

NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (01)

Minutes of a Meeting held on
Wednesday 4th February 2009
Kings Park Hotel, Mill Street
Rutherglen, Glasgow G73

PRESENT:	Mr Peter Daniels	Chair
	Mr Alan Fraser	Lay Member
	Mrs Maura Lynch	Deputy Lay Member
	Mrs Kay Roberts	Non Contractor Pharmacist Member
	Mr Gordon Dykes	Contractor Pharmacist Member
	Mr Kenneth Irvine	Deputy Contractor Pharmacist Member

IN ATTENDANCE:	Michelle Dunlop	Community Pharmacy Development Officer
	Robert Gillespie	Lead - Community Development Pharmacist
	Janine Glen	Contracts Manager – Community Pharmacy Development

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

ACTION

No declarations of interest were made.

1. APOLOGIES

There were no apologies.

2. MINUTES

The Minutes of the meetings held on Monday 10th November 2008 PPC[M]2008/22, Friday 21st November 2008 PPC[M]2008/23 and Monday 1st December 2008 PPC[M]2008/24 were approved as correct records.

3. MATTERS ARISING NOT INCLUDED IN AGENDA

None.

Section 1 – Applications Under Regulation 5 (10)

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

Case No: PPC/INCL22/2008

Mr David James Dryden & Mr Michael Blamer, 16 Kyle Square, Spittal, Rutherglen, Glasgow G73 4QG

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

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

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

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

The Applicant was represented in person by Mr David Dryden ("the Applicant"), assisted by Mr Michael Balmer. The Interested Parties who had submitted written representations during the consultation period and who had chosen to attend the oral hearing were Mr Alasdair MacIntyre (Burnside Pharmacy), and Mr Martin Green (Dukes Road Pharmacy & Melville Chemists) ("the Interested Parties").

Prior to the hearing, the Panel had collectively visited the vicinity surrounding the Applicants' proposed premises, pharmacies, GP surgeries and facilities in the immediate area and the surrounding areas including Mill Road, Croftfoot Road, Kyle Square, Ailsa Drive, Alloway Drive, Carrick Road, Fernhill Road, Burnside Road, Dukes Road, Stonelaw Road, Main Street, Mill Street, King's Park Avenue, Castlemilk Road, Menock Road, Carmunnock Road, Carmunnock Roundabout,

Croftfoot Road, Castlemilk Road and Croftfoot Road.

The Committee noted that the Applicants had provided access to the premises. The Committee was able to view the position, size and layout of the site.

The procedure adopted by the PPC at the hearing was that the Chair asked the Applicants to make their submission. There followed the opportunity for the Interested Parties and PPC to ask questions. Each of the Interested Parties would then in turn make their submission. There followed the opportunity for the Applicants and PPC to ask questions of each Interested Party. The Interested Parties and the Applicants were then given the opportunity to sum up.

Prior to the Applicants making their presentation, the Chair explained that further written representations had been received by the Committee from Lloydspharmacy and National Co-operative Chemists who had been unable to attend the oral hearing. The Chair had fully considered the contents of both representations with a view to allowing them as part of the hearing. In terms of Lloydspharmacy's representation, the Chair did not feel the letter added any further information to the initial written representation submitted during the consultation process. In terms of the National Co-operative Chemists representation, the Chair noted that this appeared to be a copy of the presentation the Co-op representative would have given if they had been able to attend. The Chair considered that the Applicant and Interested Parties in attendance would be unable to question the contents of the representation in the absence of any representative. The Chair therefore concluded it inappropriate to include the two written statements as evidence in the hearing and this was agreed by all in attendance.

The Applicants' Case

Mr Dryden advised the Committee that there previously was uncertainty over how PPCs should determine applications, where the National Appeals Panel had previously heard and rejected an application for the same premises. Mr Dryden felt the pertinent question to be *"if the decision of the National Appeals Panel (NAP) is final, how can the PPC grant subsequent applications for these premises?"*

The situation had been clarified however by the NAP themselves. They had issued guidance to PPCs in Scotland which clearly stated that 'finality' only pertained to the application they had considered. New or subsequent applications must be heard in their own right.

Revisiting the reasoning of the PPCs decision in March 2008, or the decision of the NAP in August 2008 was not the best way of determining adequacy here today, and may not give today's panel the respect they deserve, as autonomous arbiters in this new application. The decisions

of yesteryear were exactly that and Mr Dryden preferred not to take time to discuss them.

He advised that the current distribution of community pharmacies had been determined by two periods in time. Prior to 1987, before control of entry, pharmacies could open anywhere. Being a largely supply-based profession, market forces dictated that community pharmacies tended to locate as close as possible to GP surgeries. This encouraged a culture of leapfrogging that was effectively resolved by the introduction of regulation which had allowed contractors a greater degree of confidence in their patient base, in turn allowing them to invest in the fabric of their pharmacies and allowed us to enjoy a network of high-quality pharmacies today.

Control of Entry was however introduced over 20 years ago, at a time when there was no formal contract providing for public health advice, emergency hormonal contraception or smoking cessation. No minor ailments service to allow the public better access to NHS medicines. And while this infrastructure might lead to a distribution suitable for the old contract, the same could not always be said when considering the new contract's aims and the infrastructure required to support and deliver it. This essentially aging infrastructure, designed for another purpose could not hope to adequately deliver a modernised, community-based contract in every single neighbourhood especially now the expectation and requirement to treat closer to patients homes is greater than ever. As such there was under-provision in some residential areas, which would have perhaps had difficulty supporting a pharmacy in previous times.

Mr Dryden advised that the Applicants appreciated that Mr Green and Mr MacIntyre were key figures in Community Pharmacy Scotland and that this organisation had helped to deliver the new modern contract in Scotland. In spite of the developments however, the Applicants felt that the people of their defined neighbourhood were still not adequately catered for. Indeed the strengthening of the pharmacy contract had brought this inadequacy to light, as the residents were now relatively worse off than residents of other neighbourhoods, who had immediate access to the full range of new and improved modern community pharmacy services.

This was particularly worrying when the provision of the Chronic Medication Service (CMS) was considered. This service was designed, in part, to reduce the number of journeys elderly patients would have to make to collect their medicines, making the community pharmacist an important and accessible figure in the health care process. The Applicants' defined neighbourhood had a large elderly population, significant ill health and there were significant journeys to reach medical services. It was a neighbourhood such as the Applicants that CMS was designed to reach. But as long as the neighbourhood had poor access

to pharmacies it is clear that this service was not going to have the impact and benefit intended.

In the past, the absence of a GP surgery may have suggested that a pharmacy was not required in an area. Now the opposite can be true. With the modern contract pharmacists could provide first-rate NHS services to populations that required them, in their own community. The Minor Ailments Service (MAS) was designed to be the first port of call, and in order for this to be achieved it must be readily accessible. The pharmacy had to be at least as close as, and preferably closer than the GP. But the pharmacies were a mile away and the GPs were a mile away from the defined neighbourhood.

In addition it was important for the pharmacy to be open when it was needed. By opening from 8.00am, by opening 7 days per week, the Applicants were confident they would deliver a service that was becoming increasingly important, where and when it was required. If pharmacies weren't readily accessible then the care of minor conditions would not be transferred from GPs to pharmacists, and the whole NHS would miss out.

Mr Dryden advised that the Committee shouldn't underestimate the importance of the MAS and the public health service being provided in the heart of the community. They also shouldn't underestimate the importance of pharmacist prescribing clinics. With the advent of the pharmacist prescriber pharmacists were becoming an increasingly important component in a modern, multidisciplinary NHS.

The cardiovascular clinics described in the application were not surplus to requirement. They were not a watered-down version of a GP or nursing service. They were an invaluable NHS service in their own right and if pharmacists didn't provide these services then no-one else would. Such services would allow the Applicants to screen, manage and treat patients in their own community. They would be able to detect patients at high risk of cardiovascular events and therefore reduce their risk. Such patients may not otherwise be detected, until their cardiovascular risk manifested as angina, or a heart attack.

Some patients completely unaware of the smoking cessation services offered by the NHS would be invited in and given a full review with the benefit of access to their medical records. They would be given full support to help them become smoke free.

Such services stood alone but complemented and integrated with the full range of primary care NHS services. They were pharmacy services, although not part of the core services described in the current Regulations. Nevertheless they should be given full consideration in determining adequacy as the legal test gave no indication of restriction to the "core services" which of course were not in existence when the

legal test was laid down.

Mr Dryden suggested there was a danger that, in putting the legal test on a pedestal, access to pharmaceutical services could be restricted. This, in his opinion, was not what the legal test was for; neither was it a scientific formula. The legal test was, Mr Dryden explained, there to maintain a rational distribution of community pharmacies, but it was never intended to be a barrier to prevent those that needed pharmaceutical services gaining access to them.

It was difficult, Mr Dryden averred to see how anyone could say that the provision of pharmaceutical services within the defined neighbourhood were adequate, when the residents who lived there were telling the Applicants otherwise. Furthermore the Applicants had demonstrated the chronic disease burden and smoking rates and quantified the excessive distances that patients had to travel to make use of other pharmacies. Mr Dryden then suggested that the provision of pharmaceutical services was inadequate and invited the Committee to agree with him that the granting of this contract would secure the adequate provision of pharmaceutical services within the defined neighbourhood.

Mr Dryden suggested that if the term 'secure' implied that commercial viability should be considered by the Committee he could confirm that finances were in place, the Applicants had agreed fees with the builder and with hard work and determination they would be able to ensure the provision of pharmaceutical services from 16 Kyle Square indefinitely.

Mr Dryden advised that while the Applicants may not have the same level of business experience as some of the Interested Parties, everyone had to start somewhere. The Applicants were committed, had a good network of friends and colleagues who had already offered their advice and support. The neighbourhood wanted a pharmacy, needed a pharmacy and deserved a pharmacy more than most. The Applicants were qualified, motivated and prepared and were keen to begin this task.

The Interested Parties Question the Applicant

In response to questioning from **Mr Green**, Mr Dryden confirmed that the Applicants' definition of the neighbourhood was contained in the papers accompanying the application. The north boundary was the raised railway line, the west boundary being Carmunnock Road (B766) which was a two lane trunk road on either side and South Wood Drive, the south boundary Croftfoot Road which became a triple boundary at some points along its length and the east boundary Fernhill Road and Mill Street (A730). The Applicants had also included within the boundaries the relatively new development at Bowhouse Drive, which was a residential development whose access and egress point was

into Croftfoot Road.

In response to further questioning from Mr Green, Mr Dryden accepted that there were some residents in the defined neighbourhood who would be closer to the existing pharmacies within the neighbourhood even if the contract were granted. The Applicants had calculated distances from Kyle Square and accepted that there were patients living to the west of the neighbourhood who would be closer to the existing pharmacies, but this was not true for those residents living to the east of the neighbourhood.

In response to Mr Green's question on whether he would accept that access to pharmacy and GP services was quite good for some residents within the defined neighbourhood, Mr Dryden confirmed his agreement but felt it inappropriate to quantify the proportion of the neighbourhood this would involve. Mr Dryden advised that access related to many different things. If access was related to distance then the residents of Spittal had no access to services, neither did those living on Castlemilk Road, or Kyle Square.

There were no questions to Mr Dryden from Mr MacIntyre.

The PPC Question the Applicant

In response to questioning from **Mr Dykes**, the Applicant confirmed that he had reviewed his Business Plan in light of the current economic climate and was confident that it remained robust and that the bank was happy.

In response to further questioning from Mr Dykes, Mr Dryden agreed that a break during the working day would provide benefits for a pharmacist; however the Applicants intended to have two pharmacists within the pharmacy when the clinics were taking place. He had checked claims made by the Interested Parties during the previous application and was now aware that Mr Patel employed two pharmacists.

In response to questioning from **Mr Irvine**, the Applicant advised that they had deemed it important to meet with the Residents Committee for the area, when they decided to make their application. This Committee met every month and the Applicants had attended on more than one occasion. There was a view that the application would not be successful if the local community were not in support and so the Applicants kept the Residents Committee updated on progress. The Chair of the Residents and Tenants Committee had organised the letters of support and had made these available to the Applicants shortly before the PPC hearing.

In response to further questioning from Mr Irvine, the Applicant

confirmed that in his opinion residents living in and around Kyle Square would be happy to say they came from Spittal rather than Croftfoot, although he considered there to be some similarities between the two areas.

In response to final questioning from Mr Irvine, the Applicant advised in terms of experience he had undertaken his pre-registration year in Glenburn Pharmacy. He had two years locum experience in the South of England. He then went to Australia and practised there. On his return he provided locum services both in primary care and in the hospital setting. He continued to undertake regular locum sessions for Superdrug. Mr Balmer's experience was predominately hospital based, but he continued to undertake locum sessions for Superdrug and Morrison's.

In response to questioning from **Mr Fraser**, on whether he agreed that the existing contractors would provide a service on Sundays if there was a demand, Mr Dryden advised that there was no Sunday opening in the area at all. The nearest service was at Parkhead, East Kilbride or Shawlands. He hoped that any patient being referred by NHS24 would continue to use the pharmacy for their regular needs. He said it was an opportunity to provide services to an extended client base.

In response to further questioning from Mr Fraser, the Applicant advised that in terms of working with heart attack patients, there were limited prescribing clinics running in the Board's area and very few in the cardiovascular category in particular.

In response to final questioning from Mr Fraser, the Applicant advised that most of the residents of Spittal would be registered with a GP in Rutherglen, while those living in Croftfoot would be registered with the Croftfoot surgeries. Few would migrate away from these facilities. Kyle Square was in an ideal location to allow collection from the Croftfoot surgeries as the parking at Croftfoot was not good.

In response to questioning from **Mrs Lynch**, the Applicant confirmed that he was aware of the staffing commitment required to provide a seven day service. There would be two pharmacists on duty when prescribing clinics were running and there was funding from the Health Board to help with this.

In response to questioning from the Chair, the Applicant confirmed that he had included those living in the Bowhouse Drive development as part of the neighbourhood as the children living there attended Spittal Primary School. There was also only one access route into the development and this was on Croftfoot Road directly adjacent to Kyle Square.

There were no questions to Mr Dryden from Mr Gillespie.

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

Mr MacIntyre thanked the Committee for the opportunity to present his case.

He advised that he would like to take a few minutes to demonstrate to the Committee the following points:

- i) all common pharmaceutical services both core and enhanced were available to the residents of the proposed neighbourhood; and
- ii) core pharmaceutical services were available to the residents of the proposed neighbourhood within a 3.4 minute car journey, a 4 to 7 minute public transport journey or on foot within 15 minutes.

He defined the neighbourhood as:

North – the railway line following east to Mill Road where it becomes Fernhill Road;
East – Fernhill Road, to;
South – Croftfoot Road (north side), to;
West – Carmunnock Road (west side) travelling north to meet the railway line.

On the south side of Croftfoot Road at the Fernhill end, there was a small estate of newer private housing at Bowhouse Drive which fell within the Glasgow City Council boundary and the catchment area of the Castlemilk schools. Due to the boundary of Croftfoot Road and the difference in housing stock, this estate would, in Mr MacIntyre's opinion, fall outwith this proposed neighbourhood.

Mr MacIntyre advised that the Applicants' proposed premises were located to the east of the neighbourhood in the area known as Spittal which had a population of approximately 1,545 according to South Lanarkshire figures. The population of the entire proposed neighbourhood of Croftfoot and Spittal utilised the main shopping area at Croftfoot Roundabout to the west of the neighbourhood. They also accessed the shopping, banks and services in Rutherglen and Burnside on a day to day basis. Supermarket shopping was available at Croftfoot Roundabout, Burnside and Rutherglen with Superstore shopping available at Asda, Toryglen, Morrison's, Cambuslang and Tesco in Rutherglen.

The Council boundary ran through the neighbourhood, Croftfoot being in Glasgow City Council while Spittal sat in South Lanarkshire. Leisure facilities for residents of this neighbourhood were sited in Castlemilk for Croftfoot residents and in Rutherglen and Burnside for Spittal residents. Secondary education was provided for Croftfoot children in

Castlemilk, while the Spittal children attended Stonelaw High School and Trinity High School in Burnside.

Primary care medical services were provided to residents of the neighbourhood primarily from 14 GP practices in Croftfoot, Castlemilk, Kingspark and Rutherglen. These areas all immediately surrounded the proposed neighbourhood.

Mr MacIntyre advised that as in many areas of a large city like Glasgow the residents of one neighbourhood moved in and out of that neighbourhood on a daily basis to access services which were available in adjacent neighbourhoods. In fact it was often the case that a service in the next neighbourhood could be closer to part of the population than a similar service in their own neighbourhood.

In terms of existing pharmaceutical services, within the defined neighbourhood there were already two community pharmacies providing a wide range of services. Residents of the area also enjoyed pharmaceutical services from the further 12 pharmacies in the immediate surrounding area. From Burnside Pharmacy, it was a nine minute walk into Spittal, entering along the footpath on Carrick Road, near Bute Terrace. To Kyle Square it took 14 minutes. The distance by car to Kyle Square was 0.8 miles.

From the other side of Spittal, Kirkconnell Crescent, it was a 0.5 mile walk to Malcolm's Pharmacy on Castlemilk Drive and less than a 10 minute walk. While from the most northerly point of Arran Terrace, this walk increased to 0.7 miles, a walk of 14 minutes at an average walking speed of three miles per hour. These walks were over mainly flat ground through leafy well lit suburbs.

Malcolm Pharmacy was accessed by walking through an underpass. It was a very short underpass, with large lamp posts at either side ensuring good light. The underpass was sited between Croftfoot and Kingspark in a good area with private housing on both sides.

As well as walking or travelling by car, pharmacies and other services could be accessed via public transport with regular rail and bus routes surrounding the neighbourhood and also passing through it. Journey times were as little as seven minutes into Rutherglen. Journeys to Croftfoot roundabout and Castlemilk were even quicker being four minutes.

If a pharmacy in Kyle Square were to open, it was unlikely in Mr MacIntyre's opinion that many residents of the Croftfoot part of the neighbourhood would access pharmaceutical services there. Looking at Croftfoot on the map, it was clear that the housing at the bottom of the hill at Croftpark Avenue and below would be closer to and would gravitate towards Malcolm's Pharmacy on Castlemilk Road. If patients

chose to travel further, they would more likely take a direct route down Croftpark Avenue to Carmunnock Road where they would have a much wider range of shops and pharmaceutical services at Croftfoot Roundabout which was considered their natural shopping centre. Those living in Crofton Avenue/Croftburn Drive were much nearer the pharmacies at Croftfoot Roundabout and even those residents in Croftmont Avenue/Croftside Avenue were probably equidistant and would probably again gravitate to their traditional shopping centre with its much wider range of shops.

Mr MacIntyre advised that the Applicants had provided a table of common pharmaceutical services on the 11th page of their submission (Page 106 of the Committee's papers). Here they listed some NHS pharmaceutical services such as methadone and needle exchange. Mr MacIntyre noticed that since their last application, they had reduced the number of services listed. This was unfortunate as their previous table usefully demonstrated the wide range of services available to residents of this area as well as demonstrating the wealth of choice of providers of that pharmaceutical care.

Burnside Pharmacy provided a comprehensive service to the community which they served which included the residents of Spittal and Croftfoot. As well as the current core pharmaceutical services of the Public Health Service, the Minor Ailment Service and the Acute Medical Service, Burnside Pharmacy offered supervised methadone, domiciliary oxygen, emergency hormonal contraception, stoma services, compliance aids, palliative care services and smoking cessation services. They took part in the Keep Well project, the Heart Failure Service, the Falls/Osteoporosis Service, the Frail Elderly Scheme, the My Medicines Scheme and the Head Lice Scheme. Mr MacIntyre held regular supplementary prescribing Clinics and prescribed in the clinical areas of pain management and also in depression. He was due to commence a further clinic in March concentrating in Respiratory Disease. They offered a collection and delivery service to anyone who requested it. The service was actively advertised on the large window display of services and on the sides of their delivery van which operated throughout the area. It was also well known to the local health professionals as were the delivery services of the neighbouring pharmacies. They had a pre-registration graduate who had started in July 2008. They participated in the Out of Hours service and so were occasionally called out. They were open 9.00am – 6.00pm; Monday – Saturday.

Mr MacIntyre advised that most of these services were not unique to Burnside Pharmacy and as evident from the Pharmaceutical List for NHS Glasgow & Clyde and the Applicants' own table, many of the services were also provided across the network of 13 other community pharmacies in the consultation area including the two pharmacies located in the Applicants' proposed neighbourhood.

A number of additional services were also provided by some of the other pharmacies such as needle exchange, advice to care homes and extended hours. There was even a pharmacy available in the area on Christmas Day should someone require it.

All these services were available to residents of Spittal and Croftfoot and were delivered professionally and effectively.

Mr MacIntyre informed the Committee that as per their previous application, the Applicants' main focus had been on their desire to run Pharmacist Prescribing Clinics and he wished to commend them on their enthusiasm. They also mentioned their commitment to Health Board wide initiatives to support the Long Term Conditions strategy presumably through initiatives such as the pharmacy Heart Failure, Falls and Osteoporosis Services. The Applicants' promised commitment to all these services while commendable would result in no increase in the range of services currently available from the existing pharmacy network.

As previously mentioned, such services were all available within a reasonable time frame whether travelling by car, public transport or on foot. In particular when looking at car travel to pharmacies and comparing the Applicants' defined neighbourhood against the rest of Scotland the residents enjoy one of the shortest travel times as defined by the Scottish Government. The reason that Mr MacIntyre gave for concentrating on drive time was that currently he could find no published statistics to pharmacies for the other modes of travel. The Government's statistics used various ranges of travel time, the quickest being between zero and five minutes. As he had previously mentioned the longest journey time currently for the defined neighbourhood was 3.4 minutes and the shortest was 0.9 minutes. This showed that the neighbourhood already enjoyed a range of travel times, which were in keeping with 99.62% of the population who resided in large urban areas as defined by the Scottish Government. Although he had concentrated on car journeys, Mr MacIntyre believed these to be a reasonable proxy for the equivalent journeys by foot and by public transport.

Having been previously unsuccessful at National Appeal, the Applicants had put forward an intention to open extended opening hours. Mr MacIntyre advised that Glasgow already had a number of extended hours pharmacies, indeed the Co-operative and Lloyds closed at 6.30pm and 8.00pm respectively. He had grave concerns regarding financial viability of the Applicants' proposed extended opening hours and consequently their ability to sustain them particularly in this location.

Mr MacIntyre advised that he hoped he had demonstrated that there

was already a wide range of core and enhanced services currently being provided by the two existing pharmacies within the proposed neighbourhood together with the 12 other pharmacies immediately surrounding the proposed neighbourhood. The addition of a new pharmacy in Spittal would not add to the range of services available to this population. Furthermore he hoped he had shown that the residents within the proposed neighbourhood already enjoyed the availability of these services within very reasonable travelling times.

The Applicant Questions Mr MacIntyre

In response to questioning from **the Applicant**, Mr MacIntyre advised that Burnside Pharmacy provided a collection service from GP surgeries in Rutherglen Primary Care Centre and at Croftfoot. Collections were undertaken once per day. He further confirmed that Burnside Pharmacy provided delivery services for Croftfoot and Spittal. He could not quantify how many deliveries were made to the area of Spittal, however he could confirm that Burnside Pharmacy did around 30-40 deliveries per day and that a proportion of these were to the Spittal area. He could say with certain that deliveries were made to the area at least every other day.

In response to further questioning from the Applicant, Mr MacIntyre could not quantify how many patients from the Spittal area were registered for MAS at Burnside Pharmacy.

In response to further questioning from the Applicant, Mr MacIntyre confirmed that he described the area of Spittal as “a leafy well lit suburb”. He reaffirmed that the area was well lit, but accepted that there may not be a significant number of trees in the area. He reiterated that this comparison was made to show that the area was relatively pleasant and easy to travel across.

In response to further questioning from the Applicant, Mr MacIntyre confirmed his agreement that the housing stock at Bowhouse Drive was different to that in the Castlemilk area.

In response to final questioning from the Applicant regarding the letters of support submitted by residents within the neighbourhood, Mr MacIntyre advised that most communities, if offered the opportunity of having a particular service on its doorstep, would want this service. Such support was not unusual and related to convenience rather than a lack of service.

There were no questions to Mr MacIntyre from Mr Green.

The PPC Question Mr MacIntyre

In response to questioning from **Mr Dykes**, Mr MacIntyre confirmed his

assertion that many people within the Bowhouse Drive area would choose to use services outwith this neighbourhood. He considered this to be true of any bounded area especially within a city setting.

In response to further questioning from Mr Dykes, Mr MacIntyre explained that he was keen to expand his current premises, but was constrained by the lack of availability of a suitable unit. He also intended to replace the flooring within the pharmacy and for the future would like to undertake work to open up the dispensary area.

In response to final questioning from Mr Dykes, Mr MacIntyre advised that a pharmacy at Kyle Square would make it harder for him to execute his future plans for Burnside Pharmacy.

In response to questioning from **Mrs Roberts**, Mr MacIntyre advised that the frequency of public transport services depended on where services were accessed. The M2 bus service ran hourly in the morning, but then became less frequent. Buses operating around the periphery of the neighbourhood were more frequent. Mr MacIntyre accepted that the travelling time to a pharmacy might be considerably longer than the 4-7 minutes quoted in his presentation if travelling by a bus that operated only every hour.

In response to further questioning from Mrs Roberts, Mr MacIntyre also agreed that walking speeds for some elements of the population i.e. the disabled or infirm would be considerably slower thus making the access times to current services somewhat longer.

In response to further questioning from Mrs Roberts, Mr MacIntyre confirmed that parking was available outside his premises on Stonelaw Street. He accepted that the street was busy at times, but further parking was available in the side streets at Highburgh Drive and at Somerfield Supermarket. On-street parking was also available further up Dukes Road.

In response to questioning from **Mr Irvine**, Mr MacIntyre confirmed that he saw quite a lot of patients from the Croftfoot and Spittal areas in Burnside Pharmacy. He was aware of a significant amount of patients who used the pharmacy for services such as oxygen and Heart Failure Service.

In response to questioning from **Mr Fraser**, Mr MacIntyre confirmed that Burnside Pharmacy did not provide services on a Sunday as there was not sufficient demand to make Sunday opening financially viable. Burnside Pharmacy was open 9.00am – 6.00pm six days per week and this took considerable commitment from staff and pharmacists which had cost implications. Lloydspharmacy at Croftfoot Roundabout was open to 8.00pm during the week and did not provide services on a Sunday even in their location. Mr MacIntyre felt that it would be difficult

to make a success of a Sunday opening service at the Applicants' location.

In response to questioning from **the Chair**, Mr MacIntyre confirmed that in terms of the table contained in the Applicants' previous submission the services omitted from the most recent application included: Blood Pressure checks, Palliative Care, Pre-Reg Training, Collection and Delivery and Counselling Room.

In response to further questioning from the Chair as to why none of the 14 current pharmacies within the consultation zone provided services on a Sunday, Mr MacIntyre advised that within Glasgow as a whole there were a significant number of contractors providing services on a Sunday. This was considered sufficient to meet demand. The Health Board did not expect every contractor to provide a Sunday service. If this was the case, the Board would initiate a rota service to ensure such opening. Currently there was only one rota service operating within the Board's area and this was in Alexandria/Dumbarton which existed for the small number of times Sunday access was required. If access was required in the defined neighbourhood a rota would have been created which would attract financial support from the Health Board to meet some of the costs associated with heat and light. Pharmacies offering Sunday service tended to be situated close to the Emergency Out of Hours locations.

In response to final questioning from the Chair, Mr MacIntyre advised that only two of the 14 pharmacies offered needle exchange services as this was deemed by the Glasgow Addiction Service to be appropriate. The service was a targeted one which depended on available resources. Burnside Pharmacy would be happy to provide this service but currently were unable to due to the restrictions.

There were no questions to Mr MacIntyre from Mrs Lynch or Mr Gillespie.

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

Mr Green thanked the Committee for giving him the opportunity to present his case.

He advised that he would define the neighbourhood as follows:

North: The railway line to Mill Street;

East: Mill Street and Fernhill Road;

South: Crofffoot Road; and

West: Carmunnock Road to its intersection with the railway line.

In terms of determining adequacy, he asked the Committee to consider

that there were 14 existing pharmacies within the consultation area. Two pharmacies were within the defined neighbourhood, one was extremely close to the northern boundary and there were a further 11 in the surrounding area.

Mr Green advised that in its consideration of adequacy, the National Appeal Panel on 25th August 2008 (later clarified as 19th August 2008) commented *“In their totality these pharmacies meet the needs of the population. They provide a comprehensive range of services more than meeting the core requirements.”* Since that hearing the circumstances of the neighbourhood had not changed; the population remained at around 7,500 and there had been no pharmacy closures.

The NAP in their statement had alluded to another important point, that the range of services more than met the core requirements, as it was only the core requirements that the Committee should be considering. Any additional services were not mandatory and could not be enforced, even extended opening hours which were already provided directly within the neighbourhood. Mr Green advised that Dukes Road Pharmacy opened on Christmas Day & Boxing Day and 1st & 2nd January. This was supported by the Health Board which made opening feasible. Without this support the level of business would not support opening. The NAP gave particular consideration to the issue of access and found that residents could access pharmaceutical services either on foot or by utilising the regular public transport service. Those residents living to the west of the neighbourhood could easily access services at Croftfoot Roundabout, which was the hub of economic activity for the area and also housed the GP services. Those in the centre along Castlemilk Road and on the northern boundary could readily access services in Kingspark via the underpass. For both of these considerable sections of the neighbourhood there would be no improvement in access by providing a pharmacy at Kyle Square as the existing provision would continue to be more accessible. Only those residents living immediately around Kyle Square would benefit from the proposed pharmacy, a proportion that Mr Green estimated to be around 20% of the total population. He did not consider even that their access could be described as “difficult”.

As adequacy and access could only be currently described as perfectly adequate and for the majority of the neighbourhood the granting of this additional pharmacy would offer no benefit over existing services. Mr Green recommended that the Committee consider the application neither necessary nor desirable.

The Applicant Questions Mr Green

In response to questioning from **the Applicant**, Mr Green confirmed that both Dukes Road Pharmacy and Melville Chemist collected prescriptions from the GP practices in Rutherglen Primary Care Centre

and also from the surgeries at Croftfoot. One undertook this service in the morning and the other the afternoon. He also confirmed that both pharmacies offered a delivery service in these areas. He could not quantify how many deliveries were made to the Spittal area.

In response to further questioning from the Applicant, Mr Green advised that he could not quantify how many patients registered for MAS in his pharmacies were resident in the Spittal area.

In response to further questioning from the Applicant, Mr Green agreed that the two existing pharmacies were situated at the extreme south-west of the neighbourhood. Mr Green reiterated however that this was the hub of the community.

In response to questioning from the Applicant regarding employment of locum pharmacists to provide Sunday opening, Mr Green agreed that the Applicants' might avoid these costs by providing this service themselves.

In response to further questioning from the Applicant about the percentage of residents in the neighbourhood who did not have access to adequate services, Mr Green agreed that there may be 20% of the neighbourhood in this position. He reiterated however that turning this statistic around would show that 80% of the neighbourhood did enjoy access to adequate services.

In response to a question from the Applicant regarding benefit to the residents, Mr Green clarified that he had not said in his presentation that a new pharmacy would offer no benefit to the residents; rather he had suggested that a new pharmacy would not improve access to services for the majority of the defined area.

In response to final questioning from the Applicant, Mr Green reiterated that most people if asked would support the existence of a pharmacy nearby. He believed that the support of the residents had been solicited and had a genuine belief that the Applicants had been campaigning to elicit support for their application.

There were no questions to Mr Green from Mr MacIntyre.

The PPC Question Mr Green

In response to questioning from **Mr Dykes**, Mr Green advised that there were on-going plans to invest in his pharmacies. South Lanarkshire Council were currently deciding whether to replace the parade of shops in Fernhill Road where Melville Chemists was situated. The parade could be replaced by a new-build facility on the other side of the road where the playing fields were currently situated. This uncertainty had resulted in Mr Green being unable to secure more

than a 12 month lease on the premises. In terms of Dukes Road Pharmacy, there were plans to conduct a refit in the next 18 months. Mr Green was constrained by the fact that he did not own the premises; however he was seeking to purchase. He advised that the pharmacist in Fernhill Road had applied to undertake the Pharmacist Prescribing qualification and it was hoped that clinics could be offered from the pharmacy. He intended to install a consultation room in Dukes Road; however plans for Melville Chemists were delayed pending planning decisions by South Lanarkshire Council.

In response to questioning from **Mrs Roberts**, Mr Green confirmed that he would include both pharmacies at Croftfoot Roundabout in his defined neighbourhood. He further confirmed that he would regard this area as the hub of the neighbourhood. He did not consider Kyle Square to be the hub of the community. He advised that when compared to Croftfoot Roundabout there was a clear difference in activity.

In response to further questioning from Mrs Roberts, Mr Green clarified that the National Appeals Panel decision in the Kyle Square had been handed down on 19th August 2008 and not 25th August 2008 as mentioned in his presentation.

In response to questioning from **Mr Irvine**, Mr Green advised that his pharmacies did provide services to patients coming from the Spittal area. While he might not describe the numbers as significant, he would consider them reasonable.

In response to questioning from **Mr Fraser**, Mr Green advised that he was not aware if there was a Post Office at Croftfoot Roundabout.

Mrs Glen clarified that there was a Post Office in Carmunnock Road. This was housed in the RS McCall shop and not easily identifiable from the roadside.

In response to questioning from **Mrs Lynch**, Mr Green confirmed that South Lanarkshire Council's plans for the parade of shops at Fernhill Road were not finalised as yet. The two options were to either revamp the facility, or to rebuild across the road. In the event of a rebuild the current parade would be demolished. There were no fixed timescales for the decision although the Council were currently not issuing new leases to the businesses. He did not consider that the plans would be finalised in the next 18 months.

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

Summing Up

The Applicant and Interested Parties were then given the opportunity to

sum up.

Mr Green advised that it was only five months since the last time an application for this same location was considered. In that time there had been no change to the demarcation of the neighbourhood or the profile of the population within it. There had been no change to the core contractual services provided by the existing pharmacy network in and to the neighbourhood which were in fact described as comprehensive. He recommended that in the absence of any material change in circumstance the PPC re-affirmed that this application was neither necessary nor desirable.

Mr MacIntyre advised that on 19th August 2008 the National Appeal Panel had given consideration to an application by the same Applicants for the same premises, in the same neighbourhood. Little had changed since this time and the NAP had put it so succinctly in their decision, Mr MacIntyre wished to sum up using their words.

“Within the neighbourhood, as defined by the panel, it was noted that there are two contract pharmacies. While the panel noted that these were both situated at the western edge of the neighbourhood at the Croftfoot roundabout, there were in addition, a number of pharmacies adjacent to the other boundaries of the neighbourhood in Castlemilk, Fernhill, Burnside and the pharmacy operated by the second interested party on Castlemilk Road which lies extremely close to the northern boundary. In their totality, these pharmacies meet the needs of the population of the neighbourhood, which numbers approximately 7500, including young mothers, the disabled, and those requiring addiction services. They provide a comprehensive range of services more than meeting the core requirements. Collection and Delivery is available as is extended opening. The panel gave particular consideration to the issue of accessibility and found that residents of the neighbourhood who wished to do so would be in a position to access pharmaceutical services either on foot, or by utilising the regular public transport service.”

Mr MacIntyre advised that this was the view of the National Appeal Panel not even five months ago. He hoped that he had demonstrated that circumstances had not changed since then and asked the Committee to reject this application on the grounds that it was not necessary or desirable to secure adequate pharmaceutical service.

Mr Dryden advised that the Interested Parties all delivered to patients in the Applicants' neighbourhood, and cited this as evidence of adequacy. But in Mr Dryden's opinion this was not the case. Indeed the fact that there were deliveries into this neighbourhood was incontrovertible proof of inadequacy. Delivery services could not facilitate the smoking cessation service, or *Chlamydia* testing, or emergency hormonal contraception or any other part of the core public

health service. Delivery drivers could not provide adequate counselling to patients. That was the role of the pharmacist who trained for five years to do this. Mr Dryden suggested that if all that was needed was a fleet of van drivers there would be no need for pharmacists.

Mr Dryden reiterated that this was not to say there was no place for delivery services in a modern NHS; there were many housebound patients unable to visit a pharmacy, but when the service was heavily subscribed to by numbers of patients that were relatively mobile, who used the service because the closest pharmacy was too far away for them to access in their day to day life, when it was a matter of convenience, than a delivery service was inadequate, as the patients were missing out on the full complement of core and extended pharmacy services and gaining access solely to a supply of medicines. Many of these patients could visit a pharmacy in Kyle Square on a daily basis, if necessary and only in this way would the population be afforded adequate access to the modern community pharmacy services to which they were entitled.

Mr Dryden pointed to the letters from the residents and asked the Committee to note that they did not mention the names of the Applicants, and this was because the residents didn't care about the Applicants' individual interests. Neither did they care about the business interests of the Interested Parties. They only wanted a pharmacy. Mr Dryden suggested that if another applicant opened a pharmacy in Kyle Square, the residents would be delighted as they would be afforded the services that they were entitled. They clearly believed they were inadequately catered for, and the Applicants agreed.

Mr Dryden advised that the Applicants had been transparent throughout the process. They had engaged with all relevant parties. The only people that did not wish for this pharmacy to open were the Interested Parties. He was surprised to see so few pharmacies represented at the hearing. Perhaps they had read the submission and found they agreed with the Applicants. Mr Dryden was conscious that the Applicants must accept the unlikelihood that the Interested Parties would ever support their view, despite their endeavours and robust research. There were others though who accepted the Applicants' findings and agreed with their assertions. The opinions and insights of the MP and MSP are invaluable. The support of the local councillors was telling. The backing of the GPs was hugely important and insightful. The school nurse, the dentist, the locality manager all declared that this area should be afforded a pharmacy. But most important of all, were the opinions of those that lived in the area. The Committee had read what they had to say. They were literally crying out for a pharmacy.

Mr Dryden was conscious that a previous application had been granted

by the Health Board and had been overturned by the National Appeals Panel, but the Applicants had come to the hearing today with far more evidence than ever before and far more evidence than they ever thought possible. Given the level of support from the local community, given the demonstrable, factual inadequacy, it was difficult to understand anyone coming here in opposition. No pharmacy could lay claim to a neighbourhood, or a group of patients. Not least when the people of that very neighbourhood were saying clearly that they were simply not being catered for. This neighbourhood, these people; these patients were relying on the NHS delivering healthcare to them. They were asking for a community pharmacy. Mr Dryden advised that the residents had put their faith in the Applicants and were now putting their faith in each member of the committee to see the application granted.

Before the Applicant and Interested Parties left the hearing, the Chair asked each to confirm that he 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 Subcommittee);

The Committee also considered;-

- d) The location of the nearest existing pharmaceutical services;
- e) Demographic information regarding G44.4, G45.9 and G73.4;

- f) Information from South Lanarkshire Council Planning and Building Standards Services and Glasgow City Council's Development and Regeneration Services 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 firstly 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. The Committee also noted the neighbourhood put forward by the PPC and the NAP in relation to a previous application in 2008 for the same premises. Taking all information into consideration, the Committee considered that the neighbourhood should be defined as follows:

North: the railway;

West: Aikenhead Road following south along Carmunnock Road (west side);

South: Croftfoot Road along its length to its meeting with Mill Road/Fernhill Road;

East: Fernhill Road.

The Committee considered this to be a logical neighbourhood. The railway was elevated and served as a physical boundary for much of its length. Aikenhead Road and Carmunnock road were main trunk roads, with two lanes on each carriageway. They also separated areas of differing housing stock. Croftfoot Road was a busy and wide road, forming a physical boundary between the area known as Castlemilk which was of a different social and housing status. Similarly Fernhill Road constituted a physical boundary following the same lines as Croftfoot Road. Within the area there were all the services associated with a neighbourhood that would allow those living within to utilise as part of the daily fabric of their lives e.g. shopping, banks, GP surgeries, schools and churches.

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 within 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 had conducted an extensive tour of the area looking at access to services by car and public transport. The Committee noted that within the neighbourhood as defined by the PPC there were two pharmacies. These pharmacies provided the full range of pharmaceutical services including supervised methadone. 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 was satisfied that no new 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 had changed since the previous application for the same premises was considered by the NAP in 2008.

The Committee recognised the aspirations of the Applicants in terms of providing additional services in what was a deprived enclave within the defined neighbourhood, however overall they concluded that the current provision of core services were adequate.

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 Members of the Committee Kenneth Irvine, Gordon Dykes and Board Officers were excluded from the decision process:

DECIDED/-

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

The Chemist Contractor Members of the Committee Kenneth Irvine, Gordon Dykes and Board Officers rejoined the meeting at

**Contractor
Services
Supervisor**

this stage.

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

The Committee having previously been circulated with Paper 2009/08 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/CO11/2008 – Milton Pharmacy, 139 Scaraway Street, Glasgow G22 7EU

The Board had received an application from M&D Dispensing Chemist for inclusion in the Board's Pharmaceutical List at a pharmacy previously listed as Milton Pharmacy at the address given above. The change of ownership was effective from 1st December 2008.

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

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

Case No: PPC/CO12/2008 – Apple Pharmacy, 75 Merkland Drive, Kirkintilloch, Glasgow G66 3SJ

The Board had received an application from A G Bannerman Ltd for inclusion in the Board's Pharmaceutical List at a pharmacy previously listed as Apple Pharmacy at the address given above. The change of ownership was effective from 1st December 2008.

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

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

Case No: PPC/CO13/2008 – Parkinson (Paisley) Ltd (Various)

403 Nitshill Road, Glasgow, G53 7BN

24 Glasgow Road, Paisley, PA1 3QH

4A Mains Dr, Park Mains, Erskine, PA8 7JQ

11 Broomlands Street, Paisley, PA1 2LS
4 High Street, Renfrew, PA4 8QR
18 Quarry Street, Johnstone, PA5 8DZ
61 Neilston Road, Paisley, PA2 6LZ

Nigel Kelly, 7 Eaglesham Road, Glasgow G76 7BU

The Board had received an application from National Cooperative Chemists Ltd for inclusion in the Board's Pharmaceutical List at pharmacies previously listed as Parkinson (Paisley) Ltd and Nigel Kelly Pharmacy at the addresses given above. The change of ownership was effective from 12th January 2009.

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

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

Case No: PPC/CO01/2009 – Lloydspharmacy, 523 Clarkston Road, Muirend, Glasgow G44 3PN

The Board had received an application from James McKeever Ltd for inclusion in the Board's Pharmaceutical List at a pharmacy previously listed as Lloydspharmacy at the address given above. The change of ownership was effective from 1st February 2009.

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

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

Case No: PPC/CO02/2009 – Mr Denis Houlihan, 5 Gardner Street, Glasgow G11 5NR

The Board had received an application from Mr Denis Houlihan for inclusion in the Board's Pharmaceutical List at a pharmacy previously listed as M S Lewis at the address given above. The change of ownership was effective from 31st January 2009.

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

the change of ownership and that the new contractor was suitably registered with the Royal Pharmaceutical Society of Great Britain.

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

6. Minor Relocation

Case No: PPC/MRELOC08/2008 – David Wyse, 7 King Street, Port Glasgow

The Committee considered the action taken by the Chairman on an application for a minor relocation of a NHS Dispensing contract currently held by David Wyse.

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

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

NOTED/-

7. NATIONAL APPEALS PANEL DETERMINATION

The Committee having previously been circulated with paper 2009/10 noted the contents which gave details of the National Appeals Panel's determination of appeals lodged against the Committee's decision in the following cases:

Mr Razwan Shafi – 25 Main Street, Howwood, Renfrewshire PA9 1AR (PPC/INCL04/2008)

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

Houlihan Partners – 11-17 Princess Street, Port Glasgow PA14 5JH (PPC/INCL05/2008)

The Committee noted that the National Appeals Panel had refused the Appeal submitted against the PPC's decision to refuse Houlihan Partners' application to establish a pharmacy at the above address. As such the company's name was not included in the Board's Provisional

Pharmaceutical List, and the file on the application had been closed.

**Assura Pharmacy Ltd Gleddoch Road, Glasgow G52 4BW
(PPC/INCL11/2008)**

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

**Apple Pharmacy, 140 Westburn Road, Glasgow G72 7SY
(PPC/INCL17/2008)**

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

**Boots UK Ltd, 10 Canal Street, Renfrew PA4 8QD
(PPC/INCL19/2008)**

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

NOTED/-

8. ANY OTHER COMPETENT BUSINESS

None.

9. DATE OF NEXT MEETING

The next scheduled meeting was to be confirmed.