NHS Greater Glasgow and Clyde

NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (09)
Minutes of a Meeting held on
Friday 4th April 2008
Meeting Room, Queens Park House, Langside Road
Glasgow G42 9TT

PRESENT:	Mrs Agnes Stewart	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

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

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 Peter Daniels

2. ANY OTHER BUSINESS NOT INCLUDED IN AGENDA

None.

<u>Section 1 – Applications Under Regulation 5 (10)</u>

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

Case No: PPC/INCL31/2007
Woodneuk Healthcare Ltd, 196 Cross Arthurlie Street, Barrhead

NHS Greater Glasgow and Clyde

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, having previously been circulated with all the papers regarding the application from Woodneuk Healthcare 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."

In the absence of Mr McCandlish, the Applicant was represented by Mr Ewan Black ("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 Donald R Fraser (Fraser's Pharmacy), Mr Charles Tait (Boots UK Ltd) and Ms Moira Wilson (Lloydspharmacy) ("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 Barrhead.

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.

Prior to commencement of the hearing, the Committee agreed to Mr Fraser using a large map to illustrate points contained in his

presentation. The Chair sought the agreement of those present, and no-one objected.

The Applicant's Case

Mr Black commenced his presentation by thanking the Committee for giving him the opportunity to present the case. He explained that Mr Andrew McCandlish (the Applicant) was currently out of the country and therefore unable to attend the hearing. He had asked Mr Black to speak on his behalf. Mr Black reminded the Committee that this was the second time they had considered an application for these premises from the Applicant. He asserted that a stronger case had been made this time.

Mr Black advised that a neighbourhood was a place where people were neighbours. He asserted that in normal circumstances the legal definition of neighbourhood would not be given to an area with 20,000 residents. The town of Barrhead was large and comprised different housing stock. Residents living at one end of Barrhead would not, in Mr Black's opinion consider themselves to be neighbours of those living at the opposite end of Barrhead. The Applicant contended that Barrhead was in fact two neighbourhoods, the dividing line being along the Levern Water. The area to the north of this was significantly different to that south.

Mr Black asserted that the 1994 Judicial Review had not addressed the issue of whether Barrhead was a single neighbourhood, but rather that the Board was entitled to come to the conclusion that it had. The issue of one neighbourhood was not considered. The Applicant's contention therefore was that Barrhead could not be considered to be a single neighbourhood.

The Applicant's proposed premises were situated in "North Barrhead". There was no adequate provision of pharmaceutical services in this neighbourhood as there were no existing community pharmacies in the area.

Mr Black then went on to add that there was adequate service outwith the Applicant's neighbourhood. There were three pharmacies within 100 metres on Barrhead Main Street. This caused the population of Barrhead to have to travel to one area to access services. Mr Black did not consider this to be adequate. He advised that the patient/pharmacy ratio in the area was higher than the Scottish average and this would be addressed if the application were granted.

Mr Black advised that the Applicant had provided a significant amount of information in support of his application and he did not wish to regurgitate information the Committee and Interested Parties had already considered. He asserted that there had been a groundswell of

support for the application.

Mr Black advised that there had been a decrease in the number of prescriptions dispensed in the area and that while this may indicate adequacy he would contend it suggested the opposite, that residents had difficulty in accessing services.

Mr Black advised the Committee that Barrhead should be considered in the same light as Kirkintilloch and Dumbarton and should not be considered to constitute one neighbourhood.

The Interested Parties' Question the Applicant

In response to questioning from Mr Tait, Mr Black advised that the Applicant had chosen the Levern Water as a boundary, as a boundary was needed. The area to the south of Barrhead was considerably different to that in the north and the Levern Water provided a discrete split.

In response to further questioning from Mr Tait, Mr Black advised that a boundary need not be a physical one, but that the landscaped areas along the Levern Water provided this. He did not agree that the Applicant's boundary signified a change in demographics.

In response to questioning from Dr Fraser, Mr Black advised that he considered there to be a shopping area within the vicinity of the Applicant's proposed premises. He did not know exactly how many shops were in the area.

In response to further questioning from Dr Fraser, Mr Black confirmed he was aware that Lord Coulsfield's opinion was solely related to the town of Barrhead, however he reiterated that the opinion provided related to the appropriateness of the process followed by the Health Board at the time, and not to the question of whether Barrhead was a single neighbourhood.

In response to further questioning from Dr Fraser, Mr Black advised that the statistics provided by the Applicant at Page 57 of the presentation were the Applicant's own words. Mr Black himself would not consider the current services to be sub-standard, but rather inadequate.

In response to further questioning from Dr Fraser, Mr Black advised that he could not comment on how the Applicant had come to assert that the premises of one of the current providers was too small, when the premises attracted a comparable property rateable value to the Applicant's proposed premises.

In response to further questioning from Dr Fraser, Mr Black advised

that he was not aware how the Applicant had undertaken the petitions provided with his presentation. He also suggested that many of the petition signatories were resident in Stobbs and Oakbank Drive as they may be registered with the nearby GP surgery.

There were no questions to the Applicant from Ms Wilson.

The PPC Question the Applicant

In response to questioning from Mrs McDonald, Mr Black advised that he did not know what effect the proposed closure of Carlibar Street would have on traffic flow in the area.

In response to questioning from Professor McKie around a discrepancy in the neighbourhood illustrated by the Applicant in his presentation that would include a number of properties and population in the neighbourhood that wouldn't be if the line of the river were followed, Mr Black advised that he was not aware of this. He confirmed that the river was considered to be the boundary.

In response to further questioning from Professor McKie, Mr Black advised that the residents of Crossmill and Boylestone would consider themselves more neighbours than those resident in the Auchenback area.

In response to further questioning from Professor McKie, Mr Black advised that in terms of the current pharmacy regulations, the petition undertaken by the Applicant may not hold significant weight to the Committee's deliberations, however he suggested that it may indicate public perception being that a further pharmacy was needed.

In response to further questioning from Professor McKie, Mr Black advised that he did not know how many signatures appeared on the petition. On learning that there were 495 signatures in the petition, that 40 of these were from outwith the Barrhead area, and 30 were illegible, that the total number of signatures constituted 2.5% of the total population of Barrhead, Mr Black agreed that this may not give a true reflection of public support.

In response to final questioning from Professor McKie, Mr Black advised that many of the signatories may not understand the term adequacy as it appeared in the legal test within the pharmacy regulations.

In response to questioning from Mr Thomson, Mr Black advised the Committee that the Applicant's defined neighbourhood was as follows:

South – Levern Water;
East – Levern Water to the country;

North – open land;
West – open land.

Mr Black asserted that the population within this area was around 6,000.

In response to further questioning from Mr Thomson, Mr Black advised that the Applicant would engage with the Health Board to provide as many of the services listed in his presentation as was possible.

In response to further questioning from Mr Thomson, Mr Black advised that if the nearby GP surgery moved, this would not affect the pharmacy as it would embrace the new pharmacy concept of service provision and the moving away from the supply function which would reduce the reliance on being near a GP surgery.

There were no questions to the Applicant from Mrs Roberts and Mr Irvine.

The Interested Parties' Case – Dr Donald Fraser (Fraser's Pharmacy)

Dr Fraser commenced by apologising for the length of his presentation. This, he said, was due to the amount of information submitted by the Applicant.

Dr Fraser advised the Committee that the neighbourhood quotations provided by the Applicant related to English Experiences, however he reminded them that Lord Coulsfield's examination and deliberation at the Judicial Review was specific to Barrhead.

Lord Coulsfield used the team neighbourhood several times in is judgement referred to Barrhead as one neighbourhood e.g. "they (i.e. 3 pharmacies) do not supply pharmaceutical services to any identifiable separate neighbourhood centred on or about Cross Arthurlie Street." And "Were the applicant to relocate to Main Street the applicant would be relocating to premises within the neighbourhood in which he provides pharmaceutical services in Cross Arthurlie Street".

"The same persons i.e. those who use Cross Arthurlie Street. Post Office, banks, restaurants, cafes etc would also visit the stores on Main Street and the Health Centre and would use the services of the pharmacies situated there. There would not be a significant change in the neighbourhood population in respect of which pharmaceutical services would be provided by the applicant in Main Street as opposed to Cross Arthurlie Street.". Dr Fraser advised that Lord Coulsfield had agreed with the decision of the Argyll and Clyde Health Board Area Pharmaceutical Committee that the relocation was a minor one since it was within one neighbourhood. Appeal against is decision was denied.

Dr Fraser suggested that if an appeal against this decision had been allowed, the relocation would have been classified as major i.e. moving from one neighbourhood to another. Since Lord Coulsfield agreed with the decision of the Health Board regarding the type of relocation, he also confirmed Barrhead as one neighbourhood. Pages two to six of the Applicant's supporting statement therefore became irrelevant.

Dr Fraser advised that the range of signatories collected by Councillor Devlin and Mrs McInally showed that Barrhead was indeed one neighbourhood. Collection sites on the street at the railway station, cafes, newsagents, hairdressers, convenience stores, spread throughout the length of Cross Arthurlie Street showed signatories stretching from Stobbs Drive to Divernia Way proving that Barrhead is one.

Dr Fraser point to page eight of the Applicant's supporting statement which stated "These statistics would suggest a need for an enhanced pharmaceutical service in Barrhead – not a sub-standard service as exists at present. ". Dr Fraser asserted that this statement was libellous as it could not be substantiated.

Further on page eight, the Applicant had asserted "Indeed one might even say that a large, well resourced pharmacy at this main Street location would be a more sensible option than having three pharmacies within a stone's throw of each other, two of which occupy cramped premises." Dr Fraser asserted that assuming that rateable value could be accepted as a reasonable guide to premises size, the Applicant's proposed premises would be almost the same as Fraser's Pharmacy.

Fraser's Pharmacy received six deliveries per day from three wholesalers. Their final cut off point for delivery at 12 noon was 10.00am, and their cut off point for deliver at 4.30pm was 3.00pm, with four other deliveries occurring in between times. Dr Fraser advised that few pharmacies were so well resourced. The pharmacy provides all services detailed on the Annex of the Applicant's details with the exception of methadone supply as there was currently no separate consultation area within the pharmacy. However the were now part of the Sandyford Scheme supplying free condoms and sexual health advice to young people. The pharmacy was staffed by two pharmacists. The pharmacists engaged in home visits and the prescription delivery services were carried out by the pharmacists and not a delivery company. Dr Fraser advised the Committee that the pharmacy was about to undergo a refit which would commence mid May and would provide a consulting room and an enlarged dispensary.

In terms of the petition organised by the Applicant, Dr Fraser asserted that the Applicant's supporting statement insinuated that there was no adequate pharmaceutical service within the area. All the signatories Dr

Fraser had contacted did not agree with this statement or felt they had been misled. Some had written to the Health Board to withdraw their support. Many older people thought that Lloydspharmacy would be moving back to the site Birnies occupied opposite the post office. They did not expect a fourth pharmacy to open in Barrhead. Many signatories had signed two or three times and convenience was the catchphrase not essential or vital. None of the signatories were told that the Oaks Medical Centre would be relocating to the New Health Centre on Main Street, but when told all expected the pharmacy to close and move elsewhere when this occurred.

Dr Fraser advised that the situation in Barrhead had been like this since 1994. No complaints regarding lack of pharmaceutical services or poor or inadequate services had been received by the Health Board People under pressure from someone asking to sign something did so without reading or even seeing what they were signing for.

Dr Fraser advised that letters of support from local councillors and politicians could be explained by the fact that Mr & Mrs McInally were in regular contact with the councillors mentioned.

In terms of the letters of support from Graham Street and Bellfield Court complexes, Dr Fraser advised that Mr Devlin (Councillor) and Mrs McInally (Community Council) visited the Graham Street complex and attended a meeting of some of the residents. No-on was told that the pharmacy was to be owned by Mrs McInally and some assumed it would be located opposite the post office. On the day in question an angry and distraught patient arrived at Fraser's pharmacy and advised she was being harassed and badgered to sign or write a letter to the Health Board regarding a new pharmacy.

Dr Fraser went on to explain that in 1994 Mr Birnie's Pharmacy was about to close before Mr Milton purchased it. Mr Birnie operated the pharmacy with one member of staff and closed for three weeks per year for holidays. Fraser's Pharmacy provided cover to the patients during this time. In 1994 the government offered redundancy packages for those pharmacies dispensing less than 1,250 prescriptions per month and Mr Birnie was about to accept when Mr Milton made him an offer he could not refuse as his business had become unviable due to competition from supermarkets and shops all selling medicines, toiletries etc.

The Oaks Surgery had operated from their premises since 1994. Dr Naven relocated out of the Health Centre after splitting from his partners. The previous occupant of the Oaks was returning to England and the Health Board was considering dissipating his patients with the Health Centre practices before Dr Naven moved. If Dr Naven had not fallen out with his partners in Barrhead Health Centre this application would not have occurred since there would have been no surgery on

Paisley Road. The Health Board, during the period 2000-2005 had been trying to relocate the Oaks since the premises were too cramped and small. Dr Fraser offered to assist by offering the possibility of a new site adjacent to the Salvation Army on the Main Street with a new adjoining pharmacy but the Health Board was unable to sell the land. The site of the surgery was inconvenient to the patients since the majority lived in Auchenback/Neilston area. Few lived around Cross Stobbs, Boylestone area. The surgery had been located in that site for the benefit of the doctor not the patients. When a doctor split from his patient once cannot reasonable expect a pharmacy to relocate next to him. This would be financial suicide.

Barrhead at the present time supported only one supermarket, one fish shop, one butcher, numerous hairdressers, several 99p shops, one main Post Office, several banks and three pharmacies. Dr Fraser questioned whether there was really a need for a further pharmacy.

Dr Fraser advised that pharmacy sales at Fraser's had been declining like other pharmacies over the past year due to supermarket and other store competition, sales of non pharmacy medicines were available in supermarkets, convenience stores, newsagents, chip shops, toiletry shops etc and allowing patients unprecedented access to medicines. The change in POM – P – GSL over the past decade meant that pharmacies had become more dependent on prescription dispensing, thus more income is required through dispensing than service provision. Footfall is down since patients only visited his pharmacy once every two months instead of monthly. More is therefore expected from the pharmacies in the area. Expectations were high and demand from patients was great.

Dr Fraser advised that he had served the community of Barrhead for more than 30 years. He had made many friends in the community who if they read the comments made today would be rather upset.

The town of Barrhead is one neighbourhood, one community, the pharmaceutical services in this area is second to none within Scotland. He invited the Committee to ask the locals about the service his pharmacy provided. Dr Fraser advised that if a fourth pharmacy were necessary to open service levels would drop dramatically. Dr Fraser contended that while his pharmacy was small in size it was huge in service to the community.

<u>The Applicant Questions Dr Fraser</u>

In response to questioning from the Applicant, Dr Fraser confirmed that he had contacted some of the signatories on the petition. He had done this to find out why they had signed the petition. He further confirmed that he had just picked out names to contact.

There were no questions to Dr Fraser from any of the other Interested Parties.

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.

The PPC Question Dr Fraser

In response to questioning from Mr Thomson, Dr Fraser confirmed that the date given for the planned refit of Fraser's Pharmacy at the last hearing of the application had slipped. This was due to planning permission having to be sought for the new shop font. The refit was due to start during the second May holiday.

In response to questioning from Professor McKie, Dr Fraser advised that since 1994 there had been new housing developed at Lyoncross Avenue, at the former St Mary's convent and some to the north of the railway line. He advised that some multi-storey flats had been demolished around Cedar Place and had not been replaced. Dr Fraser did not consider the population of Barrhead to have increased significantly.

In response to further questioning from Professor McKie, Dr Fraser confirmed that some of the signatories had signed the Applicant's petition not for themselves, but in the belief that they were helping others in the town.

In response to questioning from Mr Irvine, Dr Fraser confirmed that there had been another pharmacy in the area (Westburn Pharmacy) and that this had closed just after 1994.

In response to further questioning from Mr Irvine, Dr Fraser confirmed that the two pharmacists in his premises were full time.

In response to questioning from Mrs Roberts, Dr Fraser advised that he was confident that the Applicant would have obtained an entirely different response if he had conducted a formal survey that had been appropriately worded and operated.

There were no questions to Dr Fraser from Mrs McDonald or the Chair.

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

Mr Tait commenced his presentation by advising the Committee that he did not accept the definition of neighbourhood put forward by the Applicant. He was not suggesting that Barrhead was one neighbourhood, but did suggest that the Applicant's proposed premises were situated in the same neighbourhood as the three pharmacies in

Main Street. There was no demographic change, nor were there any physical boundaries.

He further advised that after the imminent refurbishment of the area, travel around Barrhead would be easier.

He advised that he felt the application in no way added any change to pharmaceutical provision. The neighbourhood had entirely adequate pharmaceutical services and the application should fail.

There were no questions to Mr Tait from either the Applicant or the other Interested Parties.

The PPC Questions Mr Tait

In response to questions from Mrs Roberts, Mr Tait confirmed that the north boundary to what he would describe as the neighbourhood would be the railway line. To the south-east of this there was homogeneity of housing; the existing pharmacies were easy to reach on foot.

In response to questioning from Mr Thomson, Mr Tait advised that within the Greater Barrhead area, the majority of people were within a five minute drive away from a pharmacy and a GP surgery.

In response to further questioning from Mr Thomson, Mr Tait agreed that the first impressions of the Alliance Pharmacy on Main Street may not be one expected from a professional pharmacy. Mr Tait confirmed that the pharmacy was earmarked for refit and rebranding which would lead to a more professional image.

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

The Interested Parties' Case – Ms Moira Wilson (Lloydspharmacy)

Ms Wilson thanked the committee for allowing Lloydspharmacy to be represented at the hearing.

She advised that in Lloydspharmacy's view the Barrhead neighbourhood had adequate pharmaceutical services, and the application today should fail as it was neither necessary nor desirable.

She asserted that the Committee would be aware that they refused an identical application to this site only on the 23rd July 2007. Lloydspharmacy did not see how the neighbourhood had changed in the slightest to allow a different outcome to be reached this time. The Applicant merely appeared to have canvassed as many people as possible to try and sway the committee. She advised that the Committee must remember that most people would support an

additional pharmacy contract closer to their homes and local councillors would see this as a vote winner. Petitions did not constitute evidence of inadequacy of a pharmaceutical service.

In essence Lloydspharmacy maintained the comments put forward to the committee at the hearing on 4th July 2007.

In terms of the neighbourhood, Lloydspharmacy suggested this should be considered as Barrhead as a whole. This definition was adopted by the PPC in July 2007. Nothing had changed geographically to alter this position. There was no ambiguity, as the decision made by the committee in 2001 against Mr Hughes, who had submitted an application near the proposed site of 116 Cross Arthurlie Street stated that "It was reasonable to regard the neighbourhood as being the whole of Barrhead". Nothing significant has changed since then, so there should be no reason fro the neighbourhood to change. We understand that the neighbourhood had been subject to a Judicial challenge in the past and the neighbourhood was confirmed as Barrhead.

Ms Wilson invited the Committee to imagine that there was an area known as "North Barrhead" as suggested by the Applicant. If this was the case, the boundary would surely be the railway line, being a significant geographical feature. The applicant's proposed pharmacy would then be outwith the neighbourhood it intended to serve. Indeed, the proposed pharmacy would be in the same neighbourhood as the three existing pharmacies in Barrhead. If the Applicant suggested that he would serve the population north of the railway line, he should have sited his pharmacy within the neighbourhood where the proposed inadequacy lay.

The existing neighbourhood of Barrhead had three pharmacies: Lloydspharmacy, Boots UK and Dr Fraser. Most of Barrhead's shops and facilities were located in a central area, convenient and readily accessible for all residents of Barrhead. The Applicant's proposed site was on a street corner with no immediate outside parking, with newsagents, financial advisor and a vacuum cleaner repair shop. Hardly what could be called the heart of the community.

The Applicant spoke of replacing the previous pharmacy at 94 Cross Arthurlie Street which relocated to 176 Main Street in 1994 which is now the exiting Lloydspharmacy premises. This was granted as a minor relocation, which meant there were seen to be no barriers between the previous site at Cross Arthurlie Street and Main Street, and therefore there would be no difficulty in commuting between the two sites. The letter from the Oaks medical centre states "it would be of major benefit…it would be a major boost for this side of the town….and refers to the convenience of existing pharmacies." There is no mention of any inadequacy.

The Applicant also mentions "social facilities", which depend on their close proximity to pharmacy services i.e. the Oaks Medical Centre, sheltered housing complexes, a nursing home, and a drug treatment centre. These facilities seem to have managed with the existing services up to now, and Lloydspharmacy had received n complaints from the Medical Centre, the nursing home which they served and had close relations with, or the drug treatment centre, which again the manager had a good relationship with.

Looking at the adequacy of existing services, as previously mentioned, there were three pharmacies in the focal point of Barrhead. Lloydspharmacy was open from 8.30am – 6.15pm – Monday to Friday, and 8.30am – 5.30pm – Saturday.

Lloydspharmacy had ample free parking behind the store, unlike the Applicant's proposed premises which Ms Wilson had visited and had struggled to find a space in the station car park. Lloydspharmacy had short waiting times, had many CDS patients, with capacity for more, and serviced a nursing home. Lloydspharmacy provided supervision of methadone again with capacity for more clients, and no waiting lists for either trays or methadone.

Lloydspharmacy offered free blood pressure and diabetes testing in their consultation area and a smoking cessation service. They had taken part in many local initiatives and were fully involved in all aspects of the new contract.

Ms Wilson advised that Lloydspharmacy had received no complaints about their service that she was aware of, either in terms of pharmacy services, or opening hours. Their location was adequate and was readily accessible by bus, car and on foot by the vast majority of patients in Barrhead. They were also fully DDA compliant.

There were another two pharmacies in the town, a large Alliance, offering a wide range of products and services including a range of disability aids. They also had a treatment room.

There was also Dr Fraser, who offered a thorough and professional service to the population of Barrhead.

On this basis, Ms Wilson would view that there were no issues with current pharmacy services and hence the application should fail.

Looking at the Applicant's submission as evidence to support his application he has submitted a letter from Dr Naven from Oaks Medical Centre, which states that it would be convenient for his patients to have a pharmacy located nearby. Ms Wilson was sure if Dr Naven had been offered a post office or Tesco nearby, he would have supported these

as well to aid convenience. The letter also mentioned the boost for the area for people to buy non-prescription medicines. This should have no bearing on the awarding of a new contract.

Lloydspharmacy operated a collection and delivery service from Oaks Medical Centre, and although this as not a full pharmaceutical service, it did help to address access issues that the Applicant might allude to. Lloydspharmacy had received no complaints from either the Practice, or patients about inadequate service provision.

Another letter from Councillor Danny Devlin, mentions no evidence of inadequacy of service provision by the existing contractors in Barrhead, or how people had difficulty in accessing a pharmacy. (At the previous hearing Lloydspharmacy had stated there had been no letters from residents…supporting the application however it now appeared that the applicant had gone round targeting residents to collate this information. Ms Wilson did not know how the evidence was collated, where it was collated or the questions posed to them. Ms Wilson suggested it was fair to say that most people would support a pharmacy closer to their homes but this was not the test required as part of the regulations.

The Applicant mentioned the "long, difficult, exposed route" from Oaks Medical Practice to main Street and patients having to endure this "unpleasant walk" to existing pharmacies. The Committee obviously did not see it this way when granting the minor relocation to Birnie from Cross Arthurlie Street to Main Street in 1994 as these issues were considered when granting minor relocations.

As the Applicant stated the proposed site was adjacent to Barrhead railway station, and bus stops on the main route into Paisley and Main Street. If the local transport situation is so good, can patients from Oaks Medical Centre not access an existing pharmacy quickly and conveniently? There were regular, frequent buses from outside the surgery to the Main Street

On the subject of access, the Applicant's proposed opening hours include 8.30amm – 1.00pm on a Saturday. Ms Wilson questioned how this, in the age of the new pharmacy contract, helped the local community access pharmaceutical services on a Saturday afternoon. With GP provision difficult at the weekend, how would a young mother with a buggy on a wet Saturday afternoon, access pharmaceutical advice, or have an Emas consultation for her child? A visit to the accessible pharmacy would be pointless, as it would be closed. The patient would still have to come to Main Street to access pharmaceutical services. It was hardly offering the local community an enhanced service provision.

Ms Wilson advised that in the booklet Mr McInally submitted at the

previous hearing he mentioned additional housing growth. It was Ms Wilson's understanding that only present circumstances should be considered when hearing new contract applications, not proposed future developments which may or may not occur.

The Applicant had also mentioned the level of deprivation in the area. Ms Wilson would suggest the current regeneration was already reducing the level of deprivation in the area.

The Applicant in his document also quoted that the NPA recognized that "Community pharmacies are at the very heart of local health care" and "that they are the front door of local primary care services". Ms Wilson would contend that the three existing pharmacies in Barrhead fulfil those criteria.

Ms Wilson advised that as mentioned before, the Applicant made an issue that the patients at Oaks Medical Centre had difficulty in accessing current pharmacies in Barrhead. In the booklet submitted at the previous hearing, he commented on the possible relocation of the Oaks Medical Centre into a new Health Centre in Barrhead on the Main street. This contracted Dr Naven's letter, which stated they were not moving for the time being and may only do so in two to three years time and if they do, only a few yards away from their current site.

The Applicant then went on to state that if the Oaks were to potentially relocate into the new Health Centre then this would strengthen the need for a community pharmacy at the proposed site. Ms Wilson felt this to be a contradiction.

Ms Wilson advised that in summary Lloydspharmacy saw no reason for this contract to be granted. There were no access issues in Barrhead. All the pharmacies were conveniently located, and the proposed site was more difficult to access.

The current pharmaceutical services were adequate and this had been proven to the case only last year. The additional services the Applicant had stated he would provide were all very commendable, but Ms Wilson suggested what he was not planning to offer anything that wasn't already available by the existing pharmacies in Barrhead.

For these reasons, and on the grounds that it is the Applicant's duty today to show inadequacy in the neighbourhood which she believed had not been shown, she would ask the Committee to agree with Lloydspharmacy that the application was neither necessary or desirable to secure adequate pharmaceutical provision and should be rejected.

There were no questions to Ms Wilson from the Applicant or any of the other Interested Parties.

NHS Greater Glasgow and Clyde

The PPC Question Ms Wilson

In response to questioning from Professor McKie, Ms Wilson confirmed that the proposed premises were situated in a central area. She was not familiar with the inferences of the Judicial Review and could not comment on the specifics.

In response to questioning from Mr Thomson regarding the absence of a pharmacist in the premises when the Committee visited, Ms Wilson advised that it was not normal for there to be no pharmacist available at the Lloydspharmacy over lunchtime. This was an isolated incident and not regular practice.

There were no questions to Ms Wilson from Mrs McDonald, Mr Irvine, Mrs Roberts or the Chair.

The Interested Parties Sum Up

Dr Fraser advised that Barrhead was one neighbourhood. A fourth pharmacy was not necessary or desirable. The proposed premises had poor parking and if allowed could be relocated anywhere. Barrhead could end up with four pharmacies on Main Street. Dr Fraser advised that the regeneration proposal for Barrhead had been approved, however he was confident that this would not have a significant effect on the current provision of services in the area.

Mr Tait advised that he agreed with all the arguments put forward. Cross Arthurlie Street was in the same neighbourhood as the other three pharmacies in Barrhead. The applicant was adding nothing to adequate services that were already in the area.

Ms Wilson advised that the neighbourhood was one. There was no reason for contract to be granted. There were no access issues. The proposed site was difficult to access. The Applicant had a duty to show inadequacy and this had not been shown. The application was neither necessary nor desirable to secure adequate provision in Barrhead.

The Applicant Sums Up

Mr Black advised that Barrhead was too large to be considered one neighbourhood. The population deserved access to adequate services. The application was necessary and desirable to allow that to happen.

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 Barrhead area;

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

g) Information received from the East Renfrewshire Council.

DECISION

Before commencing discussion around the application, the Committee wished to reiterate that while it welcomed comments from those involved in a community, responsibility for determination of whether an additional contract were granted lay solely with the PPC via the delegated authority invested in it by statute. They expressed concern over the apparent influence that appeared to have been generated on the behalf of the application.

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

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

North: the railway line, following it east to Glasgow Road;
East: Glasgow Road to it's junction with Darnley Road, and south to Aurs Road to its junction with Springfield Road;
South: Springfield Road, following west across the open ground, travelling north to Donny's Brae;
West: Donny's Brae, crossing Lochlibo Road to rejoin the railway line.

The Committee felt that this was distinct neighbourhood. The railway line was a physical boundary. The housing stock to the north of the railway was different to that to the south. Glasgow Road (east) and the area to the south was of a different social topography. Springfield Road formed a further physical boundary; the area to the south of this was mainly open ground. 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 significant amount of 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 present case was similar to the previous application submitted by the Applicant for the same premises in 2007. The main difference being the level of support harnessed around the most recent application. The Committee agreed that while the public petition contained a significant amount of signatures, the question posed related more to the convenience of having an additional pharmacy in the area, and not to the legal test that the Committee had to apply in considering the application i.e. adequacy.

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.

The Committee further noted the limited redevelopment in the area, but were conscious that the significant regeneration plan proposed by the local council may result in further developments being planned. The Committee were confident that the existing network in the neighbourhood would absorb any additional demand comfortably and as such an additional contract in the area was not necessary as the existing provision was currently adequate and would continue to be so for any expansion in population that may occur.

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 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 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 Kenny Irvine 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 2008/24 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/COO04/2008 – WB and DA Sinclair, 142 Duntocher

Road, Clydebank, Glasgow G81 3NQ

The Board had received an application from Messrs WB and DA Sinclair for inclusion in the Board's Pharmaceutical List at a pharmacy previously listed as Stuart McColl Chemists at the address given above. The change of ownership was effective from 1st March 2008.

The Committee was advised that the level of service was not reduced by the new contractor 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.

5. APPLICATIONS STILL TO BE CONSIDERED

The Committee having previously been circulated with Paper 2007/25 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 the written representations:

Mr Azlan Sheikh and Mr Adill Sheikh – 672 Eglinton Street, Glasgow G5 9RP
Mr M Sheikh and Mr A Sheikh, 672 Eglinton Street, Glasgow G5 9RP
Mr Adill Sheikh and Ms Saeema Bhatti, 672 Eglinton Street, Glasgow G5 9RP
Mr Mohammed Ameen, 668 Eglinton Street, Glasgow G5 9RP

6. ANY OTHER COMPETENT BUSINESS

None.

7. DATE OF NEXT MEETING

Scheduled for Wednesday 30th April 2008 at 12.30pm. Venue to be confirmed.

The Meeting ended at 4.45p.m.