

NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (02)

Minutes of a Meeting held on
Thursday 26th March 2009 in
The Premier Inn Hotel, Ballater Street,
Glasgow G5 0TW

PRESENT:	Ms Agnes Stewart	Chair
	Prof Joe McKie	Lay Member
	Mr William Reid	Lay Member
	Prof Howard McNulty	Deputy Non Contractor Pharmacist Member
	Mr Colin Fergusson	Deputy Contractor Pharmacist Member

IN ATTENDANCE:	Trish Cawley	Contractor Services Supervisor – Community Pharmacy Development
	Janine Glen	Contracts Manager – Community Pharmacy Development
	David Thomson	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.

ACTION

No declarations of interest were made.

1. APOLOGIES

There were no apologies.

2. MINUTES

The Minutes of the meeting held on Wednesday 4th February 2009 PPC[M]2009/01 could not be approved as a correct record as none of those present had been in attendance at the meeting.

AGREED/-

That approval of the minutes is held over to the next meeting of the Committee when there was an appropriate membership attending.

3. MATTERS ARISING NOT INCLUDED IN AGENDA

None.

Section 1 – Applications Under Regulation 5 (10)

The Committee noted that Mr Ameen was currently employed on a part-time basis as part of the Long Term Medications section of the Community Pharmacy Development Team. Mr Ameen confirmed that he was appearing at the hearing in an individual capacity and not in connection with his Health Board role.

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

Case No: PPC/INCL20/2008

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

The Committee was asked to consider an application submitted by Mr Mohammed Ameen to provide general pharmaceutical services from premises situated at 668 Eglinton Street, Glasgow G5 9RP 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 Mr Ameen 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 Mohammed Ameen ("the Applicant"). The interested parties who had submitted written representations during the consultation period and who had chosen to attend the oral hearing were Mr Gerry Hughes (Hughes Chemist), Mr David Young (Rowlands Pharmacy Ltd), and Mr Nisith Nathwani (Lloydspharmacy) ("the Interested Parties"). Ms Michelle Le Prevost

(Lloydspharmacy) was in attendance as an observer.

The Committee noted that there were no parties assisting.

Prior to the hearing, the Panel had collectively visited the vicinity surrounding the Applicant's premises, pharmacies, GP surgeries and facilities in the immediate area and the surrounding areas of Ballater Street, Eglinton Street, Barrland Drive, Albert Drive, Darnley Road, St Andrews Road, Shields Road, Seaward Street, Admiral Street, Kenmure Street, Nithsdale Road, Nithsdale Street, Pollokshaws Road, Cuthbertson Street, Victoria Road, Langside Road, Queens Drive, Cathcart Road, Butterbiggins Road, Victoria Road and Gorbals Street.

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

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

The Applicant's Case

Mr Ameen thanked the Committee for providing him the opportunity of presenting his case and advised that he would first turn his attention to defining the neighbourhood. This was:

North: Scotland Street from its junction with Shields Road, Carnoustie Street to the River Clyde (M8 motorway and the River Clyde acting as natural barriers);

West: Nithsdale Road and Shields Road;

South: Myrtleview Road, Mount Florida Avenue, Cathcart Road, Queens Drive to Pollokshaws Road and to its junction with Nithsdale Road.

East: Gorbals Street, Cathcart Road and Aikenhead Road to its junction with Myrtleview Road.

Mr Ameen advised that the proposed neighbourhood was marked by the River Clyde, M8 motorway, main roads and by Queens Park. It was accessible by foot/public transport and contained many amenities.

In Mr Ameen's opinion the River Clyde had to be the northern boundary as this northern part of the neighbourhood was rapidly becoming more residential due to new house builds on brown field sites and the conversion of old industrial buildings. It was, in Mr Ameen's opinion, easier for this new population to come to the proposed pharmacy in

comparison to crossing the natural boundary of the River into the city with its parking problems. Mr Ameen advised that there had been 938 new homes built in the northern area. There were 1,006 new homes already under construction in this area and there were plans for a further 1,725 homes.

Mr Ameen then moved on to describe the various developments within his defined neighbourhood. He advised that within a half mile radius of the proposed premises there had been 1,997 new houses constructed since 1999. Planning consent had been given for a further 2,941 and 111 houses were currently under construction i.e. final phase of the development on Barrland Drive. In the neighbourhood as a whole 3,105 houses had been constructed, with planning permission/consent approved for 3,342 more with 1,117 currently under construction.

The number of houses had increased by 1,091 in the neighbourhood since 2003 – 2006. The population of the neighbourhood had increased by 1,279 since 2001 – 2007. The neighbourhood was transforming from old warehouses and brown field sites to affordable new housing for families, as well as one bedroom flats for first time buyers. He advised that house prices in the neighbourhood were 20% below the average house prices within the Health Board area. In 2007 the average cost was £21,000 less than within the Health Board area in general.

Mr Ameen then turned his attention to the current level of services in the area.

He advised that there were seven pharmacies in the area which currently did not have a dedicated consultation room. The proposed pharmacy would have a dedicated room which would be accessible to wheelchair users.

He advised that the Scottish Neighbourhood Statistics showed that the number of drug misuse incidents in the neighbourhood was four times greater than the Health Board average.

The Scottish Drugs Misuse Database (SDMD) showed that the sharing of needles/syringes in Glasgow Health Board was 16% higher than the Scottish average. This led to increased crime, death and disease. He advised that if more of the current pharmacies provided a needle exchange service then the number of drug misuse incidents in the neighbourhood would not be at this level. He intended to provide a needle exchange service from the proposed premises.

The SIMD (Scottish Index of Multiple Deprivation) provided a relative ranking of 6,005 small neighbourhoods (data zones) across Scotland. The most deprived ranked 1, the least deprived ranked 6,505. The SIMD 2006 contains 37 different indicators in seven domains which covered specific aspects of deprivation: current income, employment,

health, education, housing and crime. These were combined to create the overall SIMD 2006 score. Most of Mr Ameen's defined neighbourhood fell into the lowest two ranges of deprivation. The Scottish Government had declared that 14 of the 34 zones in the identified neighbourhood were the most deprived in the whole of Scotland. 976 were worst zones/6,505 is total zones in Scotland – 15%; 14 are worst zones/34 is total zones in neighbourhood – 41%. By this calculation the identified neighbourhood was nearly three times more deprived than the most deprived zones in Scotland.

Mr Ameen then moved on to discuss the viability of the proposed premises. He advised that the new homes in the area had created a more diverse shopping area. The pharmacy would improve access to pharmaceutical services by opening to 10.00pm. No other pharmacy provided such a service in and around the neighbourhood. The petrol station was open 24 hours per day, there were two grocery stores which opened to 8.00pm and 10.00pm every day and the two public houses also opened late, proving there was significant passing trade.

The M74 motorway project was scheduled for completion in 2011 and would complete the missing link between the end of the M74 near Carmyle and the M8 motorway west of the Kingston Bridge. One of the key government objectives of the extension was to encourage growth of the local economy by the creation of new jobs along the M74 route and to regenerate the south of Glasgow.

The effect on the viability of surrounding pharmacies would, in Mr Ameen's opinion, be minimal as they served their own localities with substantial populations. Both pharmacies in Pollokshields had a surgery in very close proximity. Gajree pharmacy also had a surgery nearby. Pharmacies in the Gorbals had Gorbals Health Centre containing some 30 GPs. Similarly the pharmacies on Cathcart Road had Govanhill Health Centre.

Mr Ameen asserted that the Community Health and Wellbeing Profiles showed car ownership was very low for Pollokshields East and Govanhill residents (48% and 86% less than the Scottish average). This population also had a very high percentage of Incapacity Benefit and SDA Claimants (26% and 73% above the Scottish national average respectively). The entire neighbourhood suffered from deprivation across most indicators, especially health.

He advised that the south side had the largest Black and Minority Ethnic (BME) population in Scotland and he would provide services in a culturally sensitive manner and in several different languages. Mr Ameen would be the main pharmacist and the pharmacy would not have a high turnover of staff which was a problem among many of the multiples. Mr Ameen lived locally which would allow him to foster relationships, understand his community and provide them with the

best pharmaceutical care.

The proposed pharmacy would run a well advertised MAS service with a dedicated consultation room. Given the long waiting times for GP appointments, which run often more than two days at Dr Chaudhry's medical practice (a practice with some 4,000 patients and which was run wholly by locums), MAS would be an ideal service to play an important role in reducing the workload of the practice.

The Chronic Medication Service (CMS) was designed to improve accessibility to pharmaceutical services in the neighbourhood. Optimal medicines management through pharmaceutical care plans would form part of this core service. This would allow continuity of care, and allow patients to access other pharmacy services.

Mr Ameen had experience in 'Pharmacy Public Health' and worked as a Prescribing Support Pharmacist carrying out research and clinics. He was involved in the Minority Ethnic Long Term Services (MELTS) project, which provided medication review services to BME patients with long term conditions. Here he used his multilingual abilities to conduct clinics with ethnic minority patients based at Dr Chaudhry's practice.

The neighbourhood had a very high incidence of diabetes, 56% above the national average. Mr Ameen intended to carry out similar medication reviews, using GP medical records, which would take place in the pharmacy consultation room. He intended to work with diabetic patients to manage their health e.g. starting oral hypoglycaemics, titrating doses and addressing lifestyle changes, and be a referral point to other health and social care teams e.g. retinal screening, diabetic nurse and podiatry. He intended to deliver a diabetes testing service, provide cholesterol and blood pressure testing. He also intended to continue to work with the Health Board part-time, and practice the skills in the proposed pharmacy.

Mr Ameen advised that Dr Chaudhry's medical practice had the biggest BME list in Scotland. Eglinton Street medical practice and other neighbouring practices also had substantial list sizes. With Mr Ameen's current skill set and proximity to the practices he could provide a very unique service to this patient group which would take the form of medication reviews and clinics at the proposed pharmacy.

The incidence of heart disease in the neighbourhood was 28% above the Scottish average. Again through the medication reviews he could play a significant role in improving the health of this group of patients e.g. initiating and titrating anti-hypertensives and statins, and referral to health and social care teams.

With 80% of GP prescribing being for chronic illness, and the CMS

designed to encourage medicines management and serial dispensing, this would provide an excellent contact point to deliver other core services, like MAS and medication reviews. Importantly it would give continuity of care to these services.

Mr Ameen also intended to operate a collection and delivery service for the needy, but all patients would be actively encouraged to have direct contact with the pharmacist and access other pharmacy services.

In conclusion Mr Ameen advised that there had been an increase of 2,000 homes within a half mile radius of the proposed pharmacy, with further housing consents. This made a new contract viable with negligible impact on existing pharmacies.

The proposed neighbourhood was a seriously deprived area, with the highest ethnic minority population in Scotland. This group had unique needs, which were not being met by the existing pharmacy network due to language and cultural barriers. Mr Ameen wished to provide culturally sensitive care with the MAS using a private consultation area within the proposed pharmacy. He also intended to apply his skills to reduce the impact of long term conditions that the diverse groups in the neighbourhood were prone to e.g. diabetes, heart disease asthma and blood pressure.

The Interested Parties Question the Applicant

In response to questioning from **Mr Nathwani**, Mr Ameen advised that many of the houses contained in his statistics had already been constructed. While there may be some delay in completion, experienced as a result of the current economic climate, he was confident that all houses would be built.

In response to further questioning from Mr Nathwani, Mr Ameen confirmed his awareness of the application process associated with the needle exchange service. He was aware that one of the current pharmacies had been included in the recent expansion to the service. Although this pharmacy was situated outwith the defined neighbourhood it highlighted the need for this service in the general area. He could not answer whether this would satisfy demand in the area.

In response to questioning from **Mr Young**, Mr Ameen advised that in his opinion, the current service in the neighbourhood was inadequate as many of the pharmacies did not have a consultation room. He did not consider that pharmacy could be taken into the future nor the new roles envisaged for pharmacists embraced without a dedicated private area. He did not see how clinical advice could be given to patients in the absence of a discreet room. The neighbourhood was deprived in health and other facilities.

In response to further questioning from Mr Young, Mr Ameen advised that within his defined neighbourhood there were currently less than ten pharmacies. Within a one mile radius there were between 15 and 17.

In response to further questioning from Mr Young, Mr Ameen advised that he was aware of the translation service currently being provided from Rowlands Pharmacy on Nithsdale Road. He questioned how extensively the service was used and suggested that patients would prefer to be treated in a speedy manner rather than waiting for hours to access the services of an interpreter.

In response to questioning from **Mr Hughes**, Mr Ameen confirmed that he was not suggesting that 50% of the population within the defined neighbourhood could not speak English. He advised that nearly 50% of the population were from BME backgrounds and therefore it could be expected that English would not be their first language. He further confirmed that he was aware of the services provided by the pharmacy in Albert Drive and their relevance to the BME community.

In response to further questioning from Mr Hughes around access to the city centre for those living in the north part of Mr Ameen's defined neighbourhood, Mr Ameen confirmed his assertion that this population would find it easier to access the proposed pharmacy site than travel to the pharmacies in the city centre. He advised that the river and the motorway were, in his opinion, natural barriers which few residents would cross to access pharmaceutical services. He further confirmed that there were approximately three or four crossing points along the river, which were all accessible by foot. He maintained his assertion that access to the proposed pharmacy site was easier.

In response to further questioning from Mr Hughes, Mr Ameen clarified the statistics provided around new housing in the area. 2,491 was the number of houses planned within a half mile radius of the proposed premises. 3,342 houses were planned within the defined neighbourhood as a whole.

In response to further questioning from Mr Hughes, Mr Ameen advised that of the seven pharmacies currently without consultation rooms, there were five were within his defined neighbourhood; the remainder were in close proximity. He further advised that he was not aware if a consultation room was a mandatory requirement to provide pharmaceutical services.

In response to further questioning from Mr Hughes around the SIMD scores, Mr Ameen advised that there were 34 datazones within his defined neighbourhood. 14 of these were considered to be among the most deprived according to the SIMD scoring. These figures were

from 2006.

Mr Hughes questioned the Applicant's closing times contained in his original application. Mr Ameen confirmed that 10.00pm was a revised time and had not been shown in the original submission.

In response to a question from Mr Hughes around potential impact on the current pharmacy network, Mr Ameen advised that he would be serving a different area from his proposed premises. The shopping facilities were open longer hours and the other pharmacies were serving their own populations. The population of the entire neighbourhood was in the region of 35,000, with 16 – 17 pharmacies in this area there was enough population and GP surgeries for all. There would be no negative impact on existing pharmacies.

In response to further questioning from Mr Hughes, Mr Ameen did not agree that the residents moving into the new housing developments would have a significant effect on the deprivation statistics within the neighbourhood. He asserted that the houses were not being sold to affluent people and he did not feel that the demographic profile of the area would change significantly with the new population. He asserted that bringing in an element of population whose health was better would not necessarily cause a significant shift in the deprivation levels.

In response to questioning from Mr Hughes around the use of GP medical records within his clinics, Mr Ameen reassured the hearing that it was not his intention to remove the records from the GP surgery, rather he would use the information contained in the records to conduct his clinics. By building a rapport with the GP surgery he would be well placed to provide these services to the practice's patient population. He was aware of the confidentiality issues around these plans.

In response to further questioning from Mr Hughes, Mr Ameen confirmed that he would continue to work with the Health Board on a part time basis. In his absence service provision would not be compromised as the other pharmacists covering would be able to speak the same languages.

In response to further questioning from Mr Hughes, Mr Ameen confirmed that the proposed premises were in his family's ownership. He confirmed that he was not aware of other applications in the past for the same premises.

In response to final questioning from Mr Hughes, Mr Ameen confirmed that he did not have any costing for the proposed premises.

The PPC Question the Applicant

In response to questioning from **Professor McNulty**, Mr Ameen

advised that there was no other late night pharmacy within his identified neighbourhood. The closest was J P Mackie Pharmacy on Pollokshaws Road. He advised that he had opted for extended opening hours as the other businesses in the area were open long hours which attracted enough passing trade. An available pharmacy would provide this trade with access to more services.

In response to further questioning from Professor McNulty, Mr Ameen advised that he had attended the local Community Council some 12 months ago. His proposal had received support and those present had raised several issues around supply of prescriptions and opening times of the current network.

In response to further questioning from Professor McNulty around new houses in the area, Mr Ameen confirmed that around 1,500 new houses had been completed since his last application to open a pharmacy in these premises in 2008.

In response to further questioning from Professor McNulty around the effect on deprivation levels the new housing would have, Mr Ameen reiterated his assertion that just because the 2,000 new houses which in his opinion would contain on average 4,000 residents may attract residents who were less deprived than those already in the neighbourhood, this did not necessarily mean they would have no need for pharmaceutical services.

In response to final questioning from Professor McNulty, Mr Ameen confirmed that within the defined neighbourhood the predominant ethnic groups were Pakistani and Indian. There was a significant East European population in the Govanhill area. These groups did not have access to a pharmacy with culturally sensitive skills. In Mr Ameen's opinion, if you couldn't speak the language you were unable to treat the patient. Interpreters were satisfactory but these services could take time to put in place. This seemed unfair especially when around 50% of the population was BME.

In response to questioning from **Mr Fergusson**, Mr Ameen advised that he would provide diabetes testing and cholesterol testing initially as part of the medication reviews along with blood testing and there would be no charge. Initially he was looking to focus on specific patient groups, however in the future he may offer them as stand alone services.

In response to further questioning from Mr Fergusson, Mr Ameen confirmed that in his absence the BME community would be served by the other pharmacists who would provide cover. He further confirmed that the pharmacy would not provide services solely to the BME community. He had highlighted this issue to show inadequacy in the area, however he believed the whole neighbourhood to be deprived of

adequate service and the pharmacy would address this for all.

In response to questioning from **Mr Thomson**, Mr Ameen advised that he spoke several languages including Urdu, Punjabi and Arabic. These languages were suitable for the needs of the population.

In response to further questioning from Mr Thomson, Mr Ameen reiterated his assertion that the majority of the population within the neighbourhood was relatively deprived.

In response to questioning from **the Chair**, Mr Ameen accepted that he didn't speak any languages that would be of benefit to the East European community within the neighbourhood. He felt that the languages he did speak would benefit the BME communities he would be serving in the area surrounding the proposed premises.

In response to questioning from **Professor McKie**, Mr Ameen clarified his neighbourhood and in particular that part which he referred to as "the northern part". This was the area from the River Clyde, along Scotland Street, West Street, Kilbirnie Street and Devon Street. He further confirmed his assertion that this area was part of the inner city. He confirmed that the social status of this area was changing and that there had been demolitions in the area such as Laurieston. He hadn't included these demolitions in his population figures; however neither had he included the planned housing within the area.

In response to questioning from **Mr Reid**, Mr Ameen confirmed that he had changed the closing times of the pharmacy from those detailed in his original application. He now intended to open until 10.00pm.

In response to further questioning from Mr Reid, Mr Ameen confirmed that those resident to the extreme south of his defined neighbourhood would not in all likelihood access the proposed premises. He envisaged that the pharmacy would have a catchment area within the neighbourhood; however he had identified his neighbourhood having regard to natural boundaries. He further confirmed that the population of the entire neighbourhood was in the region of 30,000.

In response to questioning from Mr Reid around the Applicant's term "culturally sensitive manner", Mr Ameen confirmed that language was crucial to the BME community, who didn't tend to look at health issues in the same way as other elements of the community. A service tailored to these needs was what was meant by the term.

The Interested Parties' Case – Lloydspharmacy (Mr Nisith Nathwani)

Mr Nathwani thanked the Committee for allowing Lloydspharmacy to be represented at the hearing. He advised that in the company's

opinion the application submitted by Mr Ameen should fail as it was neither necessary nor desirable.

He began his presentation by defining the neighbourhood:

North: Scotland Street from its junction with Shields Road, West Street, Cook Street and Bedford Street to its junction with Gorbals Street;

West: Nithsdale Road and Shields Road;

East: Gorbals Street, Cathcart Road and Aikenhead Road to its junction with Myrtleview Road; and

South: Myrtleview Road, Mount Florida Avenue, Cathcart Road, Queens Drive, Langside Road to its junction with Nithsdale Road.

Cathcart Road and Aikenhead Road were major trunk roads separating a residential area from a commercial/industrial tract of land, and therefore formed natural barriers. The land north of the northern boundary was a natural barrier as was Queens Park to the South. Shields Road to the West marked a clear change in neighbourhood with different communities and housing.

In the described neighbourhood there were nine pharmacies providing the full range of pharmaceutical services including methadone and oxygen. In addition to these nine, there were a further four within a one mile radius of the proposed site. J P Mackie on Pollokshaws Road was open 9.00am – 8.00pm Monday to Friday and 9.00am – 6.00pm Saturday and Sunday.

It was the opinion of Lloydspharmacy that there was already an adequate provision of pharmaceutical services in the neighbourhood and in the direct vicinity of the neighbourhood.

Lloydspharmacy considered the submission of the application to be frivolous given there had been at least 15 previous applications for this site or one in the direct vicinity in the last 11 years and all had been rejected by the PPC. The latest application had been heard in January 2008. The NAP had also heard an appeal in November 2006 which was rejected.

Lloydspharmacy considered the application to be poor as there was no definition of neighbourhood within the initial submission, nor was there a list of service provision and Mr Ameen also stated that further details were to follow. Mr Nathwani was not aware of any further details having been submitted despite the application being submitted over a year ago.

Mr Nathwani advised that the PPC had considered in January 2008 that “*services in the neighbourhood were adequate*”. In Lloydspharmacy’s opinion nothing significant had changed in the

interim period to suggest otherwise.

Mr Nathwani accepted that the Applicant's plans to provide services tailored to a distinct element of the population and providing medication reviews using information from GP practice records was admirable, however he did not consider this to be the basis for the granting of an additional contract.

It was the responsibility of the Applicant to prove inadequacy of existing services in the neighbourhood, and this had not been proved in this instance. The granting of a new contract in Eglinton Street was neither necessary nor desirable and therefore the application should fail.

The Applicant Questions Mr Nathwani

In response to questioning from **the Applicant**, Mr Nathwani advised that he was unable to name the commercial or industrial tracts of land in the north part of the Applicant's defined neighbourhood. He asserted however that there were pieces of land within this area that were dormant and therefore not residential.

In response to further questioning from the Applicant, Mr Nathwani accepted that there had been a number of residential homes built along Clyde Place.

In response to final questioning from the Applicant, Mr Nathwani advised that there were nine pharmacies within his defined area and they provided the full range of pharmaceutical services which including the Public Health Service, Minor Ailment Service, Acute Medication Service, domiciliary oxygen, methadone, and monitored dosage systems.

In response to questioning from **Mr Hughes**, Mr Nathwani confirmed he was surprised to learn that there had been 19 previous applications for premises in this area.

There were no questions to Mr Nathwani from Mr Young.

The PPC Question Mr Nathwani

In response to questioning from **Professor McNulty**, Mr Nathwani clarified his definition of neighbourhood and in particular his northern boundary. He agreed with Professor McNulty that railways could in certain circumstances be considered natural boundaries.

In response to questioning from **Mr Thomson**, Mr Nathwani confirmed that the Lloydspharmacy branch in Victoria Road was currently seeking to relocate to improved premises. At the moment there were no

suitable premises available in the area, however work would continue to identify an alternative site.

In response to questioning from **Professor McKie**, Mr Nathwani confirmed that his defined neighbourhood was in line with the PPC's definition of neighbourhood given at previous hearings.

There were no questions to Mr Nathwani from Mr Fergusson, Mr Reid or the Chair.

The Interested Parties' Case – Rowlands Pharmacy (Mr David Young)

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

He advised that he concurred with the neighbourhood as defined by the PPC in previous applications.

He advised that there were nine pharmacies within this neighbourhood, with 13 within a one mile radius of the proposed site.

The Applicant had indicated that the premises would open from 9.00am – 10.00pm seven days a week, which was in Mr Young's opinion, an attempt to bolster the application in the knowledge that a further contract was not required in this locality. There was current access to an extended hours pharmacy in the area. J P Mackie was open late and open seven days per week. Mr Young knew of no requirements for a further pharmacy with extended opening hours but if this need had been identified, this would have been addressed by the existing pharmacy network.

He advised that the Applicant had not shown any inadequacies in the current service despite his comments around lack of service for the BME community. Mr Young advised that many of the existing contractors in the area employed staff who were resident in the neighbourhood. These staff spoke several languages and were well equipped to provide services to the population. Rowlands Pharmacy provided an interpreting service which allowed access to 40 languages, including East European and Asian. The free of charge phone service was provided from a discreet consultation room. The service was not used to its full capacity as in Mr Young's opinion there wasn't a huge demand.

The Applicant Questions Mr Young

In response to questioning from **the Applicant** regarding the interpreting service operated from Nithsdale Road, Mr Young advised that the patient pointed to their particular language on a poster which

contained all available languages. This then allowed the pharmacy staff to direct the request to the interpreting service. He further confirmed his belief that the service was not used as much as there was not a big demand.

In response to further questioning from the Applicant, Mr Young confirmed that in his opinion the over 40s may be the biggest users of pharmaceutical services. He did not agree that the majority of the over 40 population within the area did not speak English. He accepted that this might be true of the elderly, but many others could speak English.

In response to the Applicant's suggestion that the telephone translation service was a poor substitute for personal attention, Mr Young advised that Rowlands had not received any complaints regarding the service.

In response to further questioning from the Applicant, Mr Young confirmed his belief that the Applicant had increased his opening hours to bolster his application.

In response to final questioning from the Applicant, Mr Young disagreed with the Applicant's assertion that the Rowlands Pharmacy branch in Nithsdale Road did not have a dedicated consultation room.

There were no questions to Mr Young from Mr Nathwani or Mr Hughes.

The PPC Question Mr Young

In response to questioning from **Professor McNulty**, Mr Young confirmed that he agreed with the definition of neighbourhood put forward by Lloydspharmacy.

In response to questioning from **Mr Thomson**, Mr Young confirmed that the Rowlands Pharmacy branch at Nithsdale Road did not participate in the supervised methadone administration service as there had been no identified need in the area covered by the pharmacy. The company was due to install a new manager in the branch and planned to apply to participate in the service, but did not anticipate there to be a significant demand for the service.

In response to questioning from **Mr Reid**, Mr Young confirmed that access to the interpreter service was immediate once the relevant language had been identified.

There were no questions to Mr Young from Mr Fergusson, Professor McKie or the Chair.

The Interested Parties' Case – Hughes Chemist (Mr Gerry Hughes)

Mr Hughes advised the Committee that Mr Ameen had claimed to own

the premises at 668 Eglinton Street; however he pointed the Committee's attention to the fact that over a period of 11 years many applications had been submitted for the same premises from different Applicants. All of these applications had been rejected by the PPC.

He noted that the Applicant had by and large agreed with the neighbourhood defined by the PPC previously, but had added four or five streets to the northern boundary of the neighbourhood. Mr Hughes would like to follow the NAPs definition of neighbourhood given in their last deliberation of a case for the same area. This was:

North: by St. Andrew's Road along Maxwell Road incorporating the premises at 672 Eglinton Street, and continuing along the line of the railway to Cathcart Road;
South: by Calder Street along Nithsdale Drive and Nithsdale Road, to its junction with Shields Road;
West: by Shields Road to St. Andrew's Road;
East: by Cathcart Road to its junction with Calder Street;

The northern boundary marked a line of demarcation between residential and industrial areas. The eastern boundary was a major arterial road, again marking a line of demarcation between residential and industrial areas. The southern boundary was a major road – the B763 and the first through road between Cathcart Road and Nithsdale Road thereby dividing the enclaves north and south of it. The western boundary again marked a line of demarcation between two different styles of housing. The premises were relatively isolated by the main north/south railway tracks and Pollokshaws Road and were not part of a typical homogenous neighbourhood often encountered.

Mr Ameen's reason for adding to the northern boundary was the number of houses developed in that area. Mr Hughes advised that from the PPC boundary it was easier to travel to the pharmacy in St Enoch Centre accessed via any of the four or five footbridges than it was to travel to the Applicant's proposed premises. In addition there was a large area to the north-west of the neighbourhood below the railway line where there was no housing and which contained swathes of derelict land.

In Mr Hughes opinion the Applicant's case had contained several statements which could not be justified. He considered the Applicant to be attempting to make an invidious distinction between what his pharmacy could provide and what was already being provided by the current network. The Applicant had not demonstrated inadequacy because there was none. The application should be rejected.

The Applicant Questions Mr Hughes

In response to questioning from **the Applicant**, Mr Hughes asserted

this opinion that it would be easier for a resident living in Morrison Street to travel to the city centre than to travel to the Applicant's proposed premises. To demonstrate his point Mr Hughes invited the Applicant to measure both distances on a map. These measurements showed that it was twice as far to the Applicant's proposed premises than to the city centre. Mr Hughes pointed to the three road bridges and the other seven pedestrian accesses to the other side of the river.

In response to further questioning from the Applicant as to whether this would be the same if travelling by car, Mr Hughes advised that most residents would not travel south for their shopping needs.

There were no questions to Mr Hughes from Mr Nathwani or Mr Young.

The PPC Question Mr Hughes

In response to questioning from **Professor McKie**, Mr Hughes confirmed (after measuring on a map) that the distance between his pharmacy and Morrison Street was almost the same as the distance between Morrison Street and the Applicant's proposed premises.

There were no questions to Mr Hughes from Professor McNulty, Mr Fergusson, Mr Thomson, Mr Reid or the Chair.

Summing Up

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

Mr Nathwani advised that the Applicant had not proved inadequacy of existing services. The Applicant had regularly mentioned areas of the neighbourhood in his presentation to prove his case, and then freely admitted that the population within these areas would not use the pharmacy. The Application should be rejected.

Mr Young advised that he had nothing to add to his presentation. The Committee should reject the application.

Mr Hughes advised the Committee that the NAP had considered an application for similar premises in the same area in October 2008. There had been no significant change to the area since this time. The application should be rejected.

Mr Ameen advised that within a half mile radius of the proposed premises there were 2,000 new homes, attracting around 4,000 people. The area could sustain a new contract. Many of the existing network did not have consultation rooms which were needed to embrace new services. He pointed to the statistics which showed that drug misuse in the area was four times above the Health Board

average.

He advised that there were 3,000 homes planned from 2010 and beyond.

His aim was to provide a culturally sensitive service which would allow him to improve the health of the neighbourhood at large and accordingly the application should be 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. Mr Ameen, Mr Nathwani and Mr Young confirmed they had. Mr Hughes sought to clarify a point that had been raised earlier in the hearing and once clarified, confirmed he had had a full and fair hearing.

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 before them, the PPC also took into 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 post code sectors G5.9, G41.2 and G42.7;
- f) Information from Glasgow City Council's Department of Land and Environment and Glasgow City Council's Development and

Regeneration Services regarding future plans for development within the area;

- g) NHS Greater Glasgow and Clyde plans for future development of services; and
- h) A tabled map from the Applicant showing his defined neighbourhood.

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 in relation to a previous application for premises in this area. Taking all information into consideration, the Committee considered that the neighbourhood should be defined as follows:

North: Scotland Street from its junction with Shields Road, West Street, Cook Street and Bedford Street to its junction with Gorbals Street;

West: Shields Road and Nithsdale Road;

East: Gorbals Street, Aikenhead Road and Cathcart Road to its junction with Myrtleview Road;

South: Myrtleview Road, Mount Florida Avenue, Cathcart Road, Queens Drive, Pollokshaws Road to its junction with Nithsdale Street.

The Committee agreed that Cathcart Road and Aikenhead Road were major trunk roads separating a principally residential area from a more commercial/industrial tract of land, and therefore formed a natural barrier. This view was also applicable to the north of the northern boundary. Queens Park formed a natural boundary to the south and Shields Road to the west marked a clear change in neighbourhood with different communities and housing.

The Committee noted that the works associated with the completion of the M74 motorway were having a significant effect on the area around the proposed premises. These works were on-going and future changes were inevitable.

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 noted that they had previously considered applications for premises in this neighbourhood on 21 previous occasions over a period of approximately 15 years. On all occasions the Committee had considered the existing network ensured satisfactory access to pharmaceutical services for the neighbourhood. The National Appeals Panel had considered an appeal in October 2008 lodged by another Applicant. The Appeals Panel had concurred with the PPC's original decision and the Appeal had been dismissed without oral hearing.

The Committee noted that in this particular application the Applicant had focussed on the various residential developments within the area. During the site visit the Committee had visited several of the developments mentioned in Glasgow City Council Department of Development and Regeneration Services to ascertain the effect these developments had made to the area since the Committee last considered an application in this neighbourhood.

Reference Page 46 of the Papers presented to the Committee:

Development 1 – Carvill (Scotland) Ltd – Maxwell Road – not started – land cleared but no sign of activity;

Development 2 – Mr Riaz Suleman – Darnley Street – not started – no sign of activity;

Development 3 – Forest Gate – Victoria Road – not started – land cleared but no sign of activity;

Development 4 – AWG Property Developments Ltd – St Andrews Road - could not be identified;

Development 5 – Mr Anthony Girasoli – Darnley Road - not started – no sign of activity;

Development 6 – Stewart Milne Homes – Maxwell Road - not started – no sign of activity;

Development 7 – Southplace Homes – Plaza Development – Victoria Road - Phases complete – no further capacity since application was last considered;

Development 8 – Tradeston Development – Albert Drive - Phases complete – no further capacity since application was last considered;

Development 9 – FB Properties & Park Lane Ltd – Larkfield Bus Depot - bus depot still in operation. No activity.

Development 10 – Westpoint – Utopia development – Barrland Drive - last phase nearing completion – no further release since application was last considered.

Development 11 – Quality Street – Pollokshaws Road – nearing

completion – development occupied.
Development 12 – Calmont – Barrland Drive – development occupied.
Development 14 – Calmont – Nursery Street – not started – land cleared – no sign of activity.

The Committee noted that the majority of the developments were not started and as such did not have any effect on the number of residents within the area at the moment or in the short term. The only development nearing completion was the Utopia development in Barrland Drive, however the Committee was satisfied that the current situation did not represent any significant change in the neighbourhood population since the last application for this area was determined.

The Committee noted that within the neighbourhood as defined by the PPC there were five pharmacies. These pharmacies provided the full range of pharmaceutical services including core services and supplementary services. The Committee considered that the level of existing services provided satisfactory access to pharmaceutical services within the defined neighbourhood. The Committee therefore considered that the existing pharmaceutical services in the neighbourhood were adequate.

The Committee was satisfied that no evidence had been produced by the 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 contractors within the vicinity of the proposed pharmacy, the number of prescriptions dispensed by those contractors in the preceding 12 months, and the level of service provided by those contractors to the neighbourhood, the committee agreed that the neighbourhood was currently adequately served.

In accordance with the statutory procedure the Chemist Contractor Member of the Committee Colin Fergusson 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.

The Chemist Contractor Member of the Committee Colin

**Contractor
Services
Supervisor**

Fergusson and Board Officers rejoined the meeting at this stage.

5. APPLICATIONS STILL TO BE CONSIDERED

The Committee having previously been circulated with Paper 2009/12 noted the contents which gave details of applications received by the Board and which had still to be considered. The Committee agreed the following applications should be considered by means of an oral hearing:

Mr Mohammed Y Ahmad, Unit 4 Shieldhall Retail Park, Glasgow G51 4DJ

6. MATTERS CONSIDERED BY THE CHAIR SINCE THE DATE OF THE LAST MEETING

The Committee having previously been circulated with Paper 2009/13 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/COO03/2009 – Scholl Footwear, 59-61 Queen Street, Glasgow G1 3EN

The Board had received an application from Shuropody Limited for inclusion in the Board's Pharmaceutical List at a pharmacy previously listed as E Moss Ltd T/A Scholl Footwear at the address given above. The change of ownership was effective from 19th July 2008.

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

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

NOTED/-

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.

Minor Relocation of Existing Pharmaceutical Services

Case No: PPC/MRELOC01/2009 – Clinovia Ltd, 2A Shotts Street, Burntbroom Court, Queenslie Industrial Estate, Glasgow G33 4JB

The Committee having previously been circulated with Paper 2009/14

noted that Clinovia Ltd had applied to relocate pharmaceutical services currently provided from 2A Shotts Street, Burntbroom Court, Queenslie Industrial Estate, Glasgow G33 4JB. Clinovia wished to move to alternative premises situated at Units 3 + 5, Block 23, Weardale Lane, Queenslie Industrial Estate, Glasgow G33 4DA.

The Lead – Community Pharmacy Development had recommended that the application did not fulfil the criteria for minor relocation. The NHS Greater Glasgow & Clyde Area Pharmaceutical General Practitioner Subcommittee recommended that the application fulfilled the criteria for minor relocation.

After comprehensive discussion, the Committee agreed that it would be in the public and patient interest for Clinovia to continue to provide their specialist service from their new premises.

The Committee agreed 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.

DECIDED/-

The PPC was satisfied that the application from Clinovia Ltd fulfilled the criteria required under Regulation 5(4) of the current Regulations. It was the unanimous decision of the PPC that the application be approved.

**Contractor
Services
Supervisor**

Case No: PPC/MRELOC02/2009 – New Life Healthcare Ltd, 675a Clarkston Road, Glasgow G44 3RZ

The Committee having previously been circulated with Paper 2009/15 noted that New Life Healthcare Ltd had applied to relocate pharmaceutical services currently provided from 675a Clarkston Road, Glasgow G44 3RZ. New Life wished to move to alternative premises situated at 665 Clarkston Road, Glasgow G44 3SE.

The Lead – Community Pharmacy Development and the Greater Glasgow & Clyde Area Pharmaceutical General Practitioner Subcommittee had recommended that the application fulfilled the criteria for minor relocation.

The Committee agreed 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.

DECIDED/-

The PPC was satisfied that the application from New Life Healthcare Ltd fulfilled the criteria required under Regulation 5(4) of the current Regulations. It was the unanimous decision of the PPC that the

**Contractor
Services
Supervisor**

application be approved.

Case No: PPC/MRELOC03/2009 – Lloydspharmacy, 94 Causeyside Street, Paisley PA1 1TX

The Committee having previously been circulated with Paper 2009/15 noted that Lloydspharmacy Ltd had applied to relocate pharmaceutical services currently provided from 94 Causeyside Street, Paisley PA1 1TX. Lloydspharmacy wished to move to alternative premises situated at 4 Saucel Crescent, Paisley PA1 1UB.

The Lead – Community Pharmacy Development and the Greater Glasgow & Clyde Area Pharmaceutical General Practitioner Subcommittee had recommended that the application did not fulfil the criteria for minor relocation.

The Committee agreed that the application did not fulfil the criteria for a minor relocation under Regulation 5 (4) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 1995 as amended.

DECIDED/-

The PPC was satisfied that the application from Lloydspharmacy Ltd did not fulfil the criteria required under Regulation 5(4) of the current Regulations. It was the unanimous decision of the PPC that the application be refused.

**Contractor
Services
Supervisor**

9. ANY OTHER COMPETENT BUSINESS

None.

10. DATE OF NEXT MEETING

The next scheduled meeting was to be confirmed.