parties who had submitted written representations during the consultation period, and who had chosen to attend the oral hearing were Mr Andrew Mooney (Alliance Pharmacy) ("the Interested Party").

Prior to the hearing, the Panel had collectively visited the vicinity surrounding the Applicant's premises, pharmacies, GP surgeries and facilities within the immediate neighbourhood, and the wider area around Johnstone, Spateston and Kilbarchan.

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

### **The Applicant's Case**

**Mr Shafi** commenced his presentation by thanking the Committee for inviting him to speak at this hearing.

Mr Shafi stated the village of Howwood was a neighbourhood in its own right surrounded by greenbelt and bound in the North West by A737. Its entrance is at Beith Road meeting Torbracken Street and ends where the B787 joins the A737. Renfrewshire Council reference this as a locality (133021).

The neighbourhood includes two churches, primary school, village hall, an active community council (which runs its own website), post office, licensed newsagent, village store (with coffee shop), garage, hotel & country club and two inns. There are various social clubs such as bowling and girl guides however; there is no pharmacy, general medical practitioner, dental practice or any other medical services within this village. The nearest medical practitioner is situated in Kilbarchan, some 1.7 miles away.

The Applicant stated that the population in 1991 was 1035, which had increased to 1502 by 2001. He currently estimated the population to be 1960. In addition, there were also surrounding farms, which would increase his total estimated population.

The local councillor had advised the Applicant that there were 1620 residents recorded on the electoral roll plus, 340 people in the under 16's age category. The under 16's age category amounted to 20% of all residents - a dependent, vulnerable group often requiring immediate healthcare attention. Parents were required to travel significant distances to access pharmaceutical care. The long journey to Johnstone was further compounded by car-parking difficulties around the town's pharmacies.

He said that the closest pharmacy for Howwood residents was Spateston (1.1 miles away) designated as an area of deprivation (category 6), which Howwood villagers avoided. Furthermore, he advocated that there was no logical reason for villagers to use this pharmacy as their general medical practitioners were not based there. Residents therefore, travelled significant distances to access a pharmacy using, private/public transport or walking. Public bus services ran every 30 minutes resulting in an unacceptable return journey of upwards to one hour and the unnecessary expense of fares or fuel.

The Applicant said that Howwood pedestrians accessing the Spateson Pharmacy had two potential routes of travel:

1. A 20 minute walk (for a young healthy male) along the Beith Road, which had a national 60mph speed limit. The route had no street lighting, requiring pedestrians to cross the road twice as the single pavement was not continuous. Mr Shafi suggested that over grown hedge rows would require a mother and pram to walk along the edge of edge of the pavement. From his personal experience he stated that when he had walked it, he had in fact needed to step off the pavement to avoid overhanging brambles.
2. Along Midton Road, which he said had the same obstacles

however, the final part of the road turned into a country lane and lead to an underpass within Spateston.

During this part of the presentation the Applicant referred to the photographs included within the additional information sent to the Board on 22 February.

Mr Shafi referred to the objections raised against his application.

1. Alliance Pharmacy. He did not know why the Bridge of Weir pharmacy had raised this objection as it was located some 4.5 to 4.9 miles away from his proposed site and not within of the Board's consultation area. He was surprised that no objection had been received from their Johnstone pharmacy, some 2.9 miles away.
2. Spateston Pharmacy. In response to the letter he said he thought it unlikely that Howwood residents would use the Kilbarchan & Lochwinnoch pharmacies as most of the doctors were in Johnstone.
3. Boots Pharmacy. He contested Boots claim that the population of Howwood had been stable since 1991. The Local Council had provided him with an Electoral Role total of 1534 as at 1 December 2007.

He stated that it was often argued that healthy populations did not support pharmaceutical services and referred to successful contract applications in Milton of Campsie, Torrance, Twechar and Carmunnock. He noted that the majority of these areas had similar depcat scores ranging from 1 to 2.

Mr Shafi said that at the recent Carmunnock hearing, Mr Semple had argued a strong case that a new pharmacy's viability should be considered. His key calculations stated were: 1.254 (2006/7) average numbers of prescriptions/person/month dispensed; a break even point of 2,300 items equating to 1834 population. For Howwood, he estimated that the population was well in excess of this break even point therefore answering the point raised by an objector that the village would not support a pharmacy service. He also pointed out that Carmunnock's population was approximately 22.5% lower than the Howwood population and the Board had approved that application. The majority of Howwood resident's doctors were in Johnstone. He added that unless this application was approved, patients would continue to travel over 5 miles to access a pharmacy. Due to these difficulties patients may be tempted to make a doctor's appointment instead which was at odds with the principles of new Pharmaceutical Care Contract, which encouraged development of services locally to make a pharmacy the first point of contact for basic healthcare requirements

Mr Shafi stated that he intended to provide a seven day-a-week service

that would be open at lunchtimes, providing a level of service access that exceeded objectors current opening hours. He believed that Sunday opening would also prove to be of benefit to the wider community as the nearest pharmacy open on a Sunday was Asda in Linwood.

The Applicant believed the Minor Ailment Service (MAS) would be seen as an enormous benefit to Howwood patients. The later introduction of the Chronic Medication Service (CMS), would further suggest that the need for a pharmacy in the village was paramount. He added that the introduction of electronic prescription transmission would enhance local pharmaceutical care services in Howwood. He believed these services were best provided closest to the homes of patients and not closest to their doctors. The need to travel to Johnstone for all healthcare needs was at odds with national health care policy.

The Applicant referred to the village support for his application. This support had been included within the additional information sent to the Board:

- a petition from 279 residents, which represented 14% of the village population;
- a letter from the Community Council
- a letter from local councillor Tracie McGhee

In addition, he also noted the Board's Area Pharmaceutical Committee had supported this application.

In summary, Mr Shafi stated that Howwood did not have pharmaceutical services in the village. Access to these services required residents to travel which generated a range of associated transport issues. He had the support from the Community Council and local residents and therefore he believed this application was both desirable and necessary to secure adequate pharmaceutical services for the neighbourhood of Howwood. He therefore asked the Committee to approve his application for a pharmacy in Howwood.

#### **The Interested Parties Question the Applicant**

In response to questioning from Mr Mooney, the Applicant advised that he did consider Howwood to be a neighbourhood for all purposes as he believed that residents used the two local shops for their weekly shopping and the village had a mobile library.

In response to further questioning from Mr Mooney, the Applicant said that he believed that patients would be happy obtaining MAS from a local pharmacy rather than having to travel to Johnstone where a doctor's appointment might instead be sought. He therefore believed that services provided by the pharmacy would result in benefits to the wider NHS.

In response to further questioning from Mr Mooney the Applicant said that although the Community Council had raised possible concerns on methadone provision in their email of 4 February, he believed he would offer a full pharmaceutical service and was therefore confident of the pharmacies viability.

In response to further questioning from Mr Mooney, the Applicant explained he had worked in the Salwan Pharmacy, Johnstone since 2003. He therefore knew local staff who would help him establish the extended opening hours service and would therefore not need to recruit externally.

In response to further questioning from Mr Mooney, the Applicant said that he was familiar with the car parking facilities at Houston Square/William Street as he regularly used the swimming facilities nearby. From experience he had only been able to secure a car parking place within this immediate area after 5.30pm.

In response to further questioning from Mr Mooney, the Applicant said he was unaware of whether any Howwood residents had made any representations to their Local Council or the Board in respect of problems accessing health services. He added that he believed that no one would walk or cycle to Johnstone for services. They would either use public or private transport with would entail a return journey of at least one hour.

In response to further questioning from Mr Mooney concerning the proposed collection & delivery service, the Applicant said he assumed the Community Councillor did know this was a service currently available from Johnstone pharmacies. He added that he planned to introduce himself to patients and to listen to their issues. He believed that such an approach would ensure that the pharmacy would meet their needs and thus remain viable.

In response to further questioning from Mr Mooney the Applicant advised that the proposed premises would be shared with the shop which had a 25 years lease on the property. He confirmed that he had prepared plans to fit-out of the pharmacy which met the specifications of the Royal Pharmaceutical Society.

In response to final questioning from Mr Mooney, the Applicant advised that the petition had been placed in the shop and also the nursery but not in the village newsagent.

#### **The PPC Question the Applicant**

In response to questioning from Mr Fraser, the Applicant advised that:

- the lease holder of the shop did have permission to sub-let the

- lease;
- he was unaware if residents signing the petition knew whether the pharmacy would offer a methadone service but he did not believe this service was required for the neighbourhood;
  - from past experience, the Applicant said that if a pharmacy offered a Sunday service, the demand for it would follow. He added that the shop would be open and therefore residents would also be aware that the pharmacy was open.

In response to further questioning from Mr Fraser, the Applicant said he did not see a significant increase in the population in the near future. He expected small construction developments to continue but he was not aware of plans for any new large scale developments. He went on to say that he understood that the school was to be levelled with the land planned for housing. Although a high percentage of residents owned cars, the Applicant still believed he had the communities support for his application.

In response to questioning from Mr Reid, about petition signatures appearing from residents of Kilbarchan and Stirling, the Applicant said that he had only reviewed the petition to identify duplicate signatures.

In response to further questioning from Mr Reid, Mr Shafi advised that he expected the Monday to Saturday service to be provided with the help of his wife and other family members who were pharmacists. He saw the Sunday service being provided by a different pharmacist.

In response to questioning from Mr Thomson, the Applicant stated the pharmacy would be secured by shutters within the shop and that only the pharmacy area would be registered with Royal Pharmaceutical Society.

In response to further questioning from Mr Thomson in respect of the pharmacy's management of health improvement when tobacco was available within the general store, the Applicant believed this to be a similar position to a pharmacy located within a supermarket.

In response to questioning from Mrs Roberts, the Applicant advised that the pharmacy would not compete with the shop in respect of personal care products, he planned to have the dispensary in the back and would sell prepared medications/GSL/vitamins, coughs and cold remedies. Mrs Roberts said that she noted the shop currently offered common GSL remedies for minor ailments and asked the Applicant how he would manage these two sources of products within the one premises. Mr Shafi responded saying he believed this situation would be no different to one that exists within supermarkets.

In response to further questioning from Mrs Roberts, the Applicant advised that the shops opening hours were from 7am to 9pm, he proposed that the pharmacy would open from 8.30am to 6pm (Monday



to Saturday) and 10am to 1pm on a Sunday.

In response to questioning from Mr Daniels, the Applicant confirmed: the shop was open for 90 hours and he proposed that the pharmacy would open for 60 hours; he was unaware of the percentage of residents contributing to the Community Council 'spontaneous' petition.

In response to final questioning from Mr Daniels, Mr Shafi said he was unable to confirm how real the walking problem was from Howwood to Johnston but he had walked to Spateston and was aware of the problems.

There were no questions from Mr Fergusson.

**The Interested Parties' Case – Mr Andrew Mooney (Alliance Pharmacy)**

**Mr Mooney** thanked the Committee for the opportunity for Alliance Pharmacy to have representation at the hearing. He started his presentation by defining the neighbourhood as the village of Howwood as previously defined by the Applicant. He stated the neighbourhood boundaries as being:

North: A737

East: Beith Road meeting Torbracken Street or extremity of Midton Road

South: Most Southern point of Hill Road

West: Where B787 (Bayview/Main Street) and the A737 meet

Mr Mooney said that Howwood was a Renfrewshire rural community, predominantly inhabited by individuals in the 16 to 65 age range, with good health status and high employment levels. The population obtained local pharmaceutical services from locations that were convenient commuting distances from the village. Therefore, although the Applicant had discussed some local amenities, Howwood could not be considered a neighbourhood for all purposes. By way of example, he advised that children travelled for secondary schooling and that residents undertook their weekly shopping in the neighbouring towns of Johnstone & Linwood with the A737 providing easy access to these towns.

Mr Mooney advised that that the last census recorded a population in Howwood of 1502. There were significantly lower population numbers in the under 16s and over 65s groups than the Scottish National Average. There was also a higher proportion within the Social Grade AB. 60% of the population worked, with only 12 % of households with no access to a car and 32% of households, had two cars.

Mr Mooney referred to the NHS Health & Wellbeing Profile and the Scottish Neighbourhood Statistics for Howwood, which revealed low levels of both deprivation and health inequality within this area. He

therefore argued the need for additional services in the neighbourhood adding that additional resources should be targeted to areas & priority groups where need was the greatest. Although a small majority of residents may be less able and therefore challenging to access services by foot, he pointed out there was a good availability of public transport; adequate parking in Johnstone and established collection & delivery services with the opportunity for domiciliary visiting when required.

Mr Mooney said that although there were no pharmaceutical services providers within the defined neighbourhood, it was not necessary or desirable to secure adequate service provision. There were five pharmacies easy accessible within 3 miles from the village and he believed residents would travel 5 miles for supermarket shopping where there were a further four pharmacies. One of these operated over extended hours.

Mr Mooney said that when considering adequacy of service provision he would highlight the Crammond Application (Edinburgh) decided upon by National Appeal Panel (NAP) in February 2006. NAP decided that adequacy can be secured by the provision of services out-with the area and that the viability of contractors within the area should also be considered.

He advised that the Alliance Pharmacy in Johnstone provided a full and comprehensive range of services: MAS/PHS/AMS(currently introducing the infrastructure)/free collection & delivery service/addiction services/provision of compliance aids and associated domiciliary visits where applicable/smoking cessation/blood monitoring/emergency hormonal contraception/ urgent supply- Patient Group Directive/stoma services and domiciliary oxygen. In addition, an array of service leaflets were offered to supplement the pharmacist's public health advice. Opening hours: Monday to Friday 9am to 5.30pm and Saturday 9am to 5pm.

In summary, Mr Mooney said a new contract was not necessary or desirable to secure adequate provision of pharmaceutical services within the neighbourhood of Howwood and if approved, may be detrimental to the development of new and existing services at a critical stage of the new Contract.

### **The Applicant Questions Mr Mooney**

In response to questioning from the Applicant, Mr Mooney said:

- he understood the GP Practice in Bridge of Weir was a satellite surgery;
- Howwood residents would probably need to travel though two neighbourhoods to use the Alliance Pharmacy in Johnstone;
- he believed that patients were used to making the journey to Johnstone for medical services;

- he was unable to comment why Kibarchan had a pharmacy with the same dep cat as Howwood other than historic reasons;
- the Johnstone Pharmacy provided a 6 day-a-week delivery service, which was contracted to a local distribution company;
- he confirmed that this company had been inducted on standard community pharmacy service procedures;
- he said he did not believe it was unreasonable to expect patients to travel 10 minutes on public transport to access pharmaceutical services

### **The PPC Question Mr Mooney**

In response to questioning from Mr Fergusson, Mr Mooney advised that the Johnstone Pharmacy had 70 patients who weekly used the delivery and collection service.

In response to questioning from Professor McKie, Mr Mooney stated that the Alliance Head Office was attempting to improve their pharmacy's infrastructure to improve services. A new contract would place pressure on these improvements as it would dilute the market.

In response to further questioning from Professor McKie, Mr Mooney confirmed there were five pharmacies in Johnstone and the population of the area was approximately 30,000. He believed that access to six pharmacies to the residents of Howwood was reasonable and accepted that travelling time would be longer than suggested after allowing for waiting time and parking or public transport. He was unaware how the Regulations could support the targeting of resources to area of deprivation but believed there should be a system to support areas of greatest need.

In response to questioning from Mr Thomson in respect of ideas for innovative practice, Mr Mooney suggested targeting the elderly with house visits if needed. He added that he would expect there to be a negotiation with the Board to agree a fee for this possible service.

In response to further questioning from Mr Thomson, Mr Mooney said it was open to debate if the redistribution of pharmacies would be easier than offering delivery and collection services.

In response to questioning from Mrs Roberts, Mr Mooney expressed concern that although only 70 patients used the delivery and collection service, any loss of service brought financial pressures. He was unable to respond to Mrs Roberts question on how long a public transport journey might be after taking the time to get to the bus stop into consideration.

Mr Daniels said that he was struck by many of the supporting comments by the petition signatures. In response to Mr Daniels

question as to whether this service was really needed, Mr Mooney said that people would always say yes if asked if they wanted a pharmacy however, this did not prove the need for adequacy.

There were no questions to Mr Mooney from Mr Fraser.

### **The Interested Parties Sum Up**

**Mr Mooney** said that Alliance Pharmacy considered the current pharmaceutical service provision for Howwood to be adequate with services provided by nine pharmacies out-with the neighbourhood. The neighbourhood's population was small, mobile, healthy and unlikely to support a viable community pharmacy. The accessibility issues raised by the Applicant related to a small minority of residents, which could be effectively managed through the development of new services to supplement existing services by example, the delivery and collection service.

Mr Mooney said that a new contract was not necessary or desirable to secure adequate provision of pharmaceutical services in the area and therefore the Committee should reject the application.

### **The Applicant Sums Up**

**Mr Shafi** said that current pharmaceutical services within Johnstone were established historically but the new Pharmacy Contract was now driving a redistribution of pharmacies. Howwood patients currently had to travel over 5 miles to access the Johnstone pharmacies.

The neighbourhood had a population close to 2000 and he noted that applications had been granted for populations half this size. He said Howwood residents suffering from acute and chronic conditions had no immediate access to services within the neighbourhood. He therefore believed that current services were inadequate and the granting of a contract was both necessary and desirable.

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

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

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

services in the neighbourhood in which the premises were located.

The PPC took into all account all written representations and supporting documents submitted by the Applicant, the Interested Parties and those who were entitled to make representations to the PPC, namely:

- a) Pharmacy contractors within the vicinity of the applicant's premises;
- b) The NHS Greater Glasgow & Clyde Area Pharmaceutical (General Practitioner Sub-Committee);
- c) The Greater Glasgow & Clyde Area Medical Committee (GP Sub-Committee).

The Committee also considered;-

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

### **DECISION**

Having considered the evidence presented to it, and the PPC's observation from the site visit, the PPC had to firstly define the neighbourhood in which the premises, to which the application related, were located.

The Committee noted that the Applicant, the Interested Party and the GP Sub-Committee had all identified the neighbourhood as the village of Howwood. After taking these views into consideration, the Committee agreed with this definition of neighbourhood as follows:

North: A737

East: Beith Road meeting at Torbracken Street

South: Most Southern point of Hill Road

West: Where B787 and the A737 meet

### **Adequacy of Existing Provision of Pharmaceutical Services and Necessity or Desirability**

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

Within the defined neighbourhood there were no healthcare services.

The nearest pharmacy was over one mile away in Spateston with a further six pharmacies and GP medical services in Johnstone, three miles away. The Committee accepted that pedestrians would experience a difficult journey by foot in order to reach pharmaceutical services and therefore it was likely they would rely on public and/or private transport. The Committee considered the issue of viability raised by the Interested Party but were unable to support his argument. The Committee therefore considered that access to pharmaceutical services within the defined neighbourhood was not adequate and therefore necessary.

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

**DECIDED/-**

The PPC was satisfied that the provision of pharmaceutical services at the premises of the Applicant was necessary in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises were located. It was a majority decision of the PPC that the application be granted.

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

**4. MATTERS CONSIDERED BY THE CHAIR SINCE THE DATE OF THE LAST MEETING**

The Committee having previously been circulated with Paper 2008/05 noted the contents which gave details of matters considered by the Chair since the date of the last meeting:

**Minor Relocation**

**Case No: PPC/MRELOC01/2008 – David Wyse 11 – 13 Fore Street, Port Glasgow**

The Committee considered the action taken by the Chair on an application for a minor relocation of a NHS Dispensing contract currently held by David Wyse, at the above address.

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

The Committee noted that the Chair had granted the application, having been satisfied that the application fulfilled the requirements laid down in the Pharmaceutical Regulations.

**Contractor  
Services  
Supervisor**

5. **NATIONAL APPEALS PANEL DETERMINATION**

The Committee having previously been circulated with Paper 2008/10 noted the contents which gave details of the National Appeals Panel's determination of appeals lodged against the Committee's decision in the following cases:

**Ms Farzana Rasool and Mr Aziz Rasool – 111 Cambridge Street, Glasgow (Case No: PPC/INCL06/2007)**

The Committee noted that the National Appeals Panel had upheld the Appeal submitted against the PPC's decision to refuse Ms Farzana Rasool and Mr Aziz Rasool application to establish a pharmacy at the above address. As such Ms Farzana Rasool and Mr Aziz Rasool names were not included in the Board's Provisional Pharmaceutical List, and the file on the application had been closed.

During the Committee's discussions inaccuracies in statements recorded within the Minutes were identified. The Committee agreed that these should be advised to NAP and ways should be explored how this position can be averted in future.

**Mr Neeraj Salwan – 3/5 Dunvagan Quadrant, Renfrew PA4 9BS (Case No: PPC/INCL19/2007)**

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

6. **APPLICATIONS STILL TO BE CONSIDERED**

The Committee having previously been circulated with Paper 2008/11 noted the contents which gave details of applications received by the Board and which had still to be considered.

The Committee agreed the following applications did not require an oral hearing and that consideration could be made based on the written representations:

**Mr Adill Sheikh, Albert Cross Ltd, 672 Eglinton Street, Glasgow G5 9RP**

**Ms Angela Mackie, 3 Budhill Avenue, Springboig, Glasgow G32 0PW**

7. **ANY OTHER COMPETENT BUSINESS**

**Deputy Lead,  
Community  
Pharmacy  
Development**

None.

**8. DATE OF NEXT MEETING**

Scheduled for Tuesday 26<sup>th</sup> February 2008 at 12.30pm. Venue to be confirmed.

The Meeting ended at 4.00p.m.



**NOT YET ENDORSED AS A CORRECT RECORD**

**Pharmacy Practices Committee (04)**

Minutes of a Meeting held on

Tuesday 26<sup>th</sup> February 2008

Meeting Room, Adelphi Centre, 12 Commercial Road, Glasgow G5 0PQ

<b>PRESENT:</b>	Mrs Agnes Stewart	Chair
	Professor J McKie	Lay Member
	Mr William Reid	Deputy Lay Member
	Dr James Johnson	Non Contractor Pharmacist Member
	Mr Scott McCammon	Deputy Contractor Pharmacist Member
<b>IN ATTENDANCE:</b>	Trish Cawley	Contractor Services Supervisor
	Janine Glen	Contracts Manager – Community Pharmacy Development
	David Thomson	Deputy Lead – Community Pharmacy Development

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

No declarations of interest were made.

**1. APOLOGIES**

There were no apologies.

**2. MINUTES**

The Minutes of the meeting held on Friday 8<sup>th</sup> February 2008 **PPC[M]2008/02** were approved as a correct record, subject to the following amendments:

**Page 1 – in title “Woolfson” should read “Wolfson”.**

**Page 7 – in second paragraph “was a dedicated car park” should read “was not a dedicated car park”.**

**Page 7 – in third paragraph “hose” should read “whose”.**

**Page 9 – in second paragraph “3-40 minutes” should read “30-40 minutes”.**

**ACTION**

3. **ANY OTHER BUSINESS NOT INCLUDED IN AGENDA**

None.

**Section 1 – Applications Under Regulation 5 (10)**

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

**Case No: PPC/INCL29/2007**

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

The Committee was asked to consider an application submitted by L G Pharmacy Ltd, to provide general pharmaceutical services from premises situated at Unit 2 19 Kennedy Path, Glasgow G4.0 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 L G Pharmacy Ltd, agreed that the application could be considered by means of the written representations received as it was less than 12 months since a previous application was considered for the same premises.

Prior to consideration of the first application in May 2007, members of the Committee had visited the vicinity surrounding Unit 2 19 Kennedy Path, Townhead, Glasgow G4.0, the pharmacies, GP surgeries and facilities in the immediate neighbourhood, and the wider area.

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

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

The PPC took into all account all written representations and supporting documents submitted by the Applicant, the Interested Parties and those who were entitled to make representations to the PPC.

## **DECISION**

The Committee noted that it had first considered an application from the same applicant for the same premises in May 2007. At that time the PPC had approved the application citing that an additional pharmacy was desirable to secure adequate provision of pharmaceutical services in the neighbourhood.

This decision was subsequently appealed by several of the Interested Parties involved in the consultation process. At an oral hearing of the appeal on 25<sup>th</sup> September 2007, the National Appeals Panel concluded that the current pharmaceutical services in the area were adequate and that the appeals should be upheld.

The Committee were mindful of the additional information provided by the Applicant in this most recent application and took cognisance of the arguments put forward by the Applicant in support of their case. The Committee however noted that the current pharmacy regulations clearly stated at Schedule 3 Part 2 Para 15(1), that the decision of the National Appeals Panel was final. Furthermore they agreed that the appropriate recourse for those who felt adversely affected by a decision of the National Appeals Panel was by means of judicial review. The Committee did not agree that reapplication through the Pharmacy Practice Committee route was appropriate unless circumstances in the neighbourhood had changed to such extent that the NAP's original decision was inappropriate.

After careful deliberation, the Committee concluded that the Applicant's additional information did not demonstrate such a significant change that would deem it appropriate for the application to be considered afresh. They were satisfied that the decision of the NAP remained appropriate given the circumstances prevailing in the area.

**In accordance with the statutory procedure the Chemist Contractor Member of the Committee Scott McCammon 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 and in the circumstances, it was the unanimous decision of the PPC that the application be refused.

**The Chemist Contractor Member of the Committee Scott McCammon and Board Officers rejoined the meeting at this stage.**

**Contractor  
Services  
Supervisor**

## 5. ANY OTHER COMPETENT BUSINESS

### National Appeals Panel Report

The Committee discussed the letter received from the National Appeals Panel regarding the proposed report initially requested at the NAP training day held in October 2007.

The Committee noted the NAPs proposal that the report be provided every six months, providing information on the reasons for the NAP to determine appeals by means of an oral hearing.

The Committee agreed that such a report would be useful, but reiterated their disappointment that it would not be provided on a more frequent basis. After comprehensive discussion, the Committee agreed that a response be sent to the NAP seeking publication of the report on at least a quarterly basis, and preferably bi-monthly to assist the Board with the number of applications currently being considered

The Committee also agreed that copies of the NAP decisions should be made available to members of the PPC who had been involved in the original decision.

The Committee discussed the merits of meeting with representatives of the NAP to share concerns and ideas that might be relevant. After comprehensive discussion, it was agreed that NAP should be approached with an invitation to meet Chairs and Vice Chairs of PPCs across all Health Boards to discuss issues and provide useful feedback to the NAP on the current process.

### Cancellation of Attendance at Oral Hearings

A comprehensive discussion took place around the recent cancellation of attendance at oral hearings by Applicants. The Committee agreed that Board Officers should explore a proposal to levy an administration charge against Applicant's who fail to provide sufficient notice of cancellation of attendance at oral hearings.

## 6. DATE OF NEXT MEETING

Scheduled for Thursday 6<sup>th</sup> March 2008 at 12.30pm. Venue to be confirmed.

The Meeting ended at 2.45p.m.

**Contracts  
Manager**

**Contractor  
Services  
Supervisor**

**Contracts  
Manager**

**Contracts  
Manager**

**NOT YET ENDORSED AS A CORRECT RECORD****Pharmacy Practices Committee (05)**

Minutes of a Meeting held on

Thursday 6<sup>th</sup> March 2008Meeting Room, King's Park Hotel, Mill Street, Rutherglen  
Glasgow G73 2SX

<b>PRESENT:</b>	Mr Peter Daniels	Deputy Chair
	Professor J McKie	Lay Member
	Mr William Reid	Deputy Lay Member
	Mrs Charlotte McDonald	Deputy Lay Member
	Dr James Johnson	Non Contractor Pharmacist Member
	Mr Colin Fergusson	Deputy Contractor Pharmacist Member
<b>IN ATTENDANCE:</b>	Trish Cawley	Contractor Services Supervisor
	Janine Glen	Contracts Manager – Community Pharmacy Development
	David Thomson	Deputy Lead – Community Pharmacy Development

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

**ACTION**

No declarations of interest were made.

**1. APOLOGIES**

Apologies were received on behalf of Mr Kenny Irvine.

**2. ANY OTHER BUSINESS NOT INCLUDED IN AGENDA**

None.

**Section 1 – Applications Under Regulation 5 (10)****3. APPLICATION FOR INCLUSION IN THE BOARD'S PHARMACEUTICAL LIST**

Case No: PPC/INCL31/2007

Woodneuk Healthcare Ltd, 196 Cross Arthurlie Street, Barrhead  
G78 1EP

The Committee was asked to consider an application submitted by Woodneuk Healthcare Ltd, to provide general pharmaceutical services from premises situated at 196 Cross Arthurlie Street, Barrhead G78 1EP 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 noted that initially when the application had appeared on the Applications to be Considered paper, they had considered that the application could be determined based on the written representations. This decision was based on the fact that the Applicant had not at that time submitted any information showing a change to the circumstances that had prevailed when the Committee had initially considered the application in . The Committee noted that subsequent to this, a significant amount of additional information had been submitted, in the form of petitions and additional material. The Committee agreed that given the nature of the application and the additional material that had been received, consideration would be safer by means of oral hearing.

The Committee requested that an oral hearing of the application be arranged.

**Contractor  
Services  
Supervisor**

#### 4. **MINOR RELOCATION**

**Case No: PPC/MRELOC02/2008 – Kennyhill Pharmacy, 410 Cumbernauld Road, Glasgow G31 3NN**

The Committee having previously been circulated with Paper 2008/16 noted that Kennyhill Pharmacy had applied to relocate pharmaceutical services currently provided from 410 Cumbernauld Road, Glasgow G31.3. Kennyhill wished to move to alternative premises situated at 406 Cumbernauld Road, Glasgow G31.3.

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

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

***DECIDED/-***

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

**5. NATIONAL APPEALS PANEL DETERMINATION**

The Committee having previously been circulated with paper 2008/17 noted the contents which gave details of the National Appeals Panel's determination of appeals lodged against the Committee's decision in the following cases:

New Age Healthcare Ltd – 37 Glenkirk Drive, Glasgow G15 6BS (Case No: PPC/INCL22/2007)

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

Mr Denis Houlihan, Houlihan & Partners – 11-17 Princess Street, Port Glasgow PA14 5JA (Case No: PPC/INCL20/2007)

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

**6. ANY OTHER COMPETENT BUSINESS**

**7. DATE OF NEXT MEETING**

Scheduled for Monday 10<sup>th</sup> March 2008 at 12.30pm. Kingspark Hotel, Mill Street, Rutherglen, Glasgow.

The Meeting ended at 2.30p.m.

**NOT YET ENDORSED AS A CORRECT RECORD**

**Pharmacy Practices Committee (06)**  
Minutes of a Meeting held on  
Monday 10<sup>th</sup> March 2008  
Kings Park Hotel, Mill Street, Rutherglen,  
Glasgow G73

<b>PRESENT:</b>	Mr Peter Daniels	Deputy Chair
	Professor J McKie	Lay Member
	Mrs Charlotte McDonald	Deputy Lay Member
	Mrs Kay Roberts	Deputy Non Contractor Pharmacist Member
	Mr Kenny Irvine	Deputy Contractor Pharmacist Member
	Mr Colin Fergusson	Deputy Contractor Pharmacist Member
<b>IN ATTENDANCE:</b>	Trish Cawley	Contractor Services Supervisor
	Janine Glen	Contracts Manager – Community Pharmacy Development
	David Thomson	Deputy Lead – Community Pharmacy Development

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

**ACTION**

No declarations of interest were made.

**1. APOLOGIES**

There were no apologies.

**2. ANY OTHER BUSINESS NOT INCLUDED IN AGENDA**

None.

**Section 1 – Applications Under Regulation 5 (10)**

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

**Case No: PPC/INCL30/2007**

**Mr David J Dryden & Mr Michael Balmer, 16 Kyle Square, Spittal,  
Rutherglen, Glasgow G73 4QG**



The Committee was asked to consider an application submitted by Mr David J Dryden and Mr Michael Balmer, to provide general pharmaceutical services from premises situated at 16 Kyle Square, Spittal, Rutherglen, Glasgow G73 4QG under Regulation 5(10) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 1995 as amended.

The Committee had to determine whether the granting of the application was necessary or desirable to secure the adequate provision of pharmaceutical services in the neighbourhood in which the applicant's proposed premises were located.

The Committee, having previously been circulated with all the papers regarding the application from Mr Dryden and Mr Balmer, agreed that the application should be considered by oral hearing.

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

The Applicant was represented in person by Mr David J Dryden ("the Applicant"), assisted by Mr Michael Balmer. The interested parties who had submitted written representations during the consultation period, and who had chosen to attend the oral hearing were Mr Alasdair MacIntyre (Burnside Pharmacy), Mr David Henry (Lloydspharmacy), Mr Martin Green (Dukes Road Pharmacy and Melville Chemists), assisted by Mr Scott McCammon, Mr Roger McLean (Copland Chemists), assisted by Mr Robert Love and Mrs Parul Patel (A M Malcolm Chemists) ("the Interested Parties").

Prior to the hearing, the Panel had collectively visited the vicinity surrounding the Applicants' premises, pharmacies, GP surgeries and facilities in the immediate neighbourhood, and the wider area around Carmunnock roundabout, Castlemilk Road, Croftfoot, Fernhill, Blairbeth, Burnside and Rutherglen town centre.

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

The Committee noted that the representative from National Co-op Chemists had submitted his apologies at short notice. A written submission had been provided by National Co-op and had been accepted by the Chair and the Committee. The statement was provided to the Applicant and the Interested Parties prior to the hearing and all were afforded time to make themselves familiar with the contents.

The Committee also allowed submission of a map provided by Mr Alasdair MacIntyre showing his definition of the neighbourhood. The map was provided to the Applicant and the Interested Parties prior to the hearing and all were afforded time to make themselves familiar with the map.

### **The Applicants' Case**

The Applicant commenced his presentation by thanking the Committee for the opportunity to present the case. He advised the Committee that there was a country where hospital admission was regarded as a failure by primary care. This country had the same life expectancies as the UK, but spent only £130 per head on the population – 1/10 of what the UK spent on its population.

The Secretary General of the United Nations described the country as the envy of many other nations, and a shining example of the power of public health to transform the health of an entire country by a commitment to prevention. In 2001, members of the UK House of Commons Health Select Committee issued a report that paid tribute to the “success of its healthcare system”, based on its “strong emphasis on disease prevention” and “commitment to the practice of medicine in the community”.

Further analysis showed that there was extensive involvement of the patient and public in decision making at all levels.

The UK government had taken the example of this country and this was evident in the shift towards better public health. Many of the key concepts of the Scottish Government’s Action Plan Better Health Better Care could have been lifted directly from Britain’s analysis of the health care in this country. The country was Cuba.

It was only now that we were becoming truly conscious of the importance of improving public health in Scotland, ensuring faster diagnosis and working towards disease prevention. The Applicant advised that on entering any cardiac ward in the country you would see that around 90% of the inpatients were there when they needn’t have been: heart attacks were largely preventable, heart failure was largely preventable.

Mr Dryden advised that the high incidence of preventable admissions had occurred because for the past 60 years the national health service had been more the national illness service. It had been treating the sick, rather than preventing the sickness, blaming patients with COPD for their condition. Mr Dryden contended that it was far more cost effective to prevent these conditions in the community than it was to treat them in hospital, and more importantly the patient's quality of life.

With the emphasis now on prevention and patient involvement in their treatment, community pharmacy had an increasingly important part to play. The Applicant advised that he and Mr Balmer had demonstrated in their submission how they could help improve the health of this community through the core services of the community pharmacy contract. In addition, they were looking to reach out to the population and provide diagnostic services for those that would not normally be diagnosed. Mr Dryden asked how many patients within the community had high blood pressure, high cholesterol or diabetes and were not aware of it. He also asked what would happen if they remained undiagnosed. The answer was that they would end up in hospital, with reduced quality of life, polypharmacy and greater cost to the NHS and society.

In order for this to be realised, the Applicants would now prove that the current level of provision of pharmacy services was inadequate.

The Applicant advised that the neighbourhood was Croftfoot and Spittal, to the south was Croftfoot Road which served as a treble boundary, the area was characterised by busy roads and steep inclines. The problem with the neighbourhood was that the vast majority of Spittal residents were registered for medical services in Rutherglen Health Centre.

There were two pharmacies at Croftfoot roundabout. These were 1.33 miles from Kyle Square. The populous of Spittal and a significant proportion of the populous of Croftfoot were registered in Rutherglen, making the pharmacy and doctor surgery 2.66 miles apart in complete opposite directions. These pharmacies did not cater adequately for the Applicants' neighbourhood and did not cater for Spittal residents at all.

There were two pharmacies in Castlemilk. One in the Health Centre and one in the shopping arcade. The population of Castlemilk was approximately 12,500. The list size of Castlemilk Health Centre was 11,500. Effectively, Castlemilk was self contained. The patients in Castlemilk were registered in Castlemilk and used Castlemilk pharmacies. The pharmacies were too remote and inaccessible to provide an adequate service to Croftfoot or Spittal. Again they were in the wrong direction from Rutherglen Health Centre. Furthermore, the Applicant's population did not see Castlemilk as a neighbourhood they

would go to. Indeed most of them “thought” there was a pharmacy in the shopping arcade, but none knew there was one within the health centre. Why would they? They were not registered there.

Fernhill was further removed from amenities. It was 1.1 miles away by road and was up a particularly steep hill. Melville’s served the population of Fernhill. It did not serve Spittal or Croftfoot. The area was 100 metres above sea level and not near the Health Centre. Access to the area for the elderly, infirm and mothers with young children, was difficult.

A M Malcolm Pharmacy was located in the far more affluent area of Kingspark. Spittal was on the wrong side of the tracks to use this pharmacy. It served a large and completely separate neighbourhood. It did not serve the Applicants’ neighbourhood.

There were two pharmacies in Burnside. They did not serve the Applicants’ population either. They served the large area of Burnside, Crosshill and High Burnside. Two pharmacies were required to serve this large area, but their area did not extend as far as Spittal let alone Croftfoot.

The pharmacies currently used by the Applicants’ population were the ones that were least inconvenient for them: Millar & McGowan, Copland’s, Superdrug, Dickson’s and Boots. All located in Rutherglen; most located more than a mile away from Spittal.

The Applicant then posed the question “how then did these barriers affect the provision of pharmaceutical services the population received”?

Minor ailment consultations originally consumed 20% of GP time. The Minor Ailment Service was designed to transfer this workload from GPs to pharmacies in line with the ethos of The Right Medicine, to make better use of the skills of community pharmacists.

For this population then, what benefits had the Minor Ailment Service brought? The Applicant suggested none. The Minor Ailment Service was, in his opinion, less readily available for this population than medical services. The pharmacies within the consultation area did not open before 9.00am. There were GPs working in Rutherglen Health Centre from 8.00am. If patients required a consultation with a health professional before school or work they were more likely to go to Rutherglen Health Centre and wait to see a GP as they couldn’t go to a pharmacy. This was against the ethos of the Right Medicine and the Scottish Government’s Better Health Better Care policy. Thus far the Minor Ailment Service had not transferred the treatment of the population’s minor ailments to pharmacies as was intended. When the Applicants attended the residents committee meeting they discovered

that they didn't even know what the Minor Ailment Service was.

The Applicant further contended that the public health service of the community pharmacy contract was also failing to reach this community.

The only time the population were going to see the poster campaigns, pick up the leaflets and speak to the pharmacist was when they were already ill. The public health core service embraced a proactive mentality and was about keeping the healthy healthy. Therefore it had to be readily accessible to all, and particularly accessible to those with greatest need i.e. deprived populations such as this.

The Applicant advised that if the current infrastructure didn't change the benefit of the Chronic Medication Service would be questionable once it was rolled out. Provisionally the Chronic Medication Service was designed to further reduce GP workload by transferring chronic prescribing (which accounted for 80% of items) to community pharmacy. In terms of this population then, they would still have to catch the same bus, to travel the same 1.33 miles, to get to the same bus stop, to collect the same medicine. This would provide no benefit.

Mr Dryden advised that the community pharmacy contract was designed to better utilise and enhance the care provided by community pharmacies, designed to improve health at a population level, was not being delivered to this population and he would say that this population had a greater need for this service than most. This was a fact and the situation was inadequate.

Mr Dryden contended that a Scottish male from an affluent background could expect to live 10.6 years longer than his counterpart from a very deprived background. While it was accepted that health was determined by a number of factors including housing, genetics and income, the single greatest determinant for decreased life expectancy in deprived populations was prevalence of smoking. The Applicant contended that it was therefore no surprise that the Scottish Government's new policy was targeted at reducing smoking rates ahead of both the two other major determinants of health: alcohol intake and obesity. With a smoking prevalence within the Applicants' neighbourhood 10% above the national average, such policies were geared towards these areas.

Pharmacies were now regarded as being healthy living walk in centres. They were in a unique position to influence mentality and implement policy. The infrastructure in the Applicants' neighbourhood was insufficient to fully provide a smoking cessation service with equitable access as evidenced by the high prevalence of smoking.

Mr Dryden contended that the smoke free service should be available locally. Smoking rates were unlikely to decline as long as cigarettes

were available on their doorstep, whereas nicotine replacement therapy and access to health professional was more than a mile away. Barriers to healthcare should be reduced, not maintained.

If a patient had contact with a health care professional and that health care professional mentioned they stop smoking, what percentage of these patients go away and consider giving up? Mr Dryden advised that 40% considered giving up from a quick comment from a health care professional and many of these go on to become smoke free, but community pharmacy could do so much more. The Applicants would do more. The current service was geared mainly to the tip of the iceberg i.e. the population that want to stop smoking. The population that present spontaneously. The Applicants' commitment to pharmacist prescribing and their particular interest in primary and secondary prevention meant that the Applicants would be inviting patients in for a review of their cardiovascular risk factors. This would provide a hugely important opportunity to promote smoking cessation, the provision of advice, support and NRT or Champix (where appropriate).

While this currently occurs under the auspices of prescribing clinics, this was part of the greater mentality of public health. It was about reaching out and trying to suggest change. Mr Dryden suggested that the Applicants were agents of such change.

Mr Dryden advised that the population that was most difficult to reach was males, aged 40-60. They were poor attendees at GP practices and were a major target group as they were not coming forward spontaneously. The NHS should be reaching out to them. Failure to do so resulted in secondary prevention, lowered quality of life, a greater cost to the NHS and a greater cost to society. The Applicants had demonstrated how they would reach out to this patient group, how they would make or aid diagnosis, how they could modify risk factors and improve outcomes.

Mr Dryden advised that he was currently working towards his independent prescribing qualification and would be ready to begin these clinics as soon as the pharmacy was opened. Mr Dryden advised that this was not merely a flirtation with diagnosis. He was aware that currently many pharmacies offered blood glucose measuring. They then wrote a form and posted it off to the GP. Mr Dryden questioned how valuable such a service in this form was. GPs were bombarded with mail; there was a question around what the GP did with the information. Was it put to the bottom of the pile, did it go in the patient's notes with the intention being that the GP would address this finding the next time the patient presented for an appointment? What if the patient didn't present? An opportunity to modify risk factors was lost. If the Applicants detected elevated risk factors, such as hyperglycaemia, high cholesterol, high blood pressure, they would be

following each and every one of these up. The Applicants would be in dialogue with the GPs to discuss the best course of action and if medicines were deemed part of the appropriate course of action, the Applicants would be there informing the patient why they need this medicine, how to take their medicine. The Applicants would make patients equal partners in their treatment because they knew that in this way, the outcomes were more likely to be realised.

Mr Dryden advised that he accepted that the appellants gathered today should have been consulted in this process, however he was not entirely sure what was to be gained by consulting them. The appellants decided that this pharmacy was neither necessary nor desirable from the word go. They decided to oppose it long before they had read the Applicants full submission. They offered the committee not an opinion, as the word opinion suggested they had taken into account all the information, weighed up pros and cons and then arrived at a reasoned conclusion. But they hadn't. They had simply come out to defend their prescription volume, without taking into account patient care.

Mr Dryden questioned whether it was really the job of the service providers to determine adequacy. He suggested that it wasn't, that adequacy had to be determined by the service users, and the service users said they needed this pharmacy. It was the current policy to put patients at the heart of decision making; one of the lessons learned from Cuba.

Mr Dryden asked who else should be considered when determining the application? He advised that anyone who had the interests of the community at heart should be given an opportunity of informing the application. When the Applicants approached the three local councillors for the area they would not endorse the Applicants' plans until they had gauged the opinion of the residents in their ward. Having met with the Applicants at the recent residents meeting they now unanimously endorsed the plans.

Other providers of primary health care should also be allowed to inform the process. Drs Campbell and Reid in Rutherglen Health Centre had added their voice to this application. They were in fact so committed to this proposal that it was from their practice lists the clinics would be run. Also Dr Ian Notman, the lead Clinical GP for the Camglen locality had expressed his support and Mr Dryden suggested he was in a better position than most to understand the health needs and wants of the Applicants' population.

Mr Dryden concluded that the current provision of services was inadequate. The Applicants had demonstrated that the population couldn't reach the current services and the current services could not reach the population. The Applicants had shown why it was necessary

for them to be given this opportunity and they had shown that it was highly desirable. The GPs were behind the concept, the councillors were behind it, the people were behind it and the Applicants were fully committed to this.

### **The Interested Parties' Question the Applicant**

In response to questioning from Mr MacIntyre, the Applicant advised that the datazones used in his presentation were a best fit and included areas outwith his defined neighbourhood, however it also missed sections out.

In response to further questioning from Mr MacIntyre, Mr Dryden advised that the Applicants intended to provide independent prescribing clinics three – four days per week. This could be accommodated as there would be two pharmacists in the pharmacy, allowing one to focus on the clinics. Areas that would be looked at were antidepressant reduction and benzodiazepine reduction and cardiovascular disease. He was aware that the present regulations only allowed funding for a maximum of two clinics; however the Applicants would address this by not running all three clinics simultaneously.

In response to further questioning from MacIntyre, Mr Dryden confirmed his opinion that most residents in the Spittal area frequented pharmacies in Rutherglen and not Burnside.

In response to final questioning from Mr MacIntyre around Mr Dryden's recent criticism of community pharmacy's involvement in the current heart failure service, Mr Dryden advised that he did not know how many of the patients that had not been seen by the service, for reasons outwith the pharmacy's control.

In response to questioning from Mr Henry, the Applicant advised that although he agreed that the area around Malcolm's Pharmacy could be described as affluent, taking the neighbourhood as a whole there was more deprivation. He also stated that the majority of parents within Spittal had to pass Kyle Square to access the nearest secondary schools.

In response to further questioning from Mr Henry, the Applicant conceded that the level of minority ethnic population within the neighbourhood was low at approximately 1.6%.

In response to further questioning from Mr Henry, the Applicant advised that he was not aware that Dr Ian Notman's practice did not register patients from the Spittal area. The Applicant advised that Dr Notman's support had come in his role as Clinical Lead for the locality of Camglen and not as a practitioner within the area. He conceded



that the letter of support appearing on practice letterhead may have implied practice support and apologised for this.

In response to questioning from Mr Green, the Applicant confirmed that they had conducted financial modelling around the new pharmacy. They had developed a business plan, however did not feel it relevant to share during the hearing. They were confident that the new venture would be viable and pointed to the success of pharmacies in areas of similar population including Eastwood and Twechar. Mr Dryden advised that he felt the neighbourhood had ample population. In response to further questioning from Mr Green around viability and the number of population required to make a pharmacy viable, the Applicant advised that he was confident there was sufficient population in the neighbourhood to ensure viability.

In response to further questioning from Mr Green, the Applicant advised that in his opinion, the biggest factors to success in giving up smoking were access to aids and support and willpower. He considered that counselling could generate motivation, but did not regard this as the most significant factor.

In response to further questioning from Mr Green, Mr Dryden confirmed that he had ascertained that many of the GPs in the area were finding it difficult to find compliance aid places for their patients. He was aware that historically robust assessments had had to be made before a patient could be deemed appropriate for a compliance aid, but suggested that community pharmacies appeared less keen to take new patients on and having spoken to the local GP practices it was clear that finding places was difficult.

In response to questioning from Mr McLean, the Applicant advised that he had defined the neighbourhood as Crofffoot and Spittal as he deemed this to be one neighbourhood. He took on board Mr McLean's assertion that there were no road signs mentioning Spittal as a separate area. He further confirmed that he had calculated the distances in his presentation from Map24. com.

In response to final questioning from Mr McLean, the Applicant confirmed that the pharmacy and the GP practices would not be partners in the financial sense, but more in the provision of healthcare sense. He further confirmed that both Applicants had significant retail experience.

In response to questioning from Mrs Patel, the Applicant confirmed that he could not name individual patients who had been refused compliance aids places, but could confirm that the GP practices of Dr Campbell and the Overtoun practice in Rutherglen Health Centre had both reported difficulties in securing places.

In response to further questioning from Mrs Patel, the Applicant confirmed that the pharmacy would be open to 6.30pm one day per week.

### **The PPC Question the Applicant**

In response to questioning from Mr Fergusson, the Applicant confirmed that in his Health board role, he had worked with some of the GP practices who had provided letters of support for the new pharmacy and that his intention was to expand on this good work.

In response to further questioning from Mr Fergusson, the Applicant confirmed his understanding that the work with benzodiazepines involved more than just reducing the dose. He was aware that other services were involved. Health Board funding was available for the pharmacist prescribing clinics, which would pay for the community pharmacist time.

In response to further questioning from Mr Fergusson around his comparison with the Cuban primary care system, the Applicant advised that the pharmacy would provide health MOTs to patients. This would allow more time to be spent with them and hopefully free up GP time. The Applicant also confirmed that he was aware of the 20:10 programme which aimed to access hard to reach patients. He felt that the Applicants' pharmacy would be able to access such patients as they would provide a friendly service, and would be more involved in the community, which would allow them to influence uptake. The Applicants had visited the Residents Committee and had received good feedback.

In response to questioning from Mr Irvine, the Applicant advised that the pharmacy would serve the immediate community, although he firmly expected those resident in the Croftfoot area to make use of the pharmacy. The proposed premises had several advantages in that there was better parking and less crime.

In response to further questioning from Mr Irvine, the Applicant advised that he had drawn his western boundary to the east of Carmunnock Road because a line had to be drawn somewhere. He conceded that some patients visiting this vicinity would use the Lloydspharmacy which was situated on the west side of Carmunnock Road. He further confirmed that he did not feel that patients in Spittal would travel to Croftfoot roundabout to access services as this was not on their route to any other amenities.

In response to final questioning from Mr Irvine, the Applicant confirmed that he was aware that the issue of low uptake of additional services was a national one and not confined to his defined neighbourhood.

In response to questioning from Professor McKie, Mr Dryden confirmed he was aware that the current pharmacy regulations required the Committee to define a neighbourhood. His defined neighbourhood encompassed Spittal and Crofffoot as he considered the new pharmacy would serve this population. He further confirmed that he considered there to be approximately 3,250 residents within his defined neighbourhood.

In response to further questioning from Professor McKie, the Applicant advised that he was aware of the underpass that ran from Castlemilk Road, but reiterated that this was not well lit, nor in good repair.

In response to questioning from Mr Thomson, the Applicant confirmed that in terms of health improvement terms he saw the priority for the area as being smoking cessation.

In response to further questioning from Mr Thomson, the Applicant advised that the new pharmacy location would provide benefits for the population and it would also provide disabled access, a waiting area and a counselling room. The emphasis would be on healthcare rather than the traditional nonpharmacy items.

In response to questioning from Mrs Roberts, the Applicant confirmed that the elderly and disabled would be able to access the pharmacy easily, however the Applicants would be willing to make home visits to patients unable to travel to the pharmacy. The location of the premises would bring healthcare to the heart of the community and with the provision of clinics patients would be invited to attend.

In response to further questioning from Mrs Roberts, the Applicant advised that the separation of prescribing and dispensing would be addressed by having two pharmacists on the premises while the prescribing clinics were taking place.

In response to further questioning from Mrs Roberts, the Applicant confirmed that he was aware of the difference between compliance and concordance.

In response to final questioning from Mrs Roberts, the Applicant advised that he was aware that Cuba was different to the UK in one aspect; that of climate

In response to questioning from Mrs McDonald, Mr Dryden advised that patients would be invited to attend the pharmacy as part of the clinic process and that this would lead to the diagnosis of issues.

In response to further questioning from Mrs McDonald, the Applicant confirmed that he would define minor ailments as any childhood ailment, non-life threatening, non-serious. Assessment would be

undertaken on a case by case basis.

In response to questioning from the Chair, the Applicant confirmed that the appendage at the southern boundary to his neighbourhood contained 125 houses.

**The Interested Parties' Case – Mr Alasdair MacIntyre (Burnside Pharmacy)**

Mr MacIntyre commenced his presentation by thanking the Committee for the opportunity to present his case. He referred the Committee and those present to the map he had provided prior to the hearing and advised that he defined the neighbourhood as Spittal:

North – the railway line;

West – the council boundary running south from the railway line to Croftfoot Road, running parallel to Croftend Avenue but not including it;

South – the council boundary running east back along Croftfoot Road to the join with Fernhill Road; and

East – the junction of Croftfoot Road/Fernhill Road running north to meet the railway line as Fernhill Road becomes Mill Street.

He advised that the area to the west of the council boundary including Croftend Avenue itself fell into the neighbourhood commonly known as Croftfoot. Spittal and Croftfoot were two distinct areas. They were not one neighbourhood. His reasons for stating this were:

- residents from Spittal would never consider themselves to be part of Croftfoot and vice versa;
- some Spittal residents would aspire to be Croftfoot residents;
- Both areas had their own small primary schools, their own local shops, their own community centres;
- Residents in Spittal also considered themselves to be part of the larger community of Rutherglen. Their services were provided by South Lanarkshire Council e.g. leisure, education, social care, their bins are emptied by South Lanarkshire;
- those in Croftfoot consider themselves to be Glasgow residents and their services are very much Glasgow based;
- while Spittal residents tended to access schools and leisure facilities in the Rutherglen area, residents in Croftfoot predominantly utilised these services in the Castlemilk area;
- pupils from Spittal Primary School fall into the catchment area of Stonelaw High School in Rutherglen, while Croftfoot Primary School was within the catchment area of Castlemilk High School; and
- As the map showed, access into and out of Spittal into Croftfoot on the western boundary was limited to one main route namely via Kirkconnel Drive; this served as a barrier.

Mr MacIntyre then went on to discuss the neighbourhood further. He

advised that Spittal was a small neighbourhood with a population of around 1,545 (from South Lanarkshire Council figures). It had a small primary school, a small number of local shops, a community centre and a day care centre for the elderly. It was however not a neighbourhood for all purposes. Residents of Spittal could get a haircut, a pint of milk and a newspaper, but for most of their day to day services, they accessed these in the wider community around them. For example in their day to day lives, they accessed banks, cash machines, libraries, take-aways, restaurants, doctors, sports and leisure facilities and a much wider range of shops and services. Residents of Spittal would travel out of their small neighbourhood into their wider community for their weekly shop, this small convenience stores being hand for the odd item or two. Pupils requiring secondary school education again are served by the wider area in which the neighbourhood Spittal falls. Spittal Primary being a feeder primary for Stonelaw High School, Calderwood Road in Rutherglen.

Mr MacIntyre advised that the Application had quoted the school roll of the primary school in Spittal as 160 plus 60 nursing school places. The head mistress in the school's website quoted that "the school serves the areas of Spittal, Blairbeth and Fernhill". She also stated that "25% of the pupils were in the school due to placing requests – mostly from Castlemilk."

Mr MacIntyre advised that the Applicant had told of the Harry Heney day care centre, found on the outskirts of Spittal. This facility had places for 24 elderly people who attended for daily support. This facility replaced the West Coats Road Resource Centre in Cambuslang and supported South Lanarkshire frail and elderly residents mainly from the Rutherglen and Cambuslang area. From these examples, Mr MacIntyre hoped he had demonstrated that Spittal was a small neighbourhood making up a part of a much bigger area from which it derived most of its services.

If a pharmacy in Kyle Square were to open it was unlikely, in Mr MacIntyre's opinion, that many residents of the Croftfoot neighbourhood would access pharmaceutical services there. Pointing out the Croftfoot area on his map, he advised that the housing at the bottom of the hill, Croftpark Avenue and below would be closer to and would gravitate towards Malcolm's Pharmacy on Castlemilk Road. If these residents chose to travel a bit further, it would be a more direct route down Croftpark Avenue to Carmunnock Road where they would have a much wider range of shops and pharmaceutical services at Croftfoot Roundabout which was seen as their natural shopping centre. Those in the Crofton Avenue/Croftburn Drive area were much nearer the pharmacies at Croftfoot Roundabout and even those residents in Croftmont Avenue/Croftside Avenue area were probably equidistant and would probably, in Mr MacIntyre's opinion, again gravitate to their traditional shopping centre with its much wider range of shops.

In the neighbourhood defined by Mr MacIntyre there were no community pharmacies. Like most of the services that this small area received, it was well served by the pharmaceutical services from the wider area that it is located in. There were 14 pharmacies in the surrounding area within the one mile radius of Spittal. From Burnside Pharmacy it was a nine minute walk into Spittal, entering along the footpath on Carrick Road, near Bute Terrace. To Kyle Square it took 14 minutes. The distance by car to Kyle Square was 0.8 miles. From the other side of Spittal, Kirkconnell Crescent, it was a 0.5 mile walk to Malcolm's Pharmacy on Castlemilk Drive (less than a 10 minute walk). While from the most northerly point of Arran Terrace, this walk increased to 0.7 miles (a 14 minute walk at an average walking speed of 3 miles per hour). These walks were over mainly flat ground through leafy well lit suburbs.

Mr MacIntyre advised that the Applicants had been somewhat critical in his submission with regard to the provision of certain services. The heart failure scheme commenced in 2005. From then until just recently Burnside Pharmacy had received four referrals over a period of around two years. Of these patients one did not live in the area. Mr MacIntyre believed they may have been referred in error. Another patient was mainly resident abroad and showed up very occasionally. In the last month he had suddenly received four referrals, three patients had had their initial consultation and the fourth was yet to be seen. Mr MacIntyre believed that some pharmacies have had fewer referrals than this. He believed that in order to build such services into the existing workload on an ongoing basis was difficult as support staff and regular locums had to be involved. It was difficult to do that when the service was so small and infrequent. Mr MacIntyre considered it was difficult to see how given the low number of patients being referred to community pharmacies, how a pharmacy in Spittal, serving such a small neighbourhood would have any greater numbers of health failure patients under their care than the rest of the pharmacies who were serving bigger populations.

Moving on to the adequacy of existing pharmaceutical services, Mr MacIntyre advised that the Applicant had very helpfully provided a table of common pharmaceutical services in his Table 3.2 titled The Pharmaceutical List. Here he listed both NHS Pharmaceutical Services such as Methadone, Needle Exchange, Palliative Care, along with some non NHS services such as Blood Pressure Checks.

Mr MacIntyre advised that he had noticed that the residents of Spittal seemed to have access to a wide range of services and have a choice of providers for all these services. He noticed that the services that scored low, such as Palliative Care and Needle Exchange, were the services the Health Board limited the number of pharmacies participating and place services where they were needed.

Mr MacIntyre advised that at Burnside Pharmacy he provided a full pharmaceutical service to the community which they served, which included the residents of Spittal.

Mr MacIntyre advised that as well as the core pharmaceutical services Burnside Pharmacy offered supervised methadone, domiciliary oxygen, emergency hormonal contraception, stoma services, compliance aids, palliative care, smoking cessation services. The pharmacy took part in the Keep Well project, the Health Failure service, the Falls/Osteoporosis service, the Frail Elderly scheme, the My Medicines scheme, the Just in Case pilot and the Head Lice scheme. Mr MacIntyre held a supplementary prescribing clinic in the clinical areas of Pain Management and also in depression. He offered a collection and delivery service available to anyone requesting it. He had a pre-registration pharmacy graduate starting training in July and participated in the Out of Hours Service. Burnside Pharmacy was open 9.00am – 6.00pm: Monday to Saturday.

A number of other services were provided by some of the other pharmacies in the area such as Needle Exchange, advice to residential homes and extended hours. There was even a pharmacy available on Christmas day should someone require it. All these services were available to residents of Spittal and were delivered professionally and effectively. Mr MacIntyre apologised for labouring these points, but felt it necessary to show the breadth of service available in the area.

Mr MacIntyre advised the Committee that he was not aware of any complaints having been made to the Health Board regarding the pharmaceutical services provided to the residents of Spittal and he would fully expect pharmacists in the area to have been informed should such complaints have existed.

It was apparent from the wide range of services, and the large number of pharmacies provided them therefore that pharmacy services to the Spittal neighbourhood were adequate. He would thus ask the Committee to confirm that it was not necessary or desirable to grant a new pharmacy contract in Spittal.

### **The Applicant Questions Mr MacIntyre**

In response to questioning from the Applicant, Mr MacIntyre advised that approximately 30 patients from the Spittal area visited Burnside Pharmacy on a regular basis. He advised that there were lots more as patients came in on their way home. Lots of people travelled to Burnside to use other facilities, but it was difficult to come up with a firm number.

In response to further questioning from the Applicant, Mr MacIntyre

suggested that the Applicant may be confusing “catchment area” with “neighbourhood”. Mr MacIntyre reiterated that there was only one access to and from Spittal on the western boundary; the northern boundary to the area was the railway. The area of Spittal was part of Rutherglen; they wouldn’t consider they were from Croftfoot.

In response to further questioning from the Applicant, Mr MacIntyre confirmed that he would continue to work in Burnside Pharmacy despite recently taking over another pharmacy.

In response to further questioning from the Applicant, Mr MacIntyre disagreed that the average citizen would not know how to complain about pharmaceutical services. He reminded the Applicant that all pharmacies should hold leaflets advising patients on the NHS complaints procedure.

In response to final questioning from the Applicant, Mr MacIntyre advised that the Applicants’ neighbourhood was the area commonly known as Spittal which was a small area within a much wider area. The residents of Spittal needed to travel outwith the area to visit all other amenities.

There were no questions to Mr MacIntyre from any of the other Interested Parties.

#### **The PPC Question Mr MacIntyre**

In response to questioning from Mr Fergusson, Mr MacIntyre advised that Burnside Pharmacy had registered a significant amount of patients under the Minor Ailment Service.

In response to questioning from Mr Irvine, Mr MacIntyre advised that the population of Spittal had a below average health profile. 20.9% of the population’s health was considered “not good”. 30% of the population had long term limiting illness. There were 2,944/1,000 alcohol related hospital admissions and 11.5% of the population suffered anxiety and depression.

In response to further questioning from Mr Irvine, Mr MacIntyre advised that car ownership in Spittal was below average, while car ownership in the Croftfoot area was above average.

In response to questioning from Professor McKie, Mr MacIntyre confirmed that in terms of the heart failure service his point had been that due to the low rates of referrals there was difficulty in building up experience, both in relation to support staff and locums.

In response to questioning from Mr Thomson, Mr MacIntyre confirmed that Burnside Pharmacy provided a collection and delivery service.



They collected from Cambuslang, Croftfoot, Kings Park and Rutherglen. They delivered to a wide area including Croftfoot. They even delivered to a patient in Old Castle Road, Toryglen. They delivered within the Applicants' defined area as well as to the catchment area that would be served by the pharmacy.

In response to further questioning from Mr Thomson, Mr MacIntyre advised that he was involved in the Keep Well Programme through one of his patients who was registered with a GP in the Bridgeton area.

In response to questioning from Mrs Roberts as to why he had defined an area which removed four pharmacies, yet considered that the area had access to a choice of services. Mr MacIntyre advised that the area of Spittal didn't relate to Croftfoot. The residents predominantly accessed services in Rutherglen. Residents in Castlemilk would access Malcolm's Pharmacy.

There were no questions to Mr MacIntyre from Mrs McDonald or the Chair.

#### **The Interested Parties' Case – Mr David Henry (Lloydspharmacy)**

Mr Henry commenced his presentation by advising the Committee that he agreed with the definition of neighbourhood put forward by the Area Pharmaceutical Committee and the Applicant, although he would dispute some of the distances quoted by the Applicant. He would suggest that Lloydspharmacy at Carmunnock Road was 0.9 miles away from the Applicants' proposed premises, as was Nigel Kelly at Croftfoot Road.

He advised the Committee that the onus was on the Applicants to demonstrate inadequacy and the Applicants' list of services provided at Table 3.2 was not proof of inadequacy. The Table listed a number of criteria which one might expect would be provided by all community pharmacies. In terms of these services, Lloydspharmacy ticked all the boxes, except opening prior to 9.00am. Mr Henry advised that the pharmacy on Carmunnock Road did not open prior to 9.00am as there was no demand for services at this time. If demand had become apparent Lloydspharmacy would have reviewed their opening hours.

Mr Henry advised that within the defined neighbourhood was a population of approximately 7,000, which was some 500 less than the 2004 figures. This showed that there was a migration out of the area, or that the area was being redeveloped with lower density housing. This would suggest that the area was becoming more affluent and therefore more mobile. He did not agree that for a reducing population there should be an increase in the number of pharmacies. There were already 10-14 pharmacies on the periphery of the area that provide the general pharmaceutical services required by the neighbourhood.

For these reasons the application was not necessary or desirable.

### **The Applicant Questions Mr Henry**

In response to questioning from the Applicant, Mr Henry agreed that it would not be convenient for patients to travel more than one mile to access pharmaceutical services, although he reiterated that both Lloydspharmacy and Nigel Kelly pharmacy were, in his opinion, located less than one mile away from the proposed premises.

In response to further questioning from the Applicant, Mr Henry confirmed that his population statistics had been derived from the Scottish Neighbourhood statistics.

In response to further questioning from Mr Dryden, Mr Henry confirmed that Lloydspharmacy provided a collection and delivery service to the neighbourhood. He did not agree that the population required this because they couldn't get to the pharmacy, maintaining rather that it benefited patients who were unable to attend the pharmacy. Lloydspharmacy did not undertake deliveries when there was no pharmacist available and this was to increase the opportunity of providing pharmacist advice.

There were no questions to Mr Henry from any of the other Interested Parties.

### **The PPC Question Mr Henry**

In response to questioning from Mr Irvine, Mr Henry confirmed that the branch at Carmunnock Road saw some patients from the Spittal area, but this was not the main source of their clientele.

In response to further questioning from Mr Irvine, Mr Henry confirmed that Lloydspharmacy could increase the number of compliance aids patients. He also confirmed that at present the branch provided supervision services to 75 methadone patients and had space for around 15 more. They also provided needle exchange services to a significant number of patients.

In response to questioning from Mrs Roberts, Mr Henry confirmed that he would not expect to see more patients from the Spittal area if the services to that area weren't adequate.

In response to questioning from the Chair, Mr Henry advised that he did refute the contention made by the Application at Table 3.2. He advised that if the contents of this table were accepted, then the application as a whole had to be accepted. He was of the opinion that there were inaccuracies in the evidence provided.

There were no questions to Mr Henry from Mr Fergusson, Professor McKie, Mr Thomson and Mrs McDonald.

**The Interested Parties' Case – Mr Martin Green (Dukes Road Pharmacy and Melville's Chemists)**

Mr Green advised the Committee that in his opinion the neighbourhood was that of Spittal. To the north the railway formed a boundary, Mill Street to the East, Croftfoot Road to the South and Croftfield Avenue and Castlemilk to the West. Using the Applicant's own datazones the population of the area was defined as around 1,500. Mr Green questioned whether a pharmacy in the area would be viable as there were already 14 pharmacies within the consultation area. The Applicants' evidence detailed services provided by the existing network, which showed that services to the neighbourhood, were not inadequate, but that the neighbourhood was well provided for despite their being no pharmacy in the area.

Mr Green advised that a perfectly adequate service was currently being provided to the area. The application was not necessary or desirable.

**The Applicant Questions Mr Green**

In response to questioning from the Applicant, Mr Green advised that his in-depth knowledge of the area came from owning two pharmacies in the area and working there regularly from 1996 until around 2001. He further confirmed that in terms of healthcare provision, the opinion of the local GPs were equally valid.

In response to further questioning from Mr Dryden, Mr Green advised that the pharmacist at Dukes Road Pharmacy had been a qualified pharmacist prescriber for approximately two years. He did not provide any prescriber clinics at the moment. He confirmed that there were barriers to undertaking prescribing clinics, including the inadequacy of the space in the pharmacy.

In response to further questioning from the Applicant, Mr Green defined the neighbourhood served by Dukes Road Pharmacy as being Upper Bourtree Drive, where there was a distinct housing type; the neighbourhood ran all the way round to Burnside Road, where there was a definite divide with High Burnside. The neighbourhood stopped at Cathkin bypass. To the east Burnside extending to Cambuslang. To the north Rutherglen. He did not consider Spittal to be part of the neighbourhood, but it was part of the catchment area.

In response to final questioning from Mr Dryden, Mr Green confirmed that the PPC should consider the issue of viability in terms of the

current pharmacy regulations. He agreed that the relatively new pharmacy at Twechar served a population smaller than that of Spittal; however he reiterated that this pharmacy benefited from the Essential Small Pharmacy Scheme. Without this the viability of the pharmacy would be in question. He could not comment on whether the pharmacy at Eastwood which the Applicant suggested served a population of 1,800 was viable, although he conceded that as the pharmacy remained open it would suggest viability.

There were no questions to Mr Green from any of the other Interested Parties.

#### **The PPC Question Mr Green**

In response to questioning from Mr Fergusson, Mr Green advised that in his opinion pharmacist prescribing clinics may become more prevalent after the introduction of the chronic medication service.

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

#### **The Interested Parties' Case – Mr Roger McLean (Copland's Chemist)**

Mr McLean commended the Applicant for a thorough and intense application, but advised that he felt it to be dismissive of the current services provided by the existing network. He did not agree that the Applicants' neighbourhood was a distinct area, but rather an area within an area. The Applicant offered no new services or had demonstrated any unaddressed demand. The Application was therefore not necessary or desirable.

#### **The Applicant Questions Mr McLean**

In response to questioning from the Applicant, Mr McLean confirmed that Copland's Chemists provided a supplementary prescribing clinic one afternoon per week. The information the Applicant had included in his presentation regarding a lack of clinics in the area was inaccurate.

In response to further questioning from the Applicant, Mr McLean reiterated his opinion that Spittal was not a neighbourhood in its own right. He also advised that a further pharmacy in the area was not required. Existing services were easily accessible for the population covered by the Applicants' proposed premises and he did not agree that there was a significant population who had decreased access to services.

There were no questions to Mr McLean from any of the other Interested Parties.

### **The PPC Question Mr McLean**

In response to questioning from Mr Irvine, Mr McLean advised that he did not think many of the residents of Spittal would use a pharmacy in the area.

In response to questioning from Mrs Roberts, Mr McLean confirmed that he was not aware how the elderly would travel to the pharmacies in Rutherglen from Spittal. He was not aware of the public transport links in the area and did not feel he could answer the question.

In response to questioning from the Chair, Mr McLean advised that he felt the application could be about any micro area in the city. He did not recognise Spittal as an area and he did not consider it to be a neighbourhood in its own right.

There were no questions to Mr McLean from Mr Fergusson, Professor McKie, Mr Thomson or Mrs McDonald.

### **The Interested Parties' Case – Mrs Parul Patel (A M Malcolm Pharmacy)**

Mrs Patel advised that A M Malcolm Pharmacy covered most of the area of Croftfoot and Spittal. They collected from GP surgeries and there was no requirement for this application.

### **The Applicant Questions Mrs Patel**

In response to questioning from the Applicant, Mrs Patel advised that there were already pharmacists undertaking prescribing in the area. The application offered nothing new.

In response to further questioning from Mr Dryden, Mrs Patel agreed that the area surrounding her pharmacy was more affluent than that identified by the Applicant. She did not agree that it was acceptable for those resident within a more affluent area to travel further to access pharmaceutical services, however she was satisfied that there was already adequate access to services.

There were no questions to Mrs Patel from any of the other Interested Parties.

### **The PPC Question Mrs Patel**

In response to questioning from Mr Fergusson, Mrs Patel confirmed that she felt that more pharmacist prescribing clinics would be established after the introduction of the chronic medication service.

In response to questioning from Mr Irvine, Mrs Patel confirmed that her pharmacy did cater for people resident in the area of Croftend Avenue. Such residents would access the pharmacy via the underpass in the area. Many patients were regular attenders and those who did not choose to walk usually accessed the pharmacy by bus.

In response to questioning from Mr Thomson, Mrs Patel confirmed that her pharmacy had capacity to take on more compliance aids patients.

In response to questioning from Mrs McDonald, Mrs Patel confirmed that her pharmacy provided a collection and delivery service to those who requested it.

There were no questions to Mrs Patel from Professor McKie, Mrs Roberts or the Chair.

### **The Interested Parties' Case – National Co-operative Chemists**

The Chair asked those present if they had any questions or comments to make regarding the written submission put forward by National Co-operative Chemists.

The Applicant made an observation that he disagreed with the objector's assertion regarding the neighbourhood.

None of the interested parties or the PPC made any comments regarding the submission.

### **The Interested Parties Sum Up**

Mr MacIntyre advised the Committee that in his opinion the neighbourhood was the area known as Spittal. This was a small neighbourhood which was part of a much bigger community from which it obtained most of its services.

The existing network of pharmacies in the area provided a full and comprehensive service to this small neighbourhood.

The aspirational services that the Applicants mentioned in their submission were very laudable, but were not currently part of the core pharmaceutical services that pharmacies provide. It was evident even from the Applicants' submission that the defined neighbourhood already benefited from a large number of additional services including supplementary prescribing clinics.

As the existing pharmaceutical services were adequate Mr MacIntyre asked that Committee to conclude that an additional pharmaceutical contract at Kyle Square was neither necessary nor desirable.

Mr Henry advised that he did not believe the Applicants had provided proof of inadequacy. He requested that the application be denied.

Mr Green advised that he considered the Applicants' neighbourhood to be flawed. The neighbourhood was the Spittal area. There were already pharmacies in the area and the area was well served.

Mr McLean advised that the area was already adequately served. The application should be rejected.

Mrs Patel asked the Committee to reject the application as there were enough pharmacies in the area already.

### **The Applicant Sums Up**

Mr Dryden advised the Committee that the Applicants had shown a community that was in need of a pharmacy. They had shown the poor transport links and pointed out the low levels of car ownership. They had illustrated the chronic health burden and the disproportionate percentage of elderly residents. They had demonstrated that the new community pharmacy contract was not being delivered to the community, and they had discussed the high rates of smoking. They had shown how they could address each and every issue.

The Applicants had lived and breathed this pharmacy for the past six months. They had worked with the residents committee and won them over. They had met the local counsellors, the community police officer, the local GPs and even the local press – although the Applicants had recommended they delay the story for the time being.

Every aspect of the design process had been to ensure the highest possible standards of care for the patients. The Applicants could keep the population healthy for longer, they could find those at risk of health disease and could change their future. They could reduce rates of smoking.

The Applicants could provide a first rate minor ailments service to the school children and parents that would be passing their door every morning. They could collect prescriptions from the surgeries so that the old and getting older didn't have to worry about arduous journeys, which other people didn't have to make. They could work alongside the local GPs, to improve medicines prescribing, effectiveness and tolerability. This was community pharmacy at its best; working in harmony with all involved.

Mr Dryden advised that this should happen because the Applicants could positively and consistently improve the health of the community and because the community deserve it more than most. Legally, they had demonstrated inadequacy. Purely and simply no pharmacies were

-serving this community, which was isolated by politics as much as geography.

The Applicants had demonstrated necessity and desirability, and they had demonstrated that they were a determined pair of young pharmacists ready to challenge the boundaries in order to improve standards. They had given every reason for this application to be granted, and had heard no valid reason why it should not be. They had worked day in day out on this adventure for longer than Mr Dryden could remember. The Applicants needed the blessing of the Health Board to make the impact they knew they could make. Mr Dryden asked the Committee for their help to improve the health of the community.

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

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

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

The PPC took into all account all written representations and supporting documents submitted by the Applicant, the Interested Parties and those who were entitled to make representations to the PPC, namely:

- a) Chemist contractors within the vicinity of the applicant's premises;
- b) The NHS Greater Glasgow & Clyde Area Pharmaceutical Community Pharmacy Subcommittee;
- c) The Greater Glasgow & Clyde Area Medical Committee (GP Subcommittee).

The Committee also considered;-

- d) The location of the nearest existing pharmaceutical services;
- e) Demographic information regarding G44.4, G45.9 and G73.4;
- f) NHS Greater Glasgow and Clyde plans for future development of services; and



- g) Information received from the Department of Development and Regeneration, Glasgow City Council.

### **DECISION**

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

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

North: the railway line, following it east to Mill Road, where it becomes Fernhill Road;

East: Fernhill Road;

South: Crofffoot Road (north side) to:

West: Carmunnock Road (west side), travelling north to its meeting with the railway line.

The Committee felt that this was distinct neighbourhood. The railway line was a physical boundary. Crofffoot Road (south) and the area to the south was of a different social topography. Carmunnock Road represented the main shopping amenities for the entire area, and provided an alternative to Rutherglen town centre, which was over a mile away. Within this area residents could go about their daily lives utilising all amenities. It appeared self contained and residents did not need to travel outwith the area to access any additional services.

### **Adequacy of Existing Provision of Pharmaceutical Services and Necessity or Desirability**

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

Within the neighbourhood as defined by the PPC there were two pharmacies. The pharmacies were located at the western periphery of the Committee's defined neighbourhood. The Committee did not consider that the level of existing services ensured that satisfactory access to pharmaceutical services existed to the whole of the defined neighbourhood. The Committee therefore considered that the existing pharmaceutical services in the neighbourhood were not adequate. In

terms of distances to services and the physical geography of the area, the Committee were satisfied that some parts of the defined neighbourhood did not enjoy access to adequate services.

The Committee agreed that the granting of an additional contract was desirable to secure adequate pharmaceutical services in the defined neighbourhood.

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

**DECIDED/-**

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

**The Chemist Contractor Members of the Committee Colin Fergusson and Kenny Irvine and Board Officers rejoined the meeting at this stage.**

**4. ANY OTHER COMPETENT BUSINESS**

None.

**5. DATE OF NEXT MEETING**

Scheduled for Friday 14<sup>th</sup> March 2008 at 12.30pm. Venue to be confirmed.

The Meeting ended at 6.10p.m.

**Contractor  
Services  
Supervisor**

**NOT YET ENDORSED AS A CORRECT RECORD**

**Pharmacy Practices Committee (07)**  
Minutes of a Meeting held on  
Friday 14<sup>th</sup> March 2008  
Meeting Room, Kings Park Hotel, Mill Street,  
Glasgow, G73 2 SX

<b>PRESENT:</b>	Mr Peter Daniels	Chairman
	Mr Colin Fergusson	Contractor Pharmacist Member
	Mr Alan Fraser	Lay Member
	Mrs Maura Lynch	Deputy Lay Member
	Prof J McKie	Lay Member
	Mrs Kay Roberts	Non Contractor Pharmacist Member

**IN ATTENDANCE**

Mrs Trish Cawley	Contractor Services Supervisor
Mr Richard Duke	Contractor Services Manager
Mr Robert Gillespie	Lead, Community Pharmacy Development
Miss Elaine Ward	Community Pharmacy Development Pharmacist

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

**ACTION**

No declarations of interest were made.

**1. APOLOGIES**

There were no apologies.

**2. MATTERS ARISING NOT INCLUDED IN AGENDA**

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

**Section 1 – Applications Under Regulation 5 (10)****3. APPLICATION FOR INCLUSION IN THE BOARD'S PHARMACEUTICAL LIST**

- i) **Case No: PPC/INCL32/2007**  
**Ms Arlene McLean & Ms Claudia Conetta – Unit C, 151**

**Western Road, Cambuslang, Glasgow G72 8PE**

The Committee was asked to consider an application submitted by Ms Arlene McLean & Ms Claudia Conetta, to provide general pharmaceutical services from premises situated at Unit C, 151 Western Road, Cambuslang, Glasgow G72.8 under Regulation 5(2) of the National Health Service (General Pharmaceutical Services) (Scotland) Regulations 1995 as amended.

The Committee had to determine whether the granting of the application was necessary or desirable to secure the adequate provision of pharmaceutical services in the neighbourhood in which the applicant's proposed premises were located.

The Committee, having previously been circulated with all the papers regarding the application from Ms Arlene McLean & Ms Claudia Conetta, 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 (General 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 Ms Arlene McLean ("the Applicant"), assisted by Ms Claudia Conetta. The interested parties who had submitted written representations during the consultation period, and who had chosen to attend the oral hearing were: Ms Carol Burns (Burns Pharmacy); Mr Martin Green (Duke's Road Pharmacy); Mr Andrew Mooney (Alliance Pharmacy) and Mr Michael Doherty (Leslie Pharmacy) ("the Interested Parties").

Prior to the hearing, the Panel had collectively visited the vicinity surrounding Unit C, 151 Western Road, Cambuslang, Glasgow G72.8, the pharmacies, GP surgeries and facilities in the immediate neighbourhood, and the wider area of Whitlawburn, Cathkin, Burnside, Silverbank, and Cambuslang.

The procedure adopted by the PPC at the hearing was that the Chairman asked the Applicant to make her submission. There followed the opportunity for the Interested Parties and the PPC to ask questions. The Interested Parties then each made their submission. After their submission there followed the opportunity for the PPC and the Applicant to ask questions. The Interested Parties and the Applicant were then

given the opportunity to sum up.

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

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

The PPC took into account all written representations and supporting documents submitted by the Applicant, the Interested Parties and those who were entitled to make representations to the PPC, namely:

- a) Chemist contractors within the vicinity of the applicant's premises;
- b) the Greater Glasgow and Clyde Area Pharmaceutical Committee (Community Pharmacy Sub-Committee);
- c) the Greater Glasgow and Clyde Area Medical Committee (GP Sub-Committee).

The Committee also considered:-

- d) The location of the nearest existing pharmaceutical services;
- e) Demographic information regarding post code sectors G72.7, G72.8 and G73.5;
- f) Patterns of public transport;
- g) Greater Glasgow NHS Board plans for future development of services; and
- h) South Lanarkshire plans for future development of services within the vicinity of the applicant's premises.

### **The Applicant's Case**

**Ms McLean** commenced her presentation by thanking the Committee for inviting her to attend the oral hearing.

She advised the Committee that both herself and Ms Claudia Conetta were 28 years old and had qualified in 2001. Since then, they had benefited from various work experiences in pharmacy and were currently working as locums. She stated that she had knowledge of the previous

two applications but was confident that she could demonstrate the circumstances of the area had changed significantly necessitating the provision of a pharmacy at Unit C, 151 Western Road, Cambuslang.

The Applicant then went on to describe her definition of the neighbourhood that would be served by the new pharmacy, if granted. She described the boundaries as:

West – B759 Greenlees Road from junction A749 East Kilbride Road, following the road north to the junction with Stewarton Drive.

North – Stewarton Drive and across to Langlea Road

East - Langlea Road and A749 East Kilbride Road to its junction with B759 Greenlees Road

Ms McLean stated there were no pharmacies currently directly serving this neighbourhood and with an already substantial population growth and further more planned, existing services would be stretched beyond capacity.

The applicants were fully committed to this application and had already secured the proposed premises, at their own financial risk.

Ms McLean said the nearest pharmacies to the proposed premises were: Burns Pharmacy; those on Cambuslang Main Street and the Dukes Road Pharmacy. These pharmacies ranged from 0.8 to 1.2 miles away from the proposed premises. She said that to get to Burns Pharmacy, patients would need to travel by either car or by foot. The travelling by foot involved the crossing of exposed land and a busy dual carriageway. The Applicant said that this would be an extremely hazardous journey for the elderly or infirm. The journey to Duke's Road Pharmacy would also present problems to patients with the negotiation of a steep hill. .

The Applicant stated that 21% of the Whitlawburn population suffered from a long term limiting illness and another 13.5% had health classified as not good – both indicators were above the Scottish average furthermore 37% of households had no car. Whilst referring to a letter of support from Councillor David Baillie, she stated that this estate scored highly on virtually every deprivation index. She therefore added that bus fares were a major concern for most residents and therefore access to pharmacy services by this mode of transport is not an option.

Ms McLean said the proposed premises would be secure & large, stating they would be three times the minimum size for a pharmacy. The pharmacy would provide two consulting rooms, be 'fit for purpose' and offer disable access.

The Applicant acknowledged that population growth had been stated in previous applications but with no supporting evidence but she said that she was in a position to provide this evidence.

Ms McLean stated that the West Whitlawburn Housing Co-operative (WWHC) had been given £14million since the last application, which now had full planning consent to build 100 new build semi-detached and terraced properties equating to a 444 bed space. Building work was planned to be completed by March 2009.

The Applicant referred to the previous application and the dispute as to whether the Bellway/Bett development of Lomond View was part of the defined neighbourhood. At that time, this estate was distinct from West Whitlawburn due to fencing and there was no planning consent for a proposed connecting pedestrian walkway. She said that she could now positively confirm this walkway was to be constructed, which would provide pedestrian a direct route to the proposed pharmacy for the Lomond View residents. The Lomond View development has 213 units of 3 to 5 bedroom homes, which increased the neighbourhood population by 958 requiring pharmaceutical services.

Ms McLean said that previous applications had stated that some tower blocks in WWHC were being demolished but she could confirm that this was not the case, in fact they towers were being renovated.

The Applicant advised the consulting rooms would be used for: the Minor Ailment Scheme(MAS) ; smoking cessation; advice & consultations; pregnancy testing; health information for travellers; EHC; blood glucose & blood pressure testing; cholesterol testing, healthy living advice: help with weight loss; substance misuse; immunisation programmes; Chronic Medication Service(CMS); Acute Medication Service(AMS) and pharmacist prescribing. Furthermore, these rooms could also be made available to other health professionals to offer clinics by example she said: GPs; chiropodists; dieticians, physiotherapists and members of the Community Health Initiative.

Ms McLean stated that the residents of Whitlawburn had been campaigning to get a GP in the area but due to security and privacy issues this had not been possible. Lena Collins, Cambuslang & Rutherglen General Manager for NHS Greater Glasgow & Clyde however, had agreed that a pharmacy would contribute to local health improvement and was therefore supportive of this application.

The Applicant stated she intended installing the most up-to-date pharmacy technology in the premises, which would link with the NHS.

The Applicant added, that the pharmacy proposed to provide a full prescription pick-up and delivery service. She planned that the first prescription would be personally delivered to the patient by a pharmacist to provide the opportunity to discuss their medicines. Opening hours were planned to be Monday to Friday 9am to 6pm, Saturday 9am to 5pm and the pharmacy would not close for lunch on any of these days.

Saturday opening would provide patients with an extra 4 hours of access to a pharmacy currently not available. The pharmacy also plans to offer a compliance aid service.

Ms McLean said that the pharmacy plan to operate with two pharmacists who would be available to council patients and to liaise with other health professionals.

The Applicant recognised viability had been a major concern for surrounding pharmacies during the hearing for last application. She had since investigated into housing developments within the wider area and was identified developments in: Cathkin (88 family homes with more planned); Rutherglen (private homes & in conjunction with Rutherglen Housing Association) and Cambuslang (numerous newly completed developments in and around Main Street). It was the assumption of the Applicant that these developments would result in a substantial population increase and therefore existing pharmacies should not experience any reduction of patients if the application was approved.

Within the proposed pharmacy's neighbourhood, the Applicant stated planning approval had been granted for 234 dwellings (169 flats and 65 homes) on the Cathkin High School site, which she projected, would increase the population by 700. In addition, she said that WWHC were considering a later phase of 30 units.

Ms McLean said that she expected that these housing developments would increase the neighbourhood population by an additional 2102 residents, which was a 43.5% increase since the 2001 census. She therefore estimated the total neighbourhood population to eventually be 3567.

The Applicant advised that she had received support for this application from: Lena Collins (Cambuslang & Rutherglen General Manager, NHS GG&C); Paul Farrell (Director WWHC); Russell Clearie (Provost, Cambuslang West); David Baillie (Councillor Cambuslang West); Karen Gray (Smoking Cessation Advisor, NHS GG&C); Tommy McAvoy, MP, Rutherglen & Hamilton West); Couumity Health Initiative for Cambuslang & Rutherglen.

The Applicant referred to the objections that had been received by the Board:

1. Incorrect map & distances quoted to local pharmacies.  
She accepted the map highlighted the wider postcode, all distances quoted were calculated from the exact site and therefore these were accurate.
2. No change to either the level of social deprivation or topography of land (particular gradient of Main Street, Cambuslang).  
The Applicant believed that it was unacceptable that the level of social standards were indeed unchanged and that although the



hill had not changed, increasing life expectancy placed increasing concern when accessing pharmaceutical services.

3. Mrs Burns stated that Whitlawburn was not a neighbourhood in its own right.

Ms McLean agreed that the neighbourhood did not have a church, post office or library but did not accept that these facilities were to be classed as a pre-requisite for patients needing pharmaceutical care. The proposed neighbourhood did have the markers of high deprivation - a pub, bookmakers and fast food shops.

4. Two pharmacists suggested commercial naivety.

The Applicant responded to this objection saying that if: they did not have a contingency plan for lower than projected trade; that service provision was not being extended during opening hours with no need for locum support, then this objection might be founded. She advocated that her business plans did in fact show commercial awareness and it was therefore important not to confuse entrepreneurship with naivety.

5. Viability of objectors businesses should the application be successful.

The Applicant did not agree that 40% of any one pharmacy's patients might be lost following the commencement of a new pharmacy. She believed there would be a much smaller impact, spread across many existing pharmacies. This was a view she said that was shared by the Public Partnership Forum.

The Applicant summarised saying that she believed that she had been able to demonstrate that this application was significantly different from previous applications because:

1. The WWHC planning permission had not been granted;
2. Two pharmacists would meet patient needs;
3. A secured lease on the premises had been obtained as opposed to the previous applicant only having an option on the lease;
4. A business plan exists to commence trading within 60 days of application approval.

### **The Interested Parties Question the Applicant**

In response to questioning from Mr Mooney, the Applicant said that model schemes were not being offered by Burns Pharmacy to the residents of Whitlawburn and she believed it was a patient's right to have pharmaceutical service on their doorstep.

In response to further questioning from Mr Mooney, the Applicant said that car ownership was low in Whitlawburn and she believed it to be unreasonable to expect patients to have to travel to reach a pharmacy when unwell. Mr Mooney said that it had taken him 6 minutes to walk to from Clifton Terrace to Burns Pharmacy. She answered saying it had taken her 15 minutes when she walked it.

In response to additional questioning from Mr Mooney, the Applicant said that patients would need to cross a busy dual carriage way to walk to Burns Pharmacy as the underpass was currently closed. She added that patients in highly deprived areas should not need to walk 15 minutes for services.

In response to further questioning from Mr Mooney, the Applicant said she understood that public transport ran every 30 minutes, which was unacceptable for the elderly or the infirm when needing to access to vital services. Furthermore, it could not be assumed that these patients had carers therefore they needed support.

In response to additional questions about travel from Mr Mooney, the Applicant said that she did not see why patients should be required to use the 'Dial A Bus' service to enable them to visit a pharmacy.

In response to further questioning from Mr Mooney, the Applicant said she had only stated that current pharmaceutical services would be stretched beyond capacity once the new WWHC housing development had been completed.

In response to shopping questioning from Mr Mooney, the Applicant said could not answer where Whitlawburn residents shopped for their amenities but believed they used the Nisa supermarket for their weekly shop.

In response to further questioning from Mr Mooney, the Applicant accepted the community representative's at the Public Partnership Forum in February 2008 may not have been representative of all residents.

In response to further questioning from Mr Mooney, the Applicant said that she was not aware if the Health Board or CHP had received any complaints regarding difficulty of access or provision of pharmaceutical services.

In response to final questioning from Mr Mooney, the Applicant clarified that there were no inadequacies in the provision of current pharmaceutical services she had said that inadequacy in service provision would only become evident as the population grew.

In response to questioning from Mrs Burns, the Applicant stated that she had received a letter from South Lanarkshire Council last Monday confirming the walkway between Whitlawburn and the Lomond View estate would remain in their plans even though the police did not support the development.

*The Chair asked to see evidence of this statement. The Applicant produced this letter, which was circulated to the Committee for*

*examination.*

In response to questioning from Mr Leslie, the Applicant confirmed that she was aware that three existing pharmacies did provide services on Saturday afternoon but said that Whitlawburn residents would need to travel to access these.

In response to questioning from Mr Green as to why Stewarton Drive had been selected as the northern boundary of the Applicants neighbourhood, she said that this was what they had chosen and gave no further explanation but added, that everyone's interpretation of neighbourhood boundaries could be different. Mr Green pressed further for a reason but the Applicant offered no response.

In response to further questioning from Mr Green, the Applicant confirmed that she was aware of the neighbourhood as defined by the NAP in their July 2007 determination.

In response to additional questioning from Mr Green, the Applicant stated that she was aware that there was a mix of social class within the neighbourhood but from personal experience, patients from all these classes still required a pharmacy. She said that she expected the residents of Lomond View probably obtained their pharmaceutical services from Burns Pharmacy.

In response to further questioning from Mr Green, the Applicant advised that the site of the proposed walkway between Whitlawburn and Lomond View was within the application papers submitted to the Health Board.

In response to further questioning from Mr Green, the Applicant confirmed that two pharmacists were essential to the provision of additional services as planned.

In response to additional questioning from Mr Green, the Applicant confirmed that she had no knowledge of the NHS Circular requesting pharmacies to undertake a premises assessment for the Pharmacy Contract and was unaware that this document does not stipulate the need for a consulting room.

In response to questioning from Mr Green about the proposed pharmacy being three times the size of a minimum pharmacy, the Applicant said that the minimum requirements were 1,000sq ft.

In response to further questioning from Mr Green, the Applicant confirmed that all testing services would be available free of charge to patients, which also included cholesterol testing. She went on to say that the use of the premises by other health professionals would enable the likes of immunisation clinics to be provided.

In response to questioning from Mr Green in respect of the installation of state-of-art pharmacy technology, the Applicant said that she recognised that other pharmacies have IT systems but often their software was not current.

In response to further questioning from Mr Green, the Applicant advised that two pharmacists would not be there all the time they would be available when patient needs dictated.

In response to additional questioning from Mr Green, the Applicant said she was not aware of the impact of 'Category M' medicines on the proposed pharmacy finances but she added that she had a good mentor and business plan. She also confirmed that she would not be seeking an Essential Small Pharmacy allowance should the application be successful.

In response to further questioning from Mr Green, the Applicant clarified that deprivation for Whitlawburn was within top 15%. She said she believed unemployment and poor health were the biggest facts of deprivation and hoped the impact of new housing on the old school site would change the deprivation but thought it unlikely this would impact on health improvements.

#### **The PPC Question the Applicant**

In response to questioning from Mr Fraser, the Applicant clarified: 234 dwelling houses were planned for development on the old Cathkin High School premises, building was planned to commence later this year and would take 6 to 9 months; WWHC were building 100 homes; both developments would increase the population by 700.

In response to questioning from Mrs Lynch, the Applicant stated the housing in the WWHC development would be sold and she expected these will be purchased by new people to the area. The housing development on the old Cathkin High School was aimed to attract first time buyers

In response to further questioning from Mrs Lynch, the Applicant said she would expect the residents of Lomond View were probably currently travelling to Sainsbury's in East Kilbride for their shopping. She added however, they would have to go elsewhere for pharmaceutical services as there was no pharmacy within that supermarket.

In response to questioning from Mrs Roberts, the Applicant stated that building on the WWHC development would commence next week. The 444 bed space as stated for the development had been provided by the WWHC Housing Director.

In response to questioning from Prof McKie, the Applicant said the site of

the WWHC development was south of the tower blocks and north of the burn before the Lomond View estate.

In response to further questioning from Prof McKie, the Applicant stated the local supermarket was behind the site of the proposed pharmacy. She said that although not of the scale of a Sainsbury's supermarket, it was quite large.

There were no questions to the Applicant from Mr Fergusson and Mr Gillespie or the Chairman.

### **The Interested Parties Case – Mrs Carol Burns (Burns Pharmacy)**

**Mrs Burns** commenced her presentation with a reiteration of her objection to the application. She reminded the Committee that the granting of an application must be considered in relation to the Regulations stating that "An application shall be granted if the Board of NHS Trust is satisfied that the provision of services at the premises is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located."

She said that the Applicant's proposed neighbourhood was only a small part of the neighbourhood defined by previous PPC Committees and NA Panels. Mrs Burns stated that she agreed with the neighbourhood defined at the last NAP hearing. This definition was bound by significant arterial roads, and stated as:

North – B762, Duke's Road along Cambuslang Main Street (A724)  
East - B759 Greenlees Road  
South - East Kilbride Road with preceding westwards to its junction with Dukes Road (A749)

She said the only services provided within the Applicant's neighbourhood were: food store; children's play area; two bookmakers, a pub, a hairdresser and a few fast food shops. The Whitlawburn residents therefore needed to leave this area to access many of their day-to-day needs. Furthermore, she highlighted that the area did not have a bank, library or optical/dental/medical facilities.

Mrs Burns advised that South Lanarkshire Council statistics reported a population decrease in this area between 2002 to 2006. In 2006 the area's population was 2123 and after taking into consideration the WWHC housing development, she estimated the population might rise to 2500, which she believed to be a generous estimate.

Mrs Burns accepted the inclusion of Lomond View within the neighbourhood but questioned whether this population would access the proposed pharmaceutical services in Whitlawburn as there was a very

distinct social divide between these two areas. There was still no walkway between the two areas. She referred to 10 January 2008 email from Planning & Building Standards, South Lanarkshire Council which stated “the police were not supportive of the link footpath and this aspect has still to be resolved”. She added that if the walkway was approved, in most instances from within Lomond View it would still be a shorter distance to walk to the Burns Pharmacy than to walk to the site of the proposed new pharmacy.

She said that the Burns Pharmacy was approximately 600 yards, as the crow flies, and 850 yards by foot from the proposed site of the new pharmacy. It was a 10 to 12 minute walk, over flat ground, a purpose built walkway, a staggered pedestrian crossing, well lit, suitable for prams and wheelchairs and not the “extremely hazardous” journey as stated in the applicant’s papers.

Mrs Burns advised that apart from her pharmacy there were three pharmacies in Cambuslang and one in Duke’s Road, all of which were within walking distance of Whitlawburn, and there was an adequate bus service running regularly through the neighbourhood giving access to the areas of Rutherglen, Cambuslang and Burnside. She pointed out that bus travel for the elderly and the disabled was free of charge and therefore no financial burden to these groups of patients. Within the wider area, 1.2 miles from the Applicant’s proposed site, there was another pharmacy in Burnside and another in Fernhill. Additionally, there were another five in the adjacent Rutherglen area and one in Halfway all of which were easily reachable by a short bus or car journey.

She said that the fundamental criterion on which this application was to be judged was the adequacy of current services within the area. A deficiency in the existing services must exist if the application were to be granted. The onus was placed on the Applicant to provide this evidence. It was her opinion that this deficiency in service had not been established. She said that no new services were being offered that did not already exist. A new contract would therefore only duplicate services, which could not be seen as best value for money for the NHS.

Mrs Burns believed that the service was already more than adequate. Services currently being offered included all core elements of the new contract, methadone & buprenorphine supervision, needle exchange, head lice, nicotine replacement therapy, heart failure service, compliance aids, prescription collection & delivery service, emergency hormonal contraception, home fall support initiative and oxygen. She said that she personally provided many of these services and was totally committed to the new contract. She added that: she was regularly consulted on MAS; she participated in the Public Health Service (PHS); her pharmacy’s premises & IT were fit for the roll out of the contract’s next phase (AMS & CMS) and had recently installed a consulting room.

Mrs Burns then went on to discuss the viability of both the proposed new pharmacy and that of existing pharmacies. She believed the population of Whitlawburn would not sustain another pharmacy let alone one that propose to have two pharmacists. Furthermore, she added that with the introduction of Category M medicines and the significant affects this had on the profitability of a small pharmacy, if a pharmacy was not financially viable, it would not survive.

Mrs Burns said that she was concerned for the viability of her own pharmacy, which served the population in the areas of: Cathkin (28%); Springhall (32%) & Whitlawburn (40%). In respect of prescription figures, she estimated that Whitlawburn patients represented between 28-30% of total items dispensed and that no business could cope with such a potential decline in its customer base. She added that this was the third application from the same premises over the last few years. During this period of time, she and her staff had suffered long periods of anxiety over the future of the business and the staff's own continued employment. She referred to the NAP's conclusions last year quoting "the panel considered that if the contract was granted there was a real risk to the viability of both the proposed premises and the adjacent pharmacy of Mrs Burns at the very least, which would thus not secure the adequate provision of pharmaceutical services to the neighbourhood". A new contract would therefore result in at least a duplication of services but also a destabilisation of existing services with dire consequences for the pharmaceutical needs of the local population.

Mrs Burns referred to the application which stated substantial population growth had been identified in Cathkin following research. She refuted this by saying that she acknowledged 183 new dwellings were being built but this was to replace 350 tenemental properties which had been demolished. These new dwellings had substantial lower occupancy rate than the demolished properties which equated to an overall reduction in the total population of the area. She said that for her existing customer numbers to be maintained by new properties, she estimated it would require new accommodation to house 2500 to 3000 new people.

Mrs Burns then went on to discuss copies of correspondence, which she had previously submitted to the Committee for consideration.

1. Dr Smith, North Avenue Practice, Cambuslang .  
Dr Smith states he has no knowledge of any gaps in the service, which I provide; he supports the opinion that the population of Cathkin had decreased over the last 2 to 3 years; none of his patients have ever expressed a wish for additional services in the area; he believed there was a good spread of pharmacies around his medical practice area.
2. Cathkin Braes Tenants Management Co-Operative  
Expressed concern should the Burns Pharmacy close.
3. Councillors Anne Higgins & Eileen Baxendale  
Both councillors have shown concern as to the viability of the

proposed pharmacy and the effects it would have on existing pharmaceutical services. She quoted from Ms Higgins “it would be catastrophic for the growing number of elderly residents in the Cathkin and Springhall areas”.

Mrs Burns ended her presentation saying, for the reasons discussed she would urged the Committee to reject this application.

### **The Applicant Questions Mrs Burns**

In response to questioning from the Applicant, Mrs Burns agreed the Cathkin elderly patients would face the same problems visiting the proposed site of the new pharmacy as would Whitlawburn’s elderly patients travelling to her pharmacy.

In response to further questioning from the Applicant, Mrs Burns said that it would convenient if patients were within 10 minutes from a pharmacy but not realistic. It was her experience that patients do walk to pharmacies.

In response to questions on viability from the Applicant, Mrs Burns said that she was not aware of any pharmacy closing down during the last 10 years but Category M medicines were only introduced last October and therefore this would have an affect on the Applicants Business Plan.

After further questioning from the Applicant, Mrs Burns said that the onus was placed on the Applicant’s to offer new evidence to support their application and not on those making representation.

In response to final questioning from the Applicant, Mrs Burns confirmed that she was indeed concerned about viability and not profitability. She added that her pharmacy did not have a high prescription turnover and the population was not large enough to make two pharmacies viable. She was not sure which pharmacy would fail but she was sure that one would.

In response to questions from the Mr Green concerning the Applicant’s claim that an increased population within the area would stretch existing pharmaceutical services, Mrs Burns advised that in this instance she would probably be able to double her dispensing service through the employment of addition staff.

In answer to further questions from the Mr Green, Mrs Burns said that Category M medicines had affected her income by approximately 10%, a loss of another 30% would make the pharmacy no longer viable.

In response to questions from the Mr Mooney, Mrs Burns stated that NAP had previously considered all these new housing development at the last year’s hearing and that she would expect the residents of



Whitlawburn to use the library facilities in either Cambuslang or Rutherglen.

There were no questions to Mrs Burns from Mr Doherty.

### **The PPC Question Mrs Burns**

In response to questioning from Mr Fraser, Mrs Burns said principally that most Whitlawburn patients walked to her pharmacy with only 18 to 20% using a car.

In response to further questioning from Mr Fraser, Mrs Burns advised that her new consultation was being used for MAS consultation although she saw this facility to primarily be used in the future particularly once CMS had commenced.

In response to a final question from Mr Fraser, Mrs Burns advised that the pharmacy was closed every lunchtime (1 to 2pm) during this time she undertook the deliveries and collections..

In response to questioning from Mrs Lynch, Mrs Burns said that: she did not offer a needle exchange service but advised that this was available within the G72 post code area; she did not offer an oxygen service; did offer a methadone service that included 11 patients from Whitlawburn, and did have the capacity to take-on more dispensing.

In response to questioning from Mrs Roberts, Mrs Burns clarified the northern boundary of her neighbourhood as the B762, Duke's Road and along Cambuslang Main Street (A724). She also advised there were two pharmacies within her defined neighbourhood, which provided needle exchange services. These were; Duke's Road Pharmacy and Alliance Pharmacy.

In response to a question from Prof McKie, Mrs Burns estimated the population of the applicant's neighbourhood as 2100. This estimate reflected the decline in the population since the 2001 Census, the new housing developments but excluded Lomond View residents. She said that Lomond View estate had been omitted from her estimate because it was very distinct and different housing from Whitlawburn.

In response to further questioning from Prof McKie, Mrs Burns advised that patients in Staffa Road would not use the Western Road to get to her pharmacy. She said there was a walk-way through the towers to the pedestrian crossing and the journey was not significantly further away than the site of the proposed new pharmacy.

In response to additional questioning from Prof McKie, Mrs Burns stated that she believed there were adequate bus services. One service ran from Cambuslang, along Western Road to the Cathkin by-pass. Another

service ran from East Kilbride to Burnside, which passed along the western end of Western Road.

In response to final questioning from Prof McKie, Mrs Burns agreed it would be as easy for patients around her pharmacy to access the proposed new pharmacy as it would be for Whitlawburn patients to access her pharmacy.

In response to questioning from Mr Fergusson, Mrs Burns said that she did not advertise her delivery & collection service, this was provided on an as required basis, which averaged 2 to 3 every lunchtime.

In response to questioning from Mr Daniels, Mrs Burns confirmed that she could not be sure if the NAP 2007 considerations included the proposed 100 housing development. She however, knew at that time of the NAP hearing, planning permission had not been approved for these houses.

There were no questions to Mrs Burns from Robert Gillespie.

**The Interested Parties Case – Mr Andrew Mooney (Alliance Pharmacy)**

**Mr Mooney** thanked the Committee for inviting Alliance Pharmacy, Main Street, Cambuslang to make representation at this hearing.

He started his presentation by stating that he fully support the arguments made by Mrs Burns. He also wished to point out that oxygen and needle exchange services were local negotiated services requiring specific Board approval before providing. He also supported the view that many methadone patients preferred to travel for this service to maintain their anonymity and he believed NAP probably did take the housing developments into their considerations last year.

Mr Mooney said that he agreed with the definition of neighbourhood defined by NAP in July 2007 namely:

North – B762, Duke's Road along Cambuslang Main Street (A724)  
East - B759, Greenlees Road  
South - East Kilbride Road preceding westwards to its junction with Dukes Road (A749)

He said that this was a neighbourhood for all purposes, having a primary school, railway station, shopping area & centre, a rugby club and general medical services, and was bound by significant arterial roads.

Mr Mooney said, Alliance Pharmacy would maintain there was already an adequate pharmaceutical service provision provided within this neighbourhood. He highlighted the NAP recent decision stating that

there were four pharmacies within this neighbourhood with a further two adjacent, which all provided a full and comprehensive range of pharmaceutical services.

He said that Alliance Pharmacy provided all new Pharmacy Contract core services as well as locally negotiated services: free collection & delivery; addiction services; community dosage systems; EHC; smoking cessation; PGD for urgent supply; stoma; needle exchange and this pharmacy also has the capacity to meet any future increased demands on these services. Alliance Pharmacy had invested in the infrastructure and facilities in this premise to meet the requirements of the Pharmacy Contract and continues to reviews its business to ensure it meets the needs of local patients.

Mr Mooney advised that he had undertaken a site visit around the site of the proposed new pharmacy the day before. In terms of access, he found the pedestrian footpaths, lighting and crossings to all be of a high quality. He was able to walk from the proposed premises to Burns Pharmacy in approximately 6 minutes and to other services in Cambuslang Main Street in 21 minutes. He recognised that he was however, a relatively young and able bodied male. During this visit he had noted there was a high frequency in the bus services that served the Whitlawburn area, which were operated by different providers. These services included a Dial a Bus Service. Travelling time from Cambuslang from the East Kilbride & Western Roads took 7 minutes, Rutherglen – 17 minutes and East Kilbride 10 to 17 minutes.

Mr Mooney suggested that residents from Whitlawburn would probably undertake their weekly shop in either: Cambuslang (Morrisons or Tesco Express, 2.01 miles away); Rutherglen (Tesco Extra, 2.84 miles away); East Kilbride (Sainsbury) or Forge Park Head (Asda).

Finally, Mr Mooney said he would like to discuss the Regulations and the critical test for determining whether the application should be granted, which was interpreted in June 2004 by Judicial Review in the Court of Sessions.

In the opinion of the judges, the decision maker having identified the neighbourhood must approach the decision in two stages:

1. Consider if the existing services in the neighbourhood are adequate. If it decides that such provision is adequate, that is the end of the matter and the application must fail.  
The test of adequacy is a simple one, in that there is no room for a spectrum of adequacy – the existing services are either adequate or not .  
Consequently, the existence of such a deficiency must be identified before it is necessary to consider what may be done to provide a remedy.
2. The second question of “necessity and desirability” relates to the

manner in which an identified deficiency is remedied. He said that the applicant had shown no service deficiency and when questioned, confirmed in her opinion there was no inadequacy in current pharmaceutical service provision.

He ended by saying that the critical question for the Committee was to decide on whether there was an adequacy of existing provision in the neighbourhood. The new pharmacy might be more convenient for some residents of Whitlawburn than having to walk 6 minutes to the nearest pharmacy, but does this make the current service provision inadequate and if so, what is therefore the deficiency?

### **The Applicant Questions Mr Mooney**

In response to questioning from the Applicant, Mr Mooney said that the dispensing of methadone in Alliance Pharmacies depended on whether patients wanted anonymity or not therefore, some might require the use of consultation rooms.

In response to further questioning from the Applicant, Mr Mooney said that if patients were not prepared to travel 6 minutes to reach a pharmacy their motivation for the treatment was questionable.

In response to additional questioning from the Applicant, Mr Mooney said that he did not support the view that a new pharmacy should be approved on the basis for solving social inclusion issues. In fact he said that this might have the opposite effect, resulting in more residents of Whitlawburn not moving out of the immediate locality.

In response to further questioning from the Applicant, Mr Mooney said that he was not aware of any complaints from the Whitlawburn community because of their current need to travel to obtain pharmaceutical services.

In response to additional questioning from the Applicant, Mr Mooney confirmed Alliance Pharmacy offered a full collection and delivery service and closed at 1pm on Saturdays. Alliance Pharmacy would be prepared to consider opening longer if requested by stakeholders.

In response to further questioning from the Applicant, Mr Mooney said he did not believe the Nisa Store was a primary source for weekly shopping and that residents in fact did travel to use the main supermarkets.

During final questioning by the Applicant, Mr Mooney stated that it was a big assumption to assume that unwell patients and those with long term illnesses did not have carers or have social help with their collection of medications.

There were no questions to Mr Mooney from Mrs Burns, Mr Green and

Mr Doherty.

**The PPC Questions Mr Mooney**

In response to questioning from Mrs Roberts, Mr Mooney said that the over 60s travelled free on buses.

There were no questions to Mr Fraser, Mrs Lynch, Professor McKie, Mr Gillespie or the Chair.

**The Interested Parties Case – Mr Michael Doherty (J K Leslie Pharmacy)**

**Mr Doherty** firstly, thanked the Board for allowing his representation on this application. He said that he believed the application did not satisfy the necessary or desirable test under Regulations 5 (10).

Mr Doherty said the Board had rejected an application in 2006 at the same site and early last year NAP once again rejected and another application for the same site. From 2006 until now there had been no or very little change to the neighbourhood stated in this current application.

Mr Doherty went on to define the neighbourhood as defined by NAP as:

North – B762, Duke’s Road along Cambuslang Main Street (A724)  
East - B759, Greenlees Road  
South - East Kilbride Road preceding westwards to its junction with Dukes Road (A749)

He said that Whitlawburn was a community within the defined neighbourhood, which the residents needed to leave to carry-on with their every day lives. There were excellent bus services, which residents used to Cambuslang, Burnside and Rutherglen. Whitlawburn had no doctors surgery or dentist, no post office or no large supermarkets. Indeed, he said that unless you were able to survive on take away food, having your hair cut, using the convenience store, the pub and placing bets the there was nothing much else to do.

Mr Doherty said that within the NAP defined neighbourhood, there were four pharmacies: two Leslie Chemists; an Alliance Pharmacy and a Duke’s Road Pharmacy. Within yards of this area were another two pharmacies: Burnside Pharmacy and Burns Pharmacy. Within the Cambuslang area there were another two Pharmacies in Halfway: Alliance Pharmacy and Lloyds Pharmacy.

He said that all core elements of the new Pharmacy Contract were adequately supplied from within the neighbourhood. His own pharmacies were opened from 9am to 6pm Monday to Friday and from 9am to 5pm on Saturdays. They were successfully implementing MAS & PHS. He

had three full time pharmacists working, at all times, with one pharmacist undertaking delivery of problem prescriptions. He gave examples of possible problems as: new oxygen patients; changes to patient's inhaler types and changes in compliance packages. Mr Doherty went on to say that his pharmacies offered the following services: oxygen therapy; EHC; NRT; head lice treatment; MTS; methadone; care home schemes; stoma, PGDs and they would engage in the provision of new service requirements implemented by the Health Board. He had two full time delivery drivers providing a service throughout the area. He said that there was ample car parking outside both pharmacies and his 222 Main Street pharmacy had a customer car park at the rear. He also said there was car parking at the rear of the Alliance Pharmacy.

Mr Doherty said the application and supporting papers were very similar to the previous two applications but this application was not offering any service that was not already offered from within the neighbourhood.

He concluded saying that the application was neither necessary nor desirable. The neighbourhood did not have any gaps in its pharmaceutical care and therefore he asked the Committee to reject the application.

#### **The Applicant Questions Mr Doherty**

In response to questioning from the Applicant, Mr Doherty clarified that his interpretation of every day life included going to: work; shops; church; doctors; dentist and chiropodist none of which existed within Whitlawburn. He therefore believed that all Whitlawburn residents would need to leave the area to access these services.

In response to further questioning from the Applicant, Mr Doherty said he did not believe it was necessary for a pharmacy to be within Whitlawburn as residents had access to one only 850 yards away from the pub. He was aware that Mrs Burns did not advertise her delivery & collection service but he said that patients knew it existed.

In response to final questioning from the Applicant, Mr Doherty said that he did remember discussions on housing planning permission at the last hearing.

In response to questioning from the Mr Green, Mr Doherty advised that he had two pharmacies and they both opened until 5pm on Saturdays.

There were no questions to Mr Doherty from Mrs Burns and Mr Mooney.

#### **The PPC question Mr Doherty**

There were no questions to Mr Doherty from members of the Committee.

**The Interested Parties Case – Mr Martin Green (Duke’s Road Pharmacy)**

Mr Green started his presentation by stating his agreement to the neighbourhood defined by NAP in 2007, the neighbourhood being:

North – B762, Duke’s Road along Cambuslang Main Street (A724)

East - B759, Greenlees Road

South - East Kilbride Road preceding westwards to its junction with Dukes Road (A749)

He said that within this neighbourhood there were four pharmacies, his own, two Leslie Chemists and an Alliance Pharmacy. Burns & Burnside Pharmacies was just yards outside this area. All these pharmacies provided the full range of pharmaceutical services including: methadone; needle exchange; oxygen; palliative care; EHC; compliance aids; smoking cessation; heart failure; falls; MMy medicine; keeping well; collection & delivery; advice to care homes; pre registration training and services on Christmas & New Years days.

Mr Green said that there had been a lot of discussion about patients travelling to pharmacies and in particular if they used a bus or travelled by foot. The Dukes Road Pharmacy offers methadone supervision and needle exchange and in his experience, many patients arrived by taxi, which waited for them. He therefore suggested that finance did not seem to be an issue.

He said that his pharmacy provided virtually all the services he had previously listed. He went on to say that the Applicant had suggested that services would be stretched beyond capacity in the future but he was aware that pharmacies in the area had a relatively low dispensing volume.

He referred to Whitlawburn area statistics stating:

1. 21% had long term limiting illness with the South Lanarkshire average of 21% and the Scottish average is 20%. This he suggested was hardly a dramatic percentage difference.
2. 13.5% had health that was classed as not good. The South Lanarkshire average was 11% and the Scottish average is 10%. Again he suggested that this was not really significant.
3. ‘Nip & Tuck’ research undertaken by South Lanarkshire Council compared Whitlawburn North & South with the whole of South Lanarkshire, which found that the area had in fact significantly better health as compared to the whole of that Board’s area.

Mr Green had examined the population profile and noted that it was generally a very young population and a high number of single dwellings within Whitlawburn. He said that the Applicant had acknowledged a high number of single occupied dwellings, which were possibly first time

buyers.

He said that the Applicant had tried to demonstrate a significant population growth for Whitlawburn through the inclusion of Lomond View estate. But he said there was still no pedestrian walkway and the only access out of this estate was onto the East Kilbride Road.

Mr Green said that the 100 WWHC housing development had been suggested by the Applicant to increase the population by 444. He could not accept the occupancy of 4.5 per house as these were considered to be first property, family homes.

Referring to the proposed 234 housing development on the old school site, he said the vast majority of this development was for flats therefore a projection that this would increase the numbers of residents by 700 was unrealistic.

Mr Green believed the estimated total population would be 2046, with the current population of 1578 plus a projection of 608 for the new developments.

Mr Green concluded by saying the: Applicant would not offer any additional pharmaceutical services or extended hours; had not demonstrated inadequacy of current service provision and there had been no significant change since the last two applications at these premises. He recommended to the Committee that the application was neither necessary nor desirable.

### **The Applicant Questions Mr Green**

In response to questioning from the Applicant, Mr Green said that he did not accept that the information she had supplied in respect of the proposed housing developments were evidence of significant changes advocated.

In response to further questions from the Applicant, Mr Green clarified that he made no comment as to whether ill health statistics were acceptable; he had only referred to these because the Applicant had suggested that these reflected a much more unhealthy population than the whole of South Lanarkshire and Scotland. In reality these statistics confirmed that the level of ill health was really much the same.

In response to a question from the Applicant about the problems that young patients might endure travelling for pharmaceutical services outwith the Whitlawburn area. Mr Green believed that this question might refer to patients suffering substance misuse and/or mental health problems and if so, could not comment other than young patients often did not present at community pharmacies when they perhaps should.



In response to further questions from the Applicant, Mr Green said he accepted that MAS was available for all relevant age groups, which was not different there than any where else.

There were no questions to Mr Green from Mrs Burns, Mr Doherty and Mr Mooney.

#### **The PPC question Mr Green**

In response to questioning from Mrs Lynch, Mr Green said he assumed the South Lanarkshire Council north and south Whitlawburn data zones were possibly divided by the Western Road. The data zone north of north Whitlawburn would be Kirkhill.

There were no questions to Mr Green from Mr Fraser, Professor McKie, Mrs Roberts, Mr Fergusson, Mr Daniels and Mr Gillespie.

#### **The Interest Party Sums Up**

Mrs Burns advised the Committee that there had been no significant changes since the last application. The housing developments had been considered previously and building was yet to commence. There was still no link way between Whitlawburn and the Lomond View estate and there had been little change in the total population. The application did not offer any new services and the Applicant had stated that this new pharmacy would enhance current services. Existing services were therefore adequate. A new pharmacy would be convenient but not necessary. She therefore requested the Committee to reject this application.

Mr Mooney advised the Committee that existing services within the neighbourhood were recently examined by NAP in 2007 and deemed to be adequate. During this hearing the panel would have considered the local situation including demography, topography, proposed building developments and the ability/capacity to deliver pharmaceutical services from existing contractors. Therefore, given that adequate services continue to be provided, he asked the Committee to refuse this application.

Mr Doherty advised the Committee that he considered there were no gaps in current pharmaceutical services within the neighbourhood. The Applicant was not offering any new services or extended opening hours. The application was therefore not necessary or desirable.

Mr Green advised the Committee that the Applicant had not recognised the neighbourhood previously defined by NAP. The Applicant had not demonstrated inadequacy of services or any significant changes with the neighbourhood. He therefore requested the Committee find this application neither necessary nor desirable.

### **The Applicant Sums Up**

The Applicant thanked the Committee for hearing this application.

She said Whitlawburn was an area of deprivation and social divide and from previous experience in Glasgow, believed a pharmacy would help. Certainly similar neighbourhoods had benefited after a new pharmacy opened within the neighbourhood.

The Applicant said that the last two applications at these premises had been approved by the PPC. She believed that the PPC had the local knowledge and were therefore best placed to take the decision on the application.

She believed this application was necessary and desirable. The concerns raised around viability of a new pharmacy she believed were driven by concerns on profitability rather than viability. She added that the Edinburgh Council were unaware of any community pharmacy closures.

Before the parties left the hearing, the Chair of the Committee asked them if they had had a full and fair hearing. They all agreed that they had a full and fair hearing.

### **DECISION**

#### **Neighbourhood**

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 gave consideration to the boundaries, the facilities and services provided within the area. They also considered the competing views of the Applicant and the Interested Parties, who had agreed with the NAP's 2007 definition of neighbourhood. .

The Committee considered that the neighbourhood should be defined as the neighbourhood previously defined by the Applicant, as follows:

West – B759 Greenlees Road from junction A749 East Kilbride Road, following the road north to the junction with Stewarton Drive.  
North – Stewarton Drive and across to Langlea Road  
East - Langlea Road and A749 East Kilbride Road to its junction with B759 Greenlees Road

The Committee considered this to be a neighbourhood due to the

physical boundaries of the main trunk roads (A749 & B759) and the many services provided, which the Committee expected the residents of this area to utilise as part of their every day life.

**Adequacy of Existing Provision of Pharmaceutical Services and Necessity or Desirability**

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

Within the neighbourhood as defined by the PPC, the Committee considered that there was an adequate provision of pharmaceutical services, which was provided by the existing contractor, Burns Pharmacy from just outside of the neighbourhood. The pharmacy was situated across the East Kilbride Road (A749) trunk road in Braemar Road. The Committee had previously noted that there had been improvements in the services offered by this pharmacy since the last application.

The Committee considered the housing development information and plans as well as the projected changes in population that had been estimated but did not accept from these that there had been any significant changes since the previous application in 2007. This included the walk-way between Whitlawburn and Lomond View, which the Committee believed was likely to have a minimal impact.

The Committee agreed with the concerns raised at the last NAP hearing that a new pharmacy in Whitlawburn might create a destabilising affect on the adequate provision of pharmaceutical services to the defined neighbourhood. A destabilisation which might also affect the viability of either the new pharmacy or the Burns Pharmacy.

In summary, the Committee concluded that the existing pharmaceutical service did provide adequate services to the neighbourhood population.

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

***DECIDED/-***

The PPC was satisfied that the provision of pharmaceutical services at the premises of the Applicant was neither necessary or desirable in order to secure adequate provision of pharmaceutical service 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 unanimously decision of the PPC that the application be

**Contractor  
Services  
Supervisor**

refused.

**The chemist contractor member of the Committee and Board officers rejoined the meeting at this stage.**

**4. APPLICATIONS STILL TO BE CONSIDERED**

The Committee having previously been circulated with Paper 2008/19 noted the contents which gave details of an application received by the Board and which had still to be considered.

The Committee agreed the following application did require an oral hearing :

**Apple Pharmacy, 10 Hillview Place, Alexandria G83 0QD**

**5. ANY OTHER COMPETENT BUSINESS**

There was no other competent business.

**6. DATE OF NEXT MEETING**

Scheduled for Wednesday 2<sup>nd</sup> April 2007 at 12.30pm. Venue to be confirmed.

The Meeting ended at 5.50p.m.