NHS Greater Glasgow and Clyde

NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (10)
Minutes of a Meeting held on
Wednesday 30th April 2008
Lomond Suite, Dumbuck Hotel, Glasgow Road
Glasgow G

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

IN ATTENDANCE:	Trish Cawley	Contractor Services Supervisor
	Richard Duke	Contracts Manager – Community Pharmacy Development
	Janine Glen	Contracts Manager – Community Pharmacy Development
	David Thomson	Deputy Lead – Community Pharmacy Development
	Elaine Ward	Community Development Pharmacist

ACTION

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

No declarations of interest were made.

1. APOLOGIES

Apologies were received on behalf of Alasdair MacIntyre.

2. MINUTES

The Minutes of the meetings held on Thursday 6th March 2008 **PPC[M]2008/05**, Monday 10th March 2008 **PPC[M]2008/**06, Friday 14th March 2008 **PPC[M]2008/07** and Wednesday 2nd April 2008 **PPC[M]2008/08** 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/INCL03/2008
Apple Pharmacy, 10 Hillview Place, Alexandria G83 0QD

The Committee was asked to consider an application submitted by Apple Pharmacy, to provide general pharmaceutical services from premises situated at 10 Hillview Place, Alexandria G83 0QD under Regulation 5(10) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 1995 as amended.

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

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

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

The Applicant was represented by Mr William Black ("the Applicant"), assisted by Mr Neeraj Salwan, The interested parties who had submitted written representations during the consultation period, and who had chosen to attend the oral hearing were Mr Charles Tait (Boots UK Ltd), assisted by Mr Kenny Irvine, Mr James Semple (Cardross Pharmacy) and Ms Helen Smith (National Co-operative Chemists) ("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 Alexandria, Balloch and Dumbarton.

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 Applicant's Case

Mr Black commenced his presentation by advising that the neighbourhood was that as defined in the map submitted at the time of the initial application. To the north of the map to the A811 Lomond Road, to the Right the railway line to the right of Burns Street, to the left to the A82 and to the south the main crossroads where North Main Street changed to Main Street and the junction of Wilson Street and Park Street. The Applicant had considered the neighbourhood put forward by the Area Pharmaceutical Community Pharmacy Sub-committee, and while they disagreed with some of the boundaries, they conceded that the south boundary should be extended to the one-mile radius mark used by the Board for the consultation exercise. This defined neighbourhood was highly residential. It had a post office, a nursery and a primary school. The Vale of Leven Hospital was also within the defined neighbourhood.

There were three pharmacies all located within a very short distance of each other within the main shopping centre in Alexandria. These were Alliance Pharmacy (Mitchell Way); Gordon's Chemist (Mitchell Way) and Boots the Chemist (Main Street). The three pharmacies were a short distance from the two main medical practices serving in Alexandria in Bank Street. One of the medical practices had a patient list size of around 8,300 while the other had a patient list size of 16,500 giving a total list size of around 24,800 patients.

Mr Black asserted that there were a further three pharmacies situated in Balloch, Renton and Bonhill. These three pharmacies served specific neighbourhood communities within these three areas. There was a medical practice now operating almost full time within Renton. None of the six pharmacies mentioned operated an extended hour service Monday to Saturday or on a Sunday. There was a 1 hour rota on a Sunday which also involved other pharmacies within Dumbarton. The Vale of Leven hospital was the location of the out of hours GP service. This operated from 6.00pm until 8.30am – Monday to Friday and all weekend.

The Applicant's proposed pharmacy would be well designed and would incorporate all the modern requirements of fit for purpose pharmacy. It would have disabled access, disabled toilet facilities, two separate consultation and advice areas (one specifically for methadone

supervision, adequate seating and be fitted to a very high standard). The Applicant had sought advice from local and national disability groups over the design of its pharmacy. The premises had adequate parking within ten yards of the proposed site and a designated disabled space. There was also further short term parking available at the swimming pool less than 200 yards away.

The proposed hours for the pharmacy would be Monday – Sunday 8.30am – 9.00pm. These hours would fill a much needed gap in the availability of pharmaceutical services after 6.00pm Monday – Saturday and on a Sunday. There would be no need for a one hour Sunday Pharmacy rota to be in place. The Applicant proposed that the out of hours service was necessary to adequately secure the provision of pharmaceutical services during these out of hour times. Patients had to travel almost 20 miles to find a pharmacy trading in the evening or on a Sunday (outwith the rota). The Applicant considered the current service to be out-dated and not in keeping with the demands of the public today.

Mr Black advised that the pharmacy would offer all new pharmacy contracted services and all locally negotiated services. It would attempt to provide oxygen services due to the out of hours commitment. It would offer a full NHS dispensing service, the minor ailment service (MAS) and the acute medication service (AMS) when these became available, monitored dosage services, methadone supervision, mental health services, emergency hormonal contraception, nicotine replacement therapy services, blood pressure monitoring, services for patients with long term conditions i.e. heart failure and nursing home advice. The new pharmacy would also offer a full prescription collection and delivery service.

Mr Black asserted that the pharmacy would be fitted to very high standards and would seek consultation with the local Health Board over the design of the pharmacy. The Applicant proposed that the consultation area would include IT and plumbing and seating for three people. There would be a separate methadone supervision point. It would be well lit, have adequate seating and have a large dispensary. There would be a separate area for the assembly of monitored dosage systems. The Applicant proposed that these services within this fit for purpose pharmacy would be desirable to secure the adequate provision of pharmaceutical services within the proposed neighbourhood.

The locality of Alexandria as a whole was an area of high unemployment and had a high level of social deprivation. The three existing pharmacies within the town centre of Alexandria currently had a huge demand on the pharmaceutical services they supply. They dispensed a huge number of items; had enormous demands on the minor ailment service, the methadone supervision service and the

demand for monitored dosage services for the frail and elderly. A further pharmaceutical contract nearby within the proposed neighbourhood in a highly residential area would ease the pressure on all of the aforementioned services. The Applicant proposed the granting of this pharmaceutical contract would be desirable to secure the adequate provision of pharmaceutical services within the proposed neighbourhood.

Mr Black advised that in summary the Applicant proposed the location of pharmacy within this neighbourhood would be necessary and desirable to secure the adequate provision of pharmaceutical services.

The Interested Parties' Question the Applicant

In response to questioning from Ms Smith around what services the Applicant intended to provide that were not already being provided by the existing network of pharmacies, Mr Black advised that any pharmacy could say they were providing any particular service, however in his opinion, the more relevant question was how actively the services were being provided and the uptake of those services. In his opinion, the three existing contractors were not able to fully maximise the services provided due to the volume of prescriptions dispensed.

In response to further questioning from Ms Smith around this issue, Mr Black advised that he did have evidence that the current demand on the existing pharmacies means services could be providing from the new pharmacy more effectively. Mr Black advised that he had evidence to show that the existing pharmacies could not provide the full range of services adequately. Two of the pharmacies had adequate consultation rooms; however their services were at maximum capacity. Gordon's Pharmacy and Alliance Pharmacy had small consultation areas used currently for methadone supervision and there was a question around whether the contractors could offer the full range of services.

In response to questioning from Mr Tait, Mr Black advised that he had last worked at a pharmacy in the area around 2003/2004. Mr Black advised that since he had worked in the area the existing pharmacies had changed completely. During his most recent visits to the pharmacies Boots UK Ltd had been refitted. He had noticed that the pharmacy provided seating for four patients, however there had been at least ten people waiting when he had last visited.

In response to further questioning from Mr Tait, Mr Black advised that there was on-street parking outside the proposed premises. He advised that there was also dedicated disabled parking outside the proposed premises. On challenge from Mr Tait that the disabled parking bay was in fact allocated to the residential units at the side of

the proposed premises. Mr Black reiterated that they were dedicated for the proposed premises.

In response to further questioning from Mr Tait, Mr Black confirmed that there were patients registered at the GP practices in Alexandria who resided in Balloch, Renton and Bonhill. He reiterated, however that a large % of those registered with the practices lived in the defined neighbourhood and some lived outwith. He did not accept that the vast majority of the practice lists of these surgeries lived outwith the area, as he did not know this to be the case.

In response to further questioning from Mr Tait, Mr Black advised that it was his belief that the rota service operating in the area had on some occasions to be extended. In response to Mr Tait's assertion that Boots involvement in the rota had on average dispensed two – seven items, none of which had been written on the day, Mr Black advised that he had attempted to obtain information around the rota service. He had contacted some of the pharmacies involved in the service and one had provided him with information which showed that in a 12 months period from February 07 to February 08 540 items were dispensed after 6.00pm for the G83 area.

In response to final questioning from Mr Tait, Mr Black advised that the definition of neighbourhood was subjective and different people when asked would define different boundaries for the same area. The Applicant had easily agreed the West and East boundaries. He had chosen the south boundary of the defined neighbourhood as agreed with the Area Pharmaceutical Community Pharmacy Subcommittee.

In response to questioning from Mr Semple, Mr Black advised that the South boundary was that defined by the Area Pharmaceutical CP Subcommittee. In confirming his definition of the neighbourhood, Mr Black advised that the north boundary was the A811, the west boundary, the main road, the south boundary was the one mile radius as defined by the Area Pharmaceutical CP Subcommittee, and the east boundary was the railway line to Bank Street, crossing the River Leven at Susannah Street.

In response to further questioning from Mr Semple around the neighbourhood, Mr Black confirmed that Colquhoun Drive was not within the neighbourhood. He further confirmed that the population of the defined neighbourhood depended on the source of the information. He considered the population to be between 5,000 and 8,000 and for the sake of the application would consider it to be around 6,500.

In response to further questioning from Mr Semple, Mr Black advised that he was not intending to work in the pharmacy. He confirmed that he was appearing at the hearing as a Consultant for Apple Pharmacy, that he had been employed for the day.

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At this point in the proceedings, the Committee sought an adjournment to allow them to confirm Mr Black's eligibility to appear at the oral hearing. The Chair asked the Applicant and Interested Parties to leave the Committee room to allow them to make enquiries around the Regulations.

During the adjournment, the Committee gave consideration to Schedule 3 of the current Pharmacy Regulations and in particular to Paragraph 3, which stated "The Applicant and any person mentioned in Sub Para (3) shall be permitted to be assisted in making representations at any such meeting by some other person but that other person shall not appear in the capacity of counsel, solicitor or paid advocate nor shall he be entitled to speak on behalf of the applicant or any person mentioned in Sub Para 3.

The Committee agreed that Mr Black be given the opportunity of clarifying his position regarding Apple Pharmacy and accordingly Mr Thomson made enquiries to ascertain this information.

Apple Pharmacy produced a faxed copy of a contract of employment which provided information around Mr Black's employment with the company in the capacity of Contracts Manager, with effect from 9th January 2009. The contract was, however unsigned by either party.

The Committee in closed session sought advice from Central Legal Office around the issue and subsequently decided that it was unsafe to accept the copy contract as evidence of Mr Black's employment with Apple Pharmacy. Accordingly, the Committee were of a view that Mr Black was appearing as paid advocate and as such his continued representation of the Applicant was inappropriate.

The Committee considered there were two ways to proceed:

i) the hearing could be abandoned and reconvened with appropriate representation; or
ii) dependent on the agreement of all parties, the hearing could recommence with Mr Neeraj speaking on behalf of the Applicant, as Mr Salwan's standing with Apple Pharmacy was well established.

The above options were put to the Applicant, Mr Black and all interested parties. All agreed to proceed with the hearing on the basis of ii) above.

<u>The PPC Question the Applicant</u>

In response to questioning from Mr Dykes, Mr Salwan advised that the unemployment figures used in the presentation had been obtained from Community Health & Wellbeing figures which showed that unemployment in Alexandria was 7%, compared to a Scottish average of 3.8%.

In response to further questioning from Mr Dykes around the information obtained from the existing contractors around numbers of items dispensed during out of hours, Mr Salwan confirmed that this information had been extracted from the contractor's patient medication system.

In response to further questioning from Mr Dykes around the foreseen problems in providing a domiciliary oxygen service, Mr Salwan confirmed that he did not foresee problems other than perhaps storage of the oxygen. The issues that were referred to during the presentation related to the requirement to apply for participation in the service.

In response to further questioning from Mr Dykes, Mr Salwan confirmed that Apple Pharmacy had consulted with Capability Scotland around the disabled access and layout of the proposed premises.

In response to questioning from Mrs Roberts, Mr Salwan advised that the patients in the defined neighbourhood who were registered with the three surgeries in the centre of Alexandria currently had to walk to the town centre to access pharmaceutical services. Those travelling by car experienced difficulties in parking in the town centre.

In response to questioning from Professor McKie around definition of neighbourhood, Mr Salwan advised that he had chosen to extend the south boundary of the neighbourhood to the railway. He advised that in his opinion anyone living in Hardy street would say they lived in the neighbourhood of Levenvale, and anyone living in Heather Avenue, would say they lived in Alexandria.

In response to further questioning from Professor McKie, Mr Salwan advised that there was a good bus service operating in the area. He was not aware of the times.

Professor McKie asked Mr Salwan to forget the technical definition of neighbourhood and tell the Committee what his main catchment area would be. Mr Salwan advised that these would be the streets surrounding the proposed site and also Place of Bonhill, Jamestown. He expected that the new pharmacy would draw patients from all over.

In response to questioning from Mr Reid, Mr Salwan advised that patients were known not to make formal complaints even though they might be dissatisfied with the current service. He had intended conducting market research, but had not.

In response to further questioning from Mr Reid, Mr Salwan confirmed that people living within his defined neighbourhood would need to travel to the town centre for their shopping.

In response to questioning from Mr Thomson, Mr Salwan advised that he was aware that provision of some services was dependent upon Health Board approval. He did not consider that not being approved to provide some of the services would affect the viability of the proposed premises. He was confident that patients would bring their prescriptions to the pharmacy as well as access services there. He also intended to provide nurse led clinics using Vale of Leven staff.

In response to final questioning from Mr Thomson, Mr Salwan confirmed that he had conducted research to find out if a pharmacy was wanted or needed at the proposed premises. He would develop a business plan once the contract was grated.

There were no questions to the Applicant from the Chair.

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

Mr Tait commenced his presentation by advising that he disagreed with the neighbourhood put forward by the Applicant. He advised that the neighbourhood should be defined as the town of Alexandria. He advised that anything outwith this area could not be counted as the GPs in Alexandria covered patients residing in Balloch and Dumbarton. There were up to 20 pharmacies across the Vale area, which had several distinct neighbourhoods broken into towns, however it was Mr Tait's contention that most of these merged.

Mr Tait advised that in his opinion the neighbourhood should be:

North –A811;
East – the River to the Vale of Leven Academy changing direction to the town of Renton;
West – North Main Street; and
South – the River Leven.

Within this neighbourhood there were approximately 13,400 people according to the last census. This included the areas of Balloch and Renton and was actual population. There were 4,208 people residing in Alexandria North, and 2,500 in Renton. The total population of the area commonly known as Alexandria was therefore 6,000.

Within this area there were currently three pharmacies. Two had good consultation areas, one was fully DDA compliance, and one was currently under development to achieve full compliance. One pharmacy had a quiet room but not consultation room. Mr Tait also

advised that those living on the north side of Alexandra would find it more convenient to travel to Balloch while those living on the south side would be more likely to travel to Renton. Accordingly, these areas could not be ignored and as such there were currently five or six existing pharmacies that those living in the neighbourhood would access.

Mr Tait also disagreed with the Applicant's assertion that those living in the vicinity of the proposed premises would experience difficulties in accessing the current services. He contended that the distance from the Applicant's proposed premises to the two nearest existing pharmacies amounted to a ten minute walk across flat ground, where there was more than one cross area. There was also a regular bus service operating in the area.

In Mr Tait's opinion, the Applicant had attempted to define his neighbourhood with no pharmacies within it. Mr Tait further reiterated that the provision of an out of hours service could not be considered as part of the application at this current time.

Mr Tait advised the Committee that the Applicant had not provided any evidence of inadequacy in the area. He considered that 500 items dispensed miles away and which came from a post-code that was four times larger than the Applicant's defined neighbourhood, in a year did not show any inadequacy.

In terms of the Applicant's comments around the difficulties encountered by patients parking in Alexandria town centre, Mr Tait advised that this shopping area was the heart of the community. There were three car parks in the area. One large and two smaller. He did not consider there were any difficulties.

In summary Mr Tait advised that the Applicant had not provided any evidence of inadequacy. There was no need or desirability, but rather it was a wish list, which shouldn't count.

The Applicant Questions Mr Tait

In response to questioning from the Applicant, Mr Tait advised that Boots took part in the out of hours service because it was company policy.

In response to further questioning from the Applicant, Mr Tait confirmed that there was adequate space in the consultation room situated in Boots premises in Alexandria for a wheelchair.

In response to further questioning from the Applicant, Mr Tait advised that he had walked from the proposed premises to the town centre and that it had only taken ten minutes.

In response to the Applicant's question as to whether Mr Tait considered the items dispensed during out of hours were not important to the patients who had submitted the prescriptions, Mr Tait advised that the patients would have had ample opportunity to have the items dispensed at other times and at other places. He advised that he had done the rota and of the 20 items that had been dispensed, only one prescription had been written within 24 hours of being dispensed.

In response to further questioning from the Applicant, Mr Tait advised that the length of the rota was a matter for the Health Board to decide. If it was deemed to be insufficient, Mr Tait assumed that it would be addressed. Patients were always able to access services from their usual pharmacy on the Monday morning.

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

The PPC Question Mr Tait

In response to questioning from Mr Dykes, Mr Tait advised that he was unaware of the prescription load for the Boots Pharmacies in the area.

In response to questioning from Mrs Roberts, Mr Tait advised that in terms of the legal qualification there was no mention of distribution of pharmacies. When Mrs Roberts asked for Mr Tait's own opinion he advised that it was not unreasonable for patients to be expected to travel for a ten minute walk to access services. He did not consider the concentration of services in the town centre to be a problem.

In response to questioning from Professor McKie, Mr Tait advised that the ten minute walk had originated in Govan Drive, along North Main Street into Alexandria town centre.

In response to further questioning from Professor McKie, Mr Tait advised that there was a bus service operating along Luss Road, North Main Street. Two buses operated a circular route and went into the housing schemes. Between them there was a bus running every five minutes.

In response to questioning from Mr Reid, Mr Tait advised that the Health Board dictated the terms of the rota service operating in the area. He did not think opening longer would make much of a difference, it would only mean the pharmacies being paid more. The pharmacies in the area were compelled to take part. Mr Tait confirmed that there were 15 pharmacies in the entire area taking part in the rota.

In response to questioning from Mr Thomson, Mr Tait advised that there would be an appreciable effect on the other pharmacies if an

additional contract were granted for the premises in Hillview Place. He did not consider that the pharmacy would be content to serve such a small community; he would drain business from the other pharmacies.

In response to further questioning from Mr Thomson, Mr Tait confirmed that one of the Boots Stores operated a collection and delivery service and one provided a collection service only.

There were no questions to Mr Tait from the Chair.

The Interested Parties' Case – Mrs Smith (Lloydspharmacy)

Ms Smith advised that she had nothing to add to Mr Tait's presentation.

There were no questions to Ms Smith from the Applicant, the other Interested Parties or the Chair.

The Interested Parties' Case – Mr James Semple (Cardross Pharmacy)

Mr Semple advised that he agreed with the points put forward by Mr Tait. The neighbourhood should be defined as Alexandria.

He advised the Committee that adequacy was a fixed point on a continuum between inadequacy and exemplary service. Somewhere along the line lies adequacy and if the Committee considers that the current services in the area already reach this, then there is nothing to add. If there the point has not been reached there are several actions that can be taken like extending the hours of the existing contractors. It was irrelevant to go further along the line in terms of the current Regulations.

Mr Semple said it would be fair to say that the current services were centralised in the town centre. The fact was there were three pharmacies providing adequate services. They provided over 66.5 hours of service per week, which amounted to 50% higher than Model Hours. Mr Semple advised that there was a real chance that the pharmacy would be unviable giving the rising costs associated with pharmacy.

The Applicant Questions Mr Semple

In response to questioning from the Applicant, Mr Semple advised that he had lots of evidence around unviability. He was aware of the pharmacy business and knew the costs associated with a normal pharmacy. He was not aware when a pharmacy last closed due to unviability; however he considered that the current financial climate would see pharmacies closing around the end of 2008.

In response to further questioning from the Applicant, Mr Semple reminded that there was no such thing as a degree of inadequacy, either the service in the area was adequate or it wasn't. He didn't think the number of items dispensed by a pharmacy mattered as it was the management of the workload that dictated the effectiveness of the service.

In response to final questioning from the Applicant around whether he considered a service to be inadequate if it was not provided, Mr Semple advised that the only four services that pharmacies were required to provide were the four core services. While most pharmacies also provided additional services, these were not compulsory under the current Regulations.

The PPC Question Mr Semple

In response to questioning from Mr Dykes, Mr Semple advised that he considered it to be for the PPC to decide whether the concept of adequacy had moved. He advised that every neighbourhood was different; a rule of thumb might be that if there is one pharmacy then the service could be considered to be adequate. He accepted that what was previously adequate 20 years ago might not be now.

In response to questioning from Mrs Roberts, Mr Semple advised that when a pharmacy opens it had to get its prescription numbers up as quickly as possible. In order to do this, it had to attract business from further afield than the neighbourhood in which it was situated in. He thought the Applicant would leaflet everyone in the wider area and would approach nursing homes. This would put additional pressure on the current pharmacies in the wider area.

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

The Interested Parties Sum Up

Ms Smith advised that she had nothing to add.

Mr Tait provided a point of clarity that the judgement handed down by Lord Drummond Young related to a case in Stranraer. He felt the issue to be straightforward the neighbourhood had been defined, it was a small population already served by three pharmacies offering varying services and all capable of doing DDS. There was no absolute reason to consider the services as being less than entirely adequate.

Mr Semple advised that he had nothing to add.

The Applicant Sums Up

Mr Salwan advised that he felt the pharmacies in the town centre were at maximum capacity. The numbers of elderly were on the increase, people were living longer and accordingly there was more demand for services. Three pharmacies grouped together went against the Scottish Government's policy of bringing services to the community instead of patients travelling to pharmacies; pharmacy would go to the people. The services in the area were inadequate. It was inadequate that patients could not access MAS in Alexandria and Levenvale out of hours.

He advised that pharmacy had to be brought into the future. The new pharmacy would provide all services. The concept of adequacy had changed as more demands were placed on the service. He reiterated that the pharmacies in the town centre were at full capacity and pointed to the long queues he had witnessed in Boots. The car park was very busy.

In terms of viability he confirmed that the development of a business case had noting to do with the provision of services. His company would make a success of the business. The new pharmacy would fill the gap in evening and Sundays and provide overall services.

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 Sub-Committee).

The Committee also considered;-

d) The location of the nearest existing pharmaceutical services;

e) Demographic information regarding the Alexandria area; 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 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 A811 trunk road;
East: the Levern River;
South: Place of Bonhill; and
West: the A82 trunk road.

The Committee felt that this was distinct neighbourhood. A811 trunk road was a physical boundary. The housing stock to the south of the Place of Bonhill was different to that to the north and marked the beginning of rurality. The A82 trunk road was a physical boundary as was the River. Within this area was the town commonly known as Alexandria. 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.

Having considered the information provided by the Applicant and the presentation before them at the hearing they were not satisfied that the

Applicant had demonstrated that an inadequacy of services existed in the area.

The Committee noted that the Applicant had based their case on the perceived lack of services outwith normal pharmacy opening times. While the Committee were aware that this did not constitute a core service in terms of the current Regulations, it was nevertheless worth consideration. The Committee were confident that the established rota offered the population the opportunity of having prescriptions dispensed outwith the normal opening hours if these were deemed to be of an urgent nature.

Within the neighbourhood as defined by the PPC there were three 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.

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 currently adequately served.

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

DECIDED/-

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

Contractor Services Supervisor

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

5. NATIONAL APPEALS PANEL DETERMINATION

The Committee having previously been circulated with paper 2008/27 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 – 24 Quarrywood Avenue, Barmulloch, Glasgow G21.3 (Case No: PPC/INCL25/20076)

The Committee noted that the National Appeals Panel had dismissed the Appeal submitted against the PPC's decision to refuse New Age Healthcare's application to establish a pharmacy at the above address. As such New Age Healthcare'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 2008/27 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 should be considered by means of an oral hearing:

Mr David Liston, 6 Lamlash Crescent, Cranhill, Glasgow G33 3LQ
Mr Mohammed Yousaf Ahmad, 328 Westmuir Street, Glasgow G31 5BY

7. ANY OTHER COMPETENT BUSINESS

None.

8. DATE OF NEXT MEETING

To Be Confirmed.

The Meeting ended at 4.45p.m.