NHS Greater Glasgow and Clyde

NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (21)
Minutes of a Meeting held on
Monday 3rd November 2008
Glynhill Hotel, Junction 27, M8 Paisley Road,
Renfrew, Paisley PA4 8XB

PRESENT:	Mrs Agnes Stewart	Chair
	Professor Joe McKie	Lay Member
	Mrs Maura Lynch	Deputy Lay Member
	Mrs Kay Roberts	Deputy Non Contractor Pharmacist Member
	Mr Colin Fergusson	Deputy Contractor Pharmacist Member
	Mr Kenny Irvine	Deputy Contractor Pharmacist Member

IN ATTENDANCE:

Dale Cochran	Contracts Supervisor – Community Pharmacy Development
Richard Duke	Contracts Manager – Community Pharmacy Development
Janine Glen	Contracts Manager – Community Pharmacy Development
Robert Gillespie	Lead - Community Development Pharmacist

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

No declarations of interest were made.

ACTION

1. APOLOGIES

There were no apologies.

2. MATTERS ARISING NOT INCLUDED IN AGENDA

None.

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

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

NHS Greater Glasgow and Clyde

Case No: PPC/INCL16/2008
Apple Pharmacy – Castle Terrace, Bridge of Weir PA11 3EF

The Committee was asked to consider an application submitted by Apple Pharmacy to provide general pharmaceutical services from premises situated at Castle Terrace, Bridge of Weir PA11 3EF under Regulation 5(10) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 1995 as amended.

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

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

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

The Applicant was represented in person by Mr Neeraj Salwan ("the Applicant"). None of the interested parties who had submitted written representations during the consultation period had chosen to attend the oral hearing.

Prior to the hearing, the Panel collectively visited the vicinity surrounding the Applicant's premises, pharmacies, GP surgeries and facilities in the immediate area and the surrounding area of Bridge of Weir.

The Committee noted that the Applicant had been unable to provide access to the premises; however the Committee was able to view the size and layout of the premises through the door and windows.

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 PPC to ask questions. In the absence of any Interested Parties, the Applicant would then sum up.

<u>The Applicant's Case</u>

Mr Salwan began his presentation by advising the Committee that Apple Pharmacy's defined neighbourhood was the area commonly known as Bridge of Weir. The area also provided services to those residents in Crosslee, the village of Brookfield and Quarriers village because of their close proximity to this area. For this reason the population of these areas would be included in his presentation. The population of Bridge of Weir was in the region of 4,635.

The combined population of Bridge of Weir and the surrounding areas was approximately 14,000. The neighbourhood was served by one community pharmacy at Livery Walk, Bridge of Weir. The pharmacy was operated by Boots UK Ltd. There was one medical practice in Bridge of Weir and the same practice also operated a branch surgery in Houston. The combined practice list was around 10,400 patients.

The neighbourhood lost the pharmaceutical services of another pharmacy previously located within Bridge of Weir within the last six years. The pharmacy closed for commercial reasons.

The location of the proposed pharmacy was within a prominent parade of shops accessed from the main access road; the A761. There was a car park to the side of the premises, and parking was available in the side streets near the premises.

Mr Salwan advised the Committee that a pharmacy contract in the proposed neighbourhood would be desirable for the following reasons:

- An additional pharmacy would help the existing pharmacy provide a better pharmaceutical service to an elderly population which had increased over the last ten years. The average dispensing workload of the pharmacy was well above the Scottish national average. The proposed pharmacy would concentrate on offering additional pharmaceutical services including the minor ailment service, public health services, family planning services and diagnostic testing. Apple Pharmacy planned to offer a lifestyle change clinic and a foreign travel clinic which would prove popular in what was a relatively affluent community.

- The proposed pharmacy would offer pharmaceutical services before 9 am to cater for patients with early morning GP appointments and after 6.00pm in the evening Monday to Friday to cater for people travelling back to the village from work. Extended hours were not currently available within the area.

- The proposed pharmacy would be served by a number of wholesale medical suppliers. The existing pharmacy was supplied by one wholesaler only. This reliance on one wholesaler could cause significant disruption to the prescription service offered to patients when an item

couldn't be obtained from this wholesaler. Mr Salwan advised that the current pharmacy had no access to a back-up.

Mr Salwan then turned his attention to the adequacy of current services. He advised that the only pharmacy in the area did not currently provide cover for the hours operated by the GP surgery. Apple Pharmacy had spoken to the surgery and had expressed their intention to open from 8.30am. The surgery had welcomed this suggestion and said it would be very useful. Apple Pharmacy felt that their opening hours best reflected the activity of the surgery and would be well placed to address the increased activity that would result from GPs offering extended hours and weekends as part of their contract.

The pharmacy would be fully DDA compliant and unlike the current pharmacy in the area, would have a ramp for entry into the shop and electric automatic doors for wheelchair bound patients and mothers with prams. The landlord was currently obtaining planning permission for improving features to make it easier for disabled and elderly, including the erection of a handrail.

Apple Pharmacy intended to cover gaps in the pharmaceutical services that were not being provided in the area already, to give a fully rounded pharmaceutical service.

They would also offer Palliative Care services when funding was made available. In the meantime Apple Pharmacy had spoken to St Vincent's Hospice on Beith Road. The Hospice advised that it would be helpful if the proposed pharmacy stocked specialist palliative care drugs.

Apple Pharmacy also intended to offer a full collection and delivery service not currently offered by the existing contractor in the area.

Mr Salwan advised that the area had an ever increasing elderly population in keeping with Renfrewshire as a whole. This was causing an increase in demand for health care and pharmaceutical services because the elderly were the element of the population who used most prescription drugs. According to census statistics, Bridge of Weir had a higher than average number of residents within the age band 45 – 65. As this banding aged, the patients' pharmaceutical needs, and therefore workload in the area would increase. Mr Salwan reiterated the Judicial review quote made by Justice Lord Drummond Young. "The question that the decision maker must address is the adequacy of the existing provision to serve the neighbourhood in question. In addressing the question, however, it is in our opinion to have regard to probable future developments, for two reasons. First, the standard of adequacy in a particular neighbourhood will obviously change in time. The relevant neighbourhood may change, for example through construction of new housing developments or the movement of

population out of inner city areas. Likewise changes inevitably occur in pharmaceutical practice and the standard of "adequate" pharmaceutical provision must accordingly develop over time." Mr Salwan advised that he felt such consideration was necessary to secure adequate services for the future in this neighbourhood.

As the largest portion of the population became more elderly, the level of provision in the area would slip into inadequacy. Patients would experience increased waiting times, there would be difficulty in accessing compliance aids and workload would increase. An additional pharmacy would ease pressure on services.

A next day prescription collection and delivery service operated in all Apple Pharmacy branches. The Boots branch in Bridge of Weir was currently operating a two-day pick up service i.e. a patient ordering on a Monday before 1.30pm is able to pick up their prescription on Wednesday. An order placed after 1.30pm would result in the prescription not being available until the Thursday. On Saturdays the prescription wasn't available until the Wednesday of the following week a staggering five days later.

Mr Salwan stated that the Bridge of Weir medical practice had advised him that a medication order slip submitted before 10.00am would result in the prescription being available the same day. An order placed after 10.00am would result in the prescription being available the next day. Apple Pharmacy already had drivers in place covering shops in Johnstone, Elderslie and Spateston, so could tap into this infrastructure. They would not only have the prescriptions ready quicker but would deliver to housebound patients such as disabled, frail and elderly, people off work due to sickness, and mothers who couldn't travel to the pharmacy.

Mr Salwan advised that Apple Pharmacy would offer patients a choice. As an independent Apple Pharmacy had more flexibility as they were not restricted to a planogram or governed by a large multiple. They could forego profit to provide a service if necessary. Mr Salwan concluded that for these reasons the Committee should support the application.

The PPC Question the Applicant

In response to questioning from **Mrs Lynch**, regarding his inclusion of neighbouring areas. Mr Salwan advised he had described his neighbourhood as Bridge of Weir, but had then gone on to include the areas of Crosslee, Quarriers Village, and Brookfield because residents in these areas would need to travel outwith their communities to access services. Although they didn't specifically live in Bridge of Weir they would need to travel to the village for their day to day provisions and services and this was why he had included these areas in his

case.

In response to further questioning from Mrs Lynch regarding the GP branch surgery in Houston, Mr Salwan advised that there would still be a significant section of the practice list that would be nearer to Bridge of Weir and therefore be more inclined to use the pharmacy there. He didn't agree that these patients would travel to Houston or Johnston for pharmaceutical services.

In response to further questioning from Mrs Lynch, Mr Salwan advised that Boots UK Ltd did not provide a full collection and delivery service. They provided a collection service from the GP surgery, but no delivery service.

In response to questioning from **Mrs Roberts**, Mr Salwan explained that he had tried to detail the inadequacy of service within the current network. He had mentioned the lack of extended hours. He accepted Mrs Roberts' point that extend hours were not part of the NHS contract, but suggested that pharmacy needed to adapt to a changing world where such services were expected.

In response to further questioning from Mrs Roberts, Mr Salwan explained that his population statistic of 4,635 related to the village of Bridge of Weir. The figure of 14,000 took into account the areas of Crosslee, Quarriers Village and Brookfield. While these areas were not included in his defined neighbourhood they should be taken into consideration as the resident population required to travel to Bridge of Weir for their services.

In response to further questioning from Mrs Roberts, Mr Salwan explained that he had not suggested that residents of age 45 were elderly. He had used this age banding to show that the number of elderly within the area would continue to increase as this banding aged. He accepted Mrs Roberts's point that this element of the population while living longer would be also be fitter, but nevertheless maintained that there would be increased demand for pharmaceutical services.

In response to questioning from **Professor McKie**, Mr Salwan explained the issues that could arise from a pharmacy restricting itself to one wholesaler. He advised that many medications became out of stock items and that tying oneself to a single wholesaler could restrict a pharmacy's ability to obtain a particular medication. Contractors who had access to more than one wholesaler would be in a better position to obtain the drugs for the patient. He advised that this situation occurred regularly. Boots would need to say they didn't have a drug because they were tied to a sole manufacturer.

In response to further questioning from Professor McKie, Mr Salwan

disagreed that the disabled access to the premises would be difficult. While he accepted there were inclines to one side of the premises, he pointed out that the access at the car park side of the premises was not steeper than a ramp.

In response to further questioning from Professor McKie, regarding the current pharmaceutical workload, Mr Salwan advised that he had anecdotal evidence that the existing pharmacy was struggling. He did not know why the contractor had not increased facilities if the demand was so large. He suggested that this might be because of a reluctance to forego profit by increasing the number of staff.

In response to further questioning from Professor McKie, Mr Salwan advised that he had visited the Boots pharmacy and had waited at least five minutes just to get served; this was leaving aside the waiting time for the prescription. In response to Professor McKie's assertion that when the Committee had visited the pharmacy it had been relatively quiet, Mr Salwan suggested that the level of business would differ throughout the day.

In response to final questioning from Professor McKie regarding population, Mr Salwan advised that the population of Bridge of Weir was around 5,000 the remainder of the population from his 14,000 statistic came from the surrounding areas of Crosslee which was a large estate, Quarriers Village and Brookfield which had an estimated population of 1,000. He had also included the area of Houston in its entirety, but suggested that even if this was left aside the total population utilising the services in Bridge of Weir was in the region of 10,000.

In response to questioning from **Mr Irvine**, Mr Salwan advised that he had no hard evidence of inadequacy within the neighbourhood. He had heard that waiting times were currently unacceptable, the pharmacy dispensed above the average number of prescriptions, they were not open until after 8.30am despite the hours operated by the local GP surgery and they did not provide extended hours which meant that those residents returning from work could not access pharmaceutical services between 6.00pm and 7,00pm.

In response to further questioning from Mr Irvine, Mr Salwan advised that the nearest major supermarket was located either in Johnstone (Morrison's) or Linwood (Asda). He confirmed that the Asda in Linwood had a pharmacy which provided extended opening hours to 9.00pm.

In response to further questioning from Mr Irvine regarding the perceived health needs of the neighbourhood population, Mr Salwan advised that he had been unable to obtain statistics regarding this, but felt there to be a higher than average elderly element, which would

result in increased health care needs with the requirement of more medicines. He advised that the area was not as deprived as Gorbals for example and could even be considered to be affluent, but reiterated that this did not mean there was no requirement for services. There were still incidences of stroke, heart disease and high cholesterol. This was borne out by the higher than average prescriptions dispensed by the current pharmacy.

In response to further questioning from Mr Irvine regarding his statement that Boots do not provide a collection and delivery service, Mr Salwan advised that he had obtained this information from other hearings he had attended, where he had heard the Boots UK Ltd representative mention this.

In response to final questioning from Mr Irvine, Mr Salwan confirmed that the hours of service mentioned in his presentation were different to those appearing in Apple Pharmacy's initial application. The hours of service mentioned within the presentation would be those offered if the application were successful.

In response to questioning from **Mr Fergusson** regarding monitored dosage systems, Mr Salwan advised that he was aware of the suggestion that reliance on MDS in effect led to the deskilling of patients. He was not aware that any satisfactory alternative had been identified and suggested that even if one was found it would take a long time to implement. Medicines would continue to be dispensed and MDS would continue to be appropriate for some elements of the population. The workload would not decrease.

In response to further questioning from Mr Fergusson regarding wholesalers, Mr Salwan advised that Apple Pharmacy had access to three.

In response to final questioning from Mr Fergusson, Mr Salwan accepted that patients with well organised repeat medication processes would not necessarily need to visit their GP surgery on a regular basis, but reiterated that this would not include all patients and would not take into account those patients who required medication immediately.

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

Summing Up

The Applicant was then given the opportunity to sum up.

Mr Salwan advised that currently there was only one pharmacy in the defined neighbourhood operated by Boots UK Ltd. Boots also operated a pharmacy in nearby Kilmacolm. In such instances a monopoly

situation could arise. There were services that Boots did not provide. The new pharmacy would be more accessible. It would provide services in extended hours for patients that worked outwith the area. The existing pharmacy did not operate opening hours in line with those provided by the GP surgery. Waiting times were exceptional because of the workload. Apple Pharmacy had a five minute turnaround for prescriptions. The new pharmacy would provide a full collection and delivery service to the frail and disabled. Delivery would be guaranteed the same day.

The new pharmacy would look to take some of the workload from Boots and would improve adequacy. They would like to provide palliative care and had talked to the local hospice to see if there was anything they could do.

Mr Salwan reminded the Committee that there had been two pharmacies in the neighbourhood previously. One had closed down. This was an indication that the village could sustain two pharmacies. The new pharmacy could offer something different and for these reasons another pharmacy was needed. He advised that the new pharmacy would offer health care clinics, diagnostic testing and travel clinics.

Before the Applicant left the hearing, the Chair asked him to confirm that he had had a full and fair hearing. Mr Salwan confirmed that he 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, 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 Bridge of Weir;

f) Information from Renfrewshire Council's Department of Planning and Roads 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 visit 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, 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 the area commonly known as Bridge of Weir. This was a defined village bound by areas of green field and two golf courses.

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 was one pharmacy. This pharmacy provided the full range of pharmaceutical services. The Committee considered that the level of existing services ensured that satisfactory access to pharmaceutical services existed within the defined neighbourhood. The Committee therefore considered that the existing pharmaceutical services in the neighbourhood were adequate.

The Committee took into consideration comments made by the Applicant regarding the workload of the current pharmacy. The Committee did not share the Applicant's view that the workload was

too onerous and that the contractor was unable to cope with this demand.

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

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

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

DECIDED/-

The PPC was satisfied that the provision of pharmaceutical services at the premises of the Applicant was 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 Members of the Committee Colin Fergusson and Kenny Irvine and Board Officers rejoined the meeting at this stage.

4. APPLICATIONS STILL TO BE CONSIDERED

The Committee having previously been circulated with Paper 2008/54 noted the contents which gave details of applications received by the Board and which had still to be considered.

The Committee agreed the following application/s should be considered by means of an oral hearing:

Mr Mohammed Ameen – 668 Eglinton Street, Glasgow G5 9RP

5. CONTRACTOR CONSULTATION

The Committee having previously been circulated with paper 2008/55 noted the contents which gave details of advice provided by the Central

Legal Office regarding aspects of the Committee's processes.

Mr Duke provided the Committee with background information regarding the issue and advised that other members of the Committee not present at the meeting had made comment which were included in the paper presented to the Committee.

After comprehensive discussion, the Committee, taking into account the advice from Central Legal Office, comments from other members of the PPC, and the Community Pharmacy Development Team agreed that written representations submitted by a contractor outside the consultation zone would be accepted, provided the representation was submitted within the 30 day consultation period. Such representation would form part of the process and the contractor submitting the representation would be deemed to be a part of the consultation process and would be included in any consideration of the application.

Mr Duke advised the Committee of the Community Pharmacy Development Team's plans to provide an intranet website for community pharmacists which would include various strands of information. He advised that it was the Team's intention to include details of new contract applications on this site. This would serve as a means for all contractors to be made aware of new applications and would provide them with the opportunity of making comment should they so wish. This would complement the statutory consultation process but not replace it.

AGREED/-

6. ANY OTHER COMPETENT BUSINESS

None.

7. DATE OF NEXT MEETING

The next scheduled meeting would take place on Monday 10th November 2008.