NHS Greater Glasgow and Clyde

NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (18)
Minutes of a Meeting held on
Monday 1st September 2008
Meeting Room, LMC Offices, 40 New City Road
Glasgow G4 9JT

PRESENT:	Mr Peter Daniels	Vice Chair
	Mr Alan Fraser	Lay Member
	Professor J McKie	Lay Member
	Prof H McNulty	Deputy Non Contractor Pharmacist Member
	Mr Alasdair MacIntyre	Contractor Pharmacist Member

IN ATTENDANCE:	Dale Cochran	Contracts Supervisor – Community Pharmacy Development
	Janine Glen	Contracts Manager – Community Pharmacy Development
	Robert Gillespie	Lead - Community Development Pharmacist

ACTION

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

No declarations of interest were made.

1. APOLOGIES

There were no apologies.

2. MINUTES

The Minutes of the Pharmacy Practices Committee held on Wednesday 6th August 2008 **(PPC[M]2008/12)** were agreed as an accurate record.

3. MATTERS ARISING NOT INCLUDED IN AGENDA

None.

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

NHS Greater Glasgow and Clyde

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

Case No: PPC/INCL13/2008
Mrs Farzana Rasool & Mr Aziz Rasool, 111 Cambridge Street, Glasgow G3 6RY

The Committee was asked to consider an application submitted by Mr & Mrs Rasool to provide general pharmaceutical services from premises situated at 111 Cambridge Street, Glasgow G3 6RY 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 Applicants' proposed premises were located.

The Committee, having previously been circulated with all the papers regarding the application from Mr & Mrs Rasool 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 Mrs Farzana Rasool ("the Applicant"), assisted by Mr Wahid Rasool. 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) ("the Interested Party").

The Chair asked Mr Rasool (assisting Mrs Rasool) to confirm that he was not appearing before the Committee in the capacity of solicitor, counsel or paid advocate. Mr Rasool confirmed he was not.

Prior to the hearing, the Panel had collectively visited the vicinity surrounding the Applicant's premises, pharmacies, GP surgeries and facilities in the immediate area and the surrounding areas of Garnethill, Dundasvale, City Centre (Sauchiehall Street, Renfrew Street, High Street, Trongate, Broomielaw, Gordon Street, Bath Street), Charing

Cross and St George's Cross.

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

The Applicants' Case

Mrs Rasool began her presentation by providing the Committee with background information to the application. She advised that her husband had managed a newsagent in Dundasvale/Cowcaddens for approximately five years. He had made her aware of comments made by customers over the past two or three years mainly relating to how busy the Boots Pharmacy at 200 Sauchiehall Street was and the protracted timescales they were required to wait for their prescription.

These comments prompted Mrs Rasool to conduct research. She advised the committee that this had shown that the residents of Cowcaddens and Garnethill did not currently enjoy access to adequate pharmaceutical services.

Mrs Rasool advised that her proposed neighbourhood consisted mainly of the areas commonly known as Cowcaddens and Garnethill. Her boundaries were:

North: M8 motorway, in conjunction with New City Road;
South: Bath Street;
West: M8 motorway, in conjunction with Newton Road;
East: North Hanover Street, to Dobbies Loan to M8 motorway.

Mrs Rasool reminded the Committee that these were the same boundaries agreed by the PPC when they first considered the application in April 2007. Mrs Rasool considered the combined population of the defined neighbourhood to be in the region of 5,500. The areas sat next to each other, but were significantly different. Cowcaddens was characterised by higher than average percentages of: over 60s (44%), households with no car (86%), council housing (40%) and also very high levels of deprivation scoring two on SIMD (Scottish Index of Multiple Deprivation). Mrs Rasool suggested this to be a community which could reasonably be expected to require a high level of medical and pharmaceutical care. By contrast the Garnethill area was of a different make-up. Being vastly multicultural there was a significant student population (31%), an ethnic minority community (23%) and in addition there were several facilities in the area which were dedicated to providing services to those with special needs. Mrs Rasool suggested that this too was a population that could be reasonably expected to have

greater need for pharmaceutical services. Both areas were situated within the business district of Glasgow City Centre, and were bordered by the M8 motorway and congested town streets.

Mrs Rasool advised that within the defined neighbourhood there was only one contractor, Boots UK Ltd, operating from three pharmacies. According to the AA route map the proposed premises was:

0.3 miles from 200 Sauchiehall Street (Mrs Rasool advised that the walk to these premises may be 0.2 miles);
0.8 miles from 494 Sauchiehall Street; and
0.7 miles from Buchanan Galleries.

There were no small independent pharmacies in the defined neighbourhood.

Mrs Rasool asserted that access to the Boots pharmacy in Buchanan Galleries was not easy as there was a longer walking route through busy town streets; the pharmacy was situated on the first floor of a busy shopping centre requiring patients to use stairs/lifts/escalators to gain access. This would cause difficulty for the elderly, mothers with young children and prams and those with special needs. The layout of the pharmacy was designed to support retail aspects of Boots UK Ltd's business with the pharmacy located at the back of the store, which required patients to walk further through aisles filled with shoppers. Mrs Rasool suggested that patients should not have to access pharmacies by having to make their way through congested town streets to a busy shopping centre, and then have to take a lift/stairs or escalators to the first floor where the pharmacy was actually located and then to walk the length of the store to the back.

In describing the access to the Boots store at 494 Sauchiehall Street (referred hereafter as the "Charing Cross" branch), Mrs Rasool suggested while using this pharmacy may be a viable option for those living in the area, they were unlikely to do so given the very steep gradients leading from Garnethill to Charing Cross. This concept was acknowledged by the PPC in April 2007 after their site visit. There were also very little other amenities which would attract the resident population. Most of the day to day services would be accessed further down Sauchiehall Street towards Cambridge Street and therefore the resident population would gravitate to this area and would be more likely to use Boots branch at 200 Sauchiehall Street.

Mrs Rasool asserted that the defined neighbourhood was not typical like others in Glasgow i.e. Anderston or Maryhill, where there was generally only one element of population i.e. residential. Mrs Rasool asserted that within this neighbourhood there were two types of population. A higher than average commuter population and an entrenched resident population. Mrs Rasool explained the factors contributing to the higher

than average commuter population, as:

Major shopping centre – Glasgow was the second largest shopping centre in the UK, and Sauchiehall Street was one of the main pedestrianised thoroughfares for shoppers.

Banks and Building Societies – there were 14 within the defined neighbourhood, confirming the substantial level of footfall and business activity in the area.

Car Parks – there were approximately 13 car parks, providing 5,000 spaces confirming the extremely busy nature of the area. Car Park No 1 on the index provided with Mrs Rasool's supporting papers was situated directly opposite the proposed premises, providing 800 car park spaces.

Buchanan Bus Station – Scotland's biggest bus station and one of the busiest in the UK. Nearly 40,000 passengers per day travelled through the station with some 1,700 daily departures. The Glasgow International and Prestwick airport bus link service terminated at this station meaning the presence of international travellers as well.

Cowcaddens Underground – situated only a 2 min walk from the proposed premises had approximately 1,700 – 1,900 passengers per day.

Student population – the defined neighbourhood had a substantially higher than average student population on a daily basis. Stow College (1,480 students daily), Glasgow School of Art (1,915 students daily), Caledonian University (15,510 students daily). Additionally there was two primary, one secondary school and two nurseries in the area. The RSAMD, Piping College and Glasgow Dental School all added to the level of student population in the area.

Entertainment/Tourist – the neighbourhood was also home to most of Glasgow's main cultural venues thus making it a popular site for entertainment, tourists and visitors. The cultural attractions within the neighbourhood meant that the area had a lot of hotels which attracted both short and long stay visitors.

Retail/commercial offices – The area had quite a number of retail/commercial offices situated within it e.g. Passport office, Benefits Office and the Sunday Post (newspaper) Office.

Mrs Rasool suggested that the existence of these elements made the neighbourhood unusual and led to the area being densely populated during the day. This caused the local community to be entrenched by the excessive volumes of commuters/office workers etc who came into the area and who made use of the same local pharmacies as the residents. Mrs Rasool suggested this had a detrimental effect to the overall access

that the resident population had to a quality pharmaceutical service within their neighbourhood.

Mrs Rasool advised that although Boots UK Ltd at 200 Sauchiehall Street provided a significant level of service to the neighbourhood, there were nevertheless some inadequacies.

Access difficulties – the access most likely to be used by the residents was located at the back of the store on Renfrew Street. Entrance/exit via this route involved using stairs, which made access/egress difficult for the elderly, those with special needs or people with mobility problems. The alternative access avoiding the use of stairs required residents to walk further and actually to go into the main busy town shopping area. Use of this entrance would require the residents to walk the full length of the busy store to access the busy dispensary at the back. This could be quite intimidating for some elements of the population.

Lack of personal service – the pharmacy at 200 Sauchiehall Street was a busy city centre facility. It served two types of population; residents and commuters, making it a very intensive site. Mrs Rasool suggested this made it difficult for staff to provide a personal service to the resident population when the pharmacy was so busy. A high turnover of staff coupled with intense dispensing also made the provision of personal service difficult, with the focus shifting to serving the vast amount of consumer needs.

Mrs Rasool advised that these difficulties were not restricted to access in person and highlighted the difficulties encountered by contacting the pharmacy by telephone. The branch operated an automated telephone system which required patients to make choices via a push button facility. The length of time to transfer to the pharmacy could be in excess of 40 rings, which was not patient friendly.

Mrs Rasool asserted that the new pharmaceutical contract was based on a framework of personal service. Pharmacists were expected to take a more primary position and their work was becoming more focused on the provison of advice and encouraging the uptake of other new pharmacy services rather than just dispensing prescriptions. Promoting the development of this personal relationship with the patient developed their trust and confidence in the pharmacist and could lead to more open communication. The patient should feel more at ease when coming into contact with a recognised face that could empathise with them and this was what pharmaceutical care was all about – a core part of the new contract.

In Mrs Rasool's opinion this clearly moved the focus of care towards the pharmacist and she would question the ability of Boots UK Ltd to fully embrace this new role, given that most of their customers were not drawn from the resident population but from commuters and those

working in the area, and given the busy nature of the store.

Mrs Rasool advised that a number of the community in the neighbourhood would regularly require access to a pharmacist for advice especially as there was no local GP. The busy environment of the Boots store could not only be quite intimidating for such people but in fact could put people off from seeking advice and hence hinder uptake of other additional pharmacy services.

Mrs Rasool reminded the Committee that Boots UK Ltd did not provide a delivery service from any of the three branches in the neighbourhood. While Mrs Rasool accepted that delivery services were not part of the new contract she felt it showed commitment to serve the needs of the community where such a service was provided. Boots branch at 200 Sauchiehall Street did have an extensive delivery provision in place for the MDS service it provided to care homes. It employed dedicated drivers to make deliveries to homes all over west of Scotland. Local opinion had expressed strong views for a delivery service as it was vital for some elements of the population who currently had to resort to taking a taxi to obtain their pharmaceutical needs.

Mrs Rasool was aware that the city centre branches of Boots were not the only branches that did not provide a delivery service. She gave as an example other high street shopping areas in Glasgow where there was a Boots pharmacy present i.e. Dumbarton Road, Byres Road, Kilmarnock Road and Victoria Road. She advised that these shopping areas were by no means as busy as the Sauchiehall Street shopping area, the crucial difference being the availability of other contractors in the area, thus providing patients with the choice of accessing a pharmacy that did provide a delivery service. This was not possible in the defined neighbourhood as Boots was the only existing contractor. Mrs Rasool suggested these other areas were good examples where the pharmaceutical provisions reflected the needs of both shoppers and residents. In Mrs Rasool's opinion the current pharmaceutical network did not provide adequate services to the defined neighbourhood as a whole.

Mrs Rasool then went on to describe the demographical changes that have occurred over the last few years.

Buchanan Bus Station – passenger figures since 1993 had increased from 13,000 to 40,000 per day. The bus station was due to undergo an extensive redevelopment programme, which would include a new car park for up to 3,000 spaces if the recent proposals to extend Buchanan Galleries were approved.

Housing developments – In 05/06 there were 386 new housing developments completed. This increased to 692 in 06/07 and 612 in 07/08. This was a total of 1,690 dwellings within the last three years,

leading to an increase in population of approximately 4,225 people.

New businesses – within the last five years the number of banks and building societies in the defined neighbourhood had increased from approximately eight to 14. In addition the number of business set up along Sauchiehall Street was significant.

Caledonian University – one of the fastest growing Universities in Scotland. In 2005/2006 there were 15,510 students and in 2006/2007 there were approximately 16,900 students, meaning an increase in student population of approximately 500 in the last year alone. The figures were expected to increase again for 2007/2008.

It was quite clear in Mrs Rasool's opinion that the area over the past few years had become increasingly busy with a greater number of people utilising the local neighbourhood facilities meaning the degree of adequacy of pharmacy services within the neighbourhood had therefore changed through time. Turning her attention to recent developments, Mrs Rasool advised:

Buchanan Galleries Extension – proposal to extend the existing shopping centre by approximately 65,000 square metres. Work was scheduled to begin in late 2008 with completion scheduled for 2011. This would lead to a boost in the economy, leading to a growth in population, the attraction of new visitors, and the creation of new jobs in the city.

Broadway office development – a 275,000 square foot development in Renfield Street. Phase 1 was currently under construction due for completion in April 2009. This would not only see an increase in the working population in the area but would also generate an additional transient population coming to the area for meetings etc. This would place a further reliance on the current services within the neighbourhood. Phase 2 was expected to start in June 2009 and once completed would see a further increase in working population.

New housing developments within one mile of Cambridge Street – There was a total of 1,470 new housing developments proposed within the next three years. 949 of these were already under construction and should be completed within the next three years, leading to an increase in population of approximately 3,675 people.

New hotel development – the Citizen M Group was building a new hotel development next to the Broadway Office development. This was 275,000 square feet with 180 rooms over eight floors. Work was expected to begin January 09 and would be completed in just 10 months at end October 09.

New student accommodation development – Information confirmed

only recently showed that Glasgow School of Art had entered into a lease for the Old Schoolhouse Hotel building on Renfrew Street to develop student accommodation. No further information re: capacity, timescale for completion was yet available.

New support service – The Hill Street Service located approximately one minute from the proposed premises and managed by Phoenix Futures for people current drug dependent of who had suffered drug dependency in the past. The service offered day to day support where individuals could deal effectively with their drug use and begin a substantial change in their lifestyles maintained with aftercare support from the centre. This was a new centre only set up ten months ago. It had already had 60-70 registered users and this figure was expected to increase within the near future.

Mrs Rasool asserted that these on-going developments showed that the area was continuing to grow and attract new businesses and she deemed it important to give due consideration to these as they would have a further bearing on the adequacy of pharmacy services provided to an increasing population.

Mrs Rasool then went on to describe the services that would be provided from the proposed pharmacy. The new premises would be located in a prominent location central to the defined neighbourhood and favourable to them in relation to access to day to day amenities e.g. newsagents, hairdressers, bakery, off sales, cafes, a range of hot food shops, Farmfoods, opticians and a building society. The pharmacy would offer a wide range of services over extended opening hours. These would include, but not limited to:

Full collection and delivery service, repeat medication service, head lice, project, pregnancy testing, smoking cessation, minor ailments, medication reviews, emergency hormonal contraception and compliance aids. Mrs Rasool would also be keen to provide methadone and needle exchange services and if the contract is granted would approach the Health Board to seek approval. In addition to these services the pharmacy would provide cholesterol checking, blood pressure and diabetes checks. Mrs Rasool appreciated that these were not core services required under the new contract, however it was likely that in time there would be a need for pharmacists, potentially under the Chronic Medication role, to monitor compliance of patient therapy through such checks. Mrs Rasool believed that provision of such services would allow her to practise her clinical skills more to the patients benefit.

More importantly the pharmacy would have an environment that was not intimidating but at the same time professional, inviting, patient friendly and provide quality accessible pharmaceutical care through a much more personal service. This would in turn increase confidence in the

residents and provide them with easy access to additional pharmacy services rather than only having their prescription dispensed.

Mrs Rasool advised that in summary, the defined neighbourhood had two kinds of distinct population during the daytime: residents and transient/commuter population. As already discussed a considerable amount of residents within the defined neighbourhood were either: ethnic minority, special needs, elderly, highly deprived and as a community would require regular ongoing pharmaceutical care.

To look at the current picture:

- the resident population were entrenched during the day by excessive volumes of transient population;
- This transient population was also relying on the same pharmacy service as the local people;
- Boots branch at 200 Sauchiehall Street was a major town centre pharmacy making it quite an intensive site tailored more to consumer needs rather than the local resident's needs.

Specially the problems the resident population faced were:

- access into the pharmacy was difficult;
- an intimidating environment not encouraging them to benefit and take up other pharmacy services;
- long waits;
- no local delivery service;
- no regular face to empathise with them or get to know their needs hence there was a lack of personal service.

The overall effect of this being that the community was deprived of access to a good quality pharmaceutical service, and they had expressed strong support in favour of a local community pharmacy.

Garnethill Community Hall, Cowcaddens Community Hall as well as the Chinese Elderly Community Hall had all supported the proposal and had commented on how a local pharmacy which could get to know and understand the needs of the local people on a more personal level would greatly help in developing and integrating both communities.

In conclusion Mrs Rasool asserted that she trusted the Committee to give due consideration to all of the points in her presentation and in particular recognize that the current pharmacy network was set up with an emphasis more on the consumer needs rather than the needs of the resident population. The resident population of the defined neighbourhood did not currently have access to adequate pharmaceutical services and Mrs Rasool therefore asked the Committee to consider this application as being necessary and at the very least desirable.

NHS Greater Glasgow and Clyde

The Interested Party Questions the Applicant

In response to questioning from **Mr Tait,** Mrs Rasool confirmed that the distances quoted in her presentation were travelling distances by car between the proposed premises and the current pharmacies in the area. She did not recall agreeing at the NAP hearing that the walking distance between the proposed premises and the Boots branch at 200 Sauchiehall Street to be 125 yards, but accepted that it might be less than 0.3 miles.

In response to further questioning from Mr Tait around her comments regarding high turnover of staff in Boots stores, Mrs Rasool confirmed that she had no documentary evidence to substantiate her comments. The comments had been borne out of personal experience during her pre-registration training at Boots in Braehead. She accepted that some of the staff at the Boots branch at 200 Sauchiehall Street may have been employed there for more than 25 years, but did not feel this detracted from the fact that in general there was a high staff turnover.

In response to further questioning from Mr Tait regarding housing developments in the area, Mrs Rasool advised that she was not aware how many of the housing developments mentioned in her presentation was taking place within her defined neighbourhood. She did not agree that developments even half a mile away would place them outside her defined neighbourhood.

Mr Tait asked Mrs Rasool to agree that the distance between the back and front entrances to the Boots store at 200 Sauchiehall Street was only 150 yards. Mrs Rasool agreed that this may be the case, but it did not detract from the fact that patients were required to walk through the entire store to access the dispensary if they used the front entrance.

In response to final questioning from Mr Tait, Mrs Rasool could not say why the empty Littlewoods site on Sauchiehall Street had not been occupied if her description of the area as thriving was accurate. She expected that it would be occupied in the near future especially with the Commonwealth Games coming to Glasgow. She did not accept that most of the development in the area was taking place away from the proposed premises. She pointed to the Broadway development which was situated very close to the proposed premises. She further confirmed she felt it to be a hindrance to access if patients needed to use an elevator to access pharmacy services.

The PPC Question the Applicant

In response to questioning from **Mr Fraser**, Mrs Rasool confirmed that she was in possession of the lease of the proposed premises. After the National Appeals Panel had overturned the PPCs initial decision

she had taken a decision to use the premises for another business.

In response to further questioning from Mr Fraser, Mrs Rasool accepted that it might be acceptable to walk from the proposed premises to Sauchiehall Street as it was over level ground. However, she did not feel that this was acceptable for someone resident in the area. It was not good for patients wishing to access a personal service. In addition, the resident population of the neighbourhood would not be likely to travel to Sauchiehall Street for their weekly shopping as there was little in the way of facilities. There was a Tesco Express, whereas most other services were situated on Cambridge Street. Mrs Rasool questioned why residents would need to walk past the proposed premises to access pharmacy services on Sauchiehall Street when they did not use any of the other services on Sauchiehall Street on a daily basis.

In response to further questioning from Mr Fraser, Mrs Rasool agreed that many visitors arriving at Buchanan Street Bus Station would make their exit to the east of her defined neighbourhood. Mrs Rasool suggested that the Committee should not ignore that a significant proportion of these visitors would head towards Sauchiehall Street.

In response to final questioning from Mr Fraser, Mrs Rasool advised that many of the developments mentioned in her presentation were already in progress. For example the Broadway development was nearing completion of the first phase. The Letting Agent's Director had advised her that of the 125,000 square foot in Phase 1, 80,000 had already been let. Phase 2 was expected to complete in June 2009. The Buchanan Galleries development had been in the planning stages for some time and final authorisation was awaited from the Scottish Government. Of the housing mentioned in her presentation 949 were already under constriction.

In response to questioning from **Mr MacIntyre**, Mrs Rasool explained that her proposed pharmacy would osetensibly serve the resident population of Cowcaddens and Dundasvale. That having been said, she would not eliminate providing services to the visiting population.

In response to a question from Mr MacIntyre around the proposed opening hours of the pharmacy, Mrs Rasool explained that the pharmacy would be open from 8.00am – 8.00pm Monday – Friday; 11.00am – 6.00pm Saturday and Sunday. She advised that in addition to the demand from residents, the opening hours were designed to support the vibrant community in the area during these times.

In response to further questioning from Mr MacIntyre regarding pharmaceutical services which weren't already available in the area, Mrs Rasool advised that the proposed pharmacy would provide emergency hormonal contraception. She advised that Boots already

provided an extensive range of services; however they didn't provide a personal pharmaceutical care service. A pharmacy was needed to provide this within the Pharmacy contract. The proposed pharmacy would provide a point of contact and would have the capacity to enhance pharmaceutical services.

In response to questioning from **Professor McNulty**, Mrs Rasool advised that the resident population currently accessed GP services from Woodside Health Centre, which posed further access problems as most of the population did not have access to a car. Woodside Health Centre was situated on the other side of the M8 motorway, accessed by means of an underpass. The Health Centre housed eight GP practices with a combined list size of 33,753 patients. There was a pharmacy within the Health Centre; however Mrs Rasool suggested that because of the volume of patients, the focus was on the dispensing aspect rather than the provision of pharmaceutical care. Access was also limited with the pharmacy closed at lunchtimes and weekends. The only other GP facility in the area was situated at St George's Road.

In response to further questioning from Professor McNulty, Mrs Rasool confirmed that there were no GP practices providing services solely for the ethnic population. She was aware the importance the Health Board placed on the issue of healthcare for the minority ethnic element of the population. She envisaged the proposed pharmacy playing an important part in providing services for this population.

In response to further questioning from Professor McNulty, Mrs Rasool confirmed the pharmacy at Woodside Health Centre did not provide a delivery service.

In response to a question from Professor McNulty regarding what she would do to meet the needs of the local population, Mrs Rasool advised that first and foremost she would provide access to a quality pharmaceutical service tailored to meet the needs of the population. She would provide medication reviews for the elderly in the area and those with special needs. It was not her intention to employ staff who spoke Chinese or Mandarin but if there were language difficulties, she would enlist the help of patients' liaison workers.

In response to final questioning from Professor McNulty, Mrs Rasool confirmed she would provide a delivery service, but that she was not expecting to deliver beyond the boundaries of her defined neighbourhood.

In response to questioning from **Professor McKie**, Mrs Rasool confirmed that her pharmacy would be staffed with one full time pharmacist, two dispensers and one front shop assistant. She further confirmed it would be her intention to provide home visits to patients in

the area. She was confident that this could benefit the local community and lead to a greater uptake of additional services.

In response to further questioning from Professor McKie, Mrs Rasool advised that she was aware of the Dial-a-bus service operating in the area, but she asserted that patients would want to access services in their own neighbourhood.

In response to a question from Professor McKie regarding factual information presented to the Committee that had not been available when the NAP considered the case, Mrs Rasool pointed to the new development within the area, and the new support service commissioned by Glasgow Addiction Service. She also believed that the views of the local community had become stronger since the application was last considered.

In response to final questioning from Professor McKie, regarding whether she believed that to have access to adequate services those services had to be provided from a small independent pharmacy, Mrs Rasool responded that it was in her opinion very difficult to maintain quality of service in a pharmacy which was dedicated to dispensing volume. She would estimate the optimum level to be around 4,500 - 5,000 items per month.

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

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

Mr Tait advised the Committee that the application before them was identical to that considered by the NAP in January 2008. He suggested that since then nothing new had happened to affect the neighbourhood. There had been no change in population or anything else. The Applicant had defined the neighbourhood that had been agreed by the NAP, the population of which was around 4,500 rather than the 5,000 estimated by the Applicants. Within this neighbourhood there were currently three community pharmacies with more beyond this, which the NAP had considered provided comparative ease of access to services.

Mr Tait advised that he accepted the applicant's definition of the neighbourhood with the possible exception of Bath Street which he thought might be too close.

This left a comparatively small resident population for the three current pharmacies, along with the transient population. Mr Tait invited the Committee to consider the prescription load figures for these pharmacies which would show that the large numbers of passengers passing through queen Street Station did not generate a large demand for pharmaceutical services. They were transient travelling to work or

other places.

Mr Tait advised that the Applicant had made a point around Boots UK Ltd's staffing. He advised that Boots were not an independent pharmacy, but a large company. The branch at 200 Sauchiehall Street contained two pharmacies as it was the hub for the company's service to 84 care homes. Boots employed three Pharmacists, about 20 technical staff and three checking technicians.

Mr Tait advised that the Commonwealth Games were coming to Glasgow, but that this was not until 2014 and most of the development associated with this would happen in the east end of the city. The Games would no doubt generate visitors, but Mr Tait suggested that this was all. Boots UK Ltd had redeveloped their branch at 494 Sauchiehall Street, which had a new dispensary.

Mr Tait pointed to the comments made by the Applicant around deprivation in the area. He advised that the area of Dundasvale scored 158/6500 in the SIMD showing a relatively high deprivation score, however when measured against access to services including pharmacy services the area scored 5,463, which showed the area to enjoy good access to services. Mr Tait suggested there was no lack of pharmaceutical services in the area. There was no need to look at increasing services. If there was no inadequacy, then the application should fail.

The Applicant Questions Mr Tait

In response to questioning from **the Applicant**, Mr Tait advised that the Boots Pharmacy at 200 Sauchiehall Street employed around 20 trained technical staff, with a minimum of two pharmacists on duty at any one time. He agreed that the MDS business from the branch to be extensive.

In response to further questioning from the Applicant, Mr Tait advised that he had not argued that Boots viability would be affected if the application were granted.

In response to further questioning from the Applicant, Mr Tait agreed that the resident population in the area was small and that it was the transient population that sustained the three current pharmacies. Mr Tait did not think that the three pharmacies would survive if solely dependent on the demand of the resident population. He advised that the Boots store at 200 Sauchiehall Street opened at 8.00am to meet the needs of the transient population much the same as the Applicant was hoping to do. He advised that much of the business undertaken at that time was non pharmaceutical. He agreed that it might be considered convenient for someone travelling to work to drop their prescription off at Boots and to collect this later in the day, however this

was not the way it worked in practice. He advised that people visited pharmacies in one of two ways. If their complaint was chronic, most patients used the same pharmacy. If the complain was acute, then most patients used the nearest pharmacy for convenience.

In response to further questioning from the Applicant, Mr Tait advised that neighbourhood was a place. He did not consider the *Cribbs Causeway judgement to be relevant in this application.* He agreed that the pharmacy at Glasgow airport was situated in a neighbourhood where the transient population was in the majority. He advised that the pharmacy at Galsgow airport survived in spite of dispensing approximately 5 prescriptions per day. He advised that the visiting population should be given certain consideration and again pointed to the fact that it was the transient population that sustained the three pharmacies in the area. It was his view that many people arriving at Buchanan Street Bus Station would not travel towards the proposed pharmacy but would dissipate across the city.

In response to a question from the Applicant regarding the MDS service provided by Boots, Mr Tait advised that a specialist delivery company was employed to conduct this service across Scotland. This was not because the MDS service was busier, but because it was more economical to outsource this service. Mr Tait advised that Boots did not advertise the delivery service, but would undertake this for some depending on need. He advised that the guidelines and regulations had made it difficult to operate a delivery service. He did not agree that Boots was ignoring the needs of the resident population just because it was difficult to organise a delivery service.

The PPC Question Mr Tait

In response to questioning from **Mr MacIntyre**, Mr Tait advised that Boots UK Ltd were fully committed to meeting the requirements of the new contract. They had invested in staff training. They had embraced the role of the Accredited Checking Technicians. There were three of these in the Sauchiehall street branch, which represented a major investment for minimum return at present.

In response to questioning from **Professor McNulty**, Mr Tait expanded on his comments regarding the difficulties of home visits to patients. He advised that compliance with the terms of such legislation as the Vulnerable Persons Act posed raised issues for Boots, along with that of personal safety of those conducting the deliveries. Apart from this, Boots UK Ltd provided all other services associated with the pharmacy contract and to meet the needs of the neighbourhood. They did not provide an out-reach facility to the minority ethnic population and did not have specific access to Chinese or Mandarin speaking pharmacists, but this didn't preclude them from serving the needs of

the neighbourhood as the elderly usually came to the pharmacy accompanied with someone who could translate.

In response to further questioning from Professor McNulty around difficulties with the telephone system, Mr Tait confirmed that the system required a touch tone phone, a facility that most people now had. Patients not calling from a touch tone phone would require to hold for an operator to answer.

In response to final questioning from Professor McNulty, Mr Tait advised that the Boots Pharmacy at Queen Street Station provided EHC when this was a restricted service. This branch was chosen because of its close proximity to the various further education establishments in the area. The provision has now changed and all community pharmacies would be able to provide this service under the Public Health Service.

In response to questioning from **Professor McKie**, Mr Tait confirmed that there was no upward trend in prescription volume in this area. He suggested the area surrounding Sauchiehall Street was a declining market in terms of visitors. There were several reasons for this including the development of newer out of town shopping facilities such as Braehead, Silverburn and the Fort. This was why the Littlewoods site had remained empty. Boots UK were now considering downsizing the pharmacy at 200 Sauchiehall Street.

In response to further questioning from Professor McKie, Mr Tait confirmed that Boots UK Ltd had considered putting a dedicated telephone line into the pharmacy. He suggested however that this would not prevent patients from continuing to call the main telephone number.

In response to further questioning from Professor McKie around the uptake of the minor ailment service was falling because of lapsing patients, Mr Tait was hopeful that this would increase. He confirmed most of the registrations in the Sauchiehall Street branch were from the resident population.

In response to questioning from the Chair, Mr Tait did not accept that the waiting times in the Sauchiehall Street branch could be up to one hour. The waiting time for a patient could be long if they presented a prescription with many items. He advised that all patients were asked if they wanted to wait when presenting a prescription. Normally the wait was only ten minutes.

There were no questions to Mr Tait from Mr Fraser or Mr Gillespie.

Summing Up

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

Mr Tait advised that the guidance was clear, there needed to be inadequacy for a contract application to be considered. There was no inadequacy of pharmaceutical services in this instance. The mainstay of the Applicants' case appeared to be that Boots was a big company and they did not provide a delivery service. Mr Tait reminded the Committee that this was not covered by the Regulations. The application should fail.

Mrs Rasool advised that over the past two years she had undertaken a great deal of work and research into the area and it was through this along with her husband's knowledge of the area that she had been able to identify the lack of adequate pharmaceutical services in the neighbourhood. She also felt that she had more of an insight into the area than Boots, through the unsolicited comments made from the local people to her husband. She knew that the views of the local people and complaints had become even stronger than when she first applied as the unmet needs remained.

She advised that the important point to bear in mind was that this was an entrenched community making use of pharmacy services which were also extensively used by the vast amount of transient population in the area during the daytime. This in effect made it difficult for the transient population to access quality pharmaceutical services within their neighbourhood. Furthermore the area was continuously becoming busier and busier due to the major commercial investments going on and therefore there was an increasing amount of transient population relying on the same pharmacy services as the local residents making the situation worse. Mrs Rasool advised that she would expect Boots answer to this to be that they would be more than capable of managing this increase as they would increase their staffing however that would add to the existing unmet needs of the local people making Boots pharmacy an even more intimidating, crowded and impersonal environment. It was by no means the answer to the population's unmet needs.

Mrs Rasool advised that the opening of a local community pharmacy was not going to affect the viability of the Boots branch as the majority of its business was probably generated by the visiting transient population. is the new pharmacy would address the unmet needs of the resident population by: improving access to pharmacy services, providing a service geared more towards their needs than consumer needs, personal contact from pharmacists who could get to know their needs in an inviting, friendly and non-intimidating environment encouraging the uptake of additional pharmacy service that they weren't getting at the moment, a local delivery service and reduced waiting times.

In Mrs Rasool's opinion the existing contractors were organised more to serve the needs of the commuter population which was drawn to the area due to the significant level of shopping and commercial facilities in the neighbourhood and so the most crucial point of the whole application was that the existing provision was inadequate to meet the needs of the entire population in the neighbourhood; commuters and residents.

The local community did not currently have access to adequate pharmaceutical services, and therefore Mrs Rasool asked the Committee to consider this application as necessary and at the very least desirable.

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

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

a) Neighbourhood;

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

In addition to the oral submissions put forward before them, the PPC also took into all account all written representations and supporting documents submitted by the Applicant, the Interested Parties and those who were entitled to make representations to the PPC, namely:

a) Chemist contractors within the vicinity of the Applicant's premises;

b) The NHS Greater Glasgow & Clyde Area Pharmaceutical Community Pharmacy Subcommittee;

c) The Greater Glasgow & Clyde Area Medical Committee (CP Sub-Committee).

The Committee also considered;-

d) The location of the nearest existing pharmaceutical services;

e) Demographic information regarding post-code sectors G1.2, G2.3 and G3.6;

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

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

DECISION

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

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

North: the M8 motorway to Dobbies Loan;
East: ; Dobbies Loan and North Hanover Street;
South: Bath Street;
West: the M8 motorway.

The M8 motorway was a natural boundary, and while it was possible to cross this barrier it nevertheless marked an obvious delineation between the proposed neighbourhood and adjacent neighbourhoods. The eastern boundary separated the neighbourhood from a residential area. The southern boundary of Bath Street marked a line separating retail and residential accommodation to the north, and office accommodation to the south.

Adequacy of Existing Provision of Pharmaceutical Services and Necessity or Desirability

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

The Committee noted that within the neighbourhood as defined by the PPC there were three pharmacies all owned by Boots UK Ltd. These pharmacies provided the full range of pharmaceutical services including supervised methadone. The Committee further noted that there were other additional pharmacies within the extended area that provided services. The Committee considered that the level of existing services ensured that satisfactory access to pharmaceutical services

existed within the defined neighbourhood, despite the Applicants' assertion that the provision of a small independent pharmaceutical served would improve the adequacy of such services. The Committee therefore considered that the existing pharmaceutical services in the neighbourhood were adequate.

The Committee was satisfied that no evidence had been produced by the Applicants, or had been made available to the Committee via another source which demonstrated that the services currently provided to the neighbourhood were inadequate.

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

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

DECIDED/-

The PPC was satisfied that the provision of pharmaceutical services at 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 Alasdair MacIntyre and Board Officers rejoined the meeting at this stage.

4. ANY OTHER COMPETENT BUSINESS

None.

5. DATE OF NEXT MEETING

The next scheduled meeting would take place on Tuesday 9th September 2008.