PPC[M]2009/03

NHS Greater Glasgow and Clyde

NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (03)
Minutes of a Meeting held on
Monday 20th April 2009 in
The Glynhill Hotel, Paisley Road,
Renfrew

PRESENT:	Mr Peter Daniels	Chair
	Prof Joe McKie	Lay Member
	Mrs Charlotte McDonald	Deputy Lay Member
	Dr James Johnson	Non Contractor Pharmacist Member
	Mr Kenny Irvine	Deputy Contractor Pharmacist Member

IN ATTENDANCE:	Dale Cochran	Community Pharmacy Development Supervisor
	Richard Duke	Contracts Manager – Community Pharmacy Development
	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 meeting held on Wednesday 4th February 2009 **PPC[M]2009/01** and Thursday 26th March 2009 **PPC[M]2009/02** were approved.

APPROVED/-

3. MATTERS ARISING NOT INCLUDED IN AGENDA

None.

NHS Greater Glasgow and Clyde

Section 1 – Applications Under Regulation 5 (10)

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

Case No: PPC/INCL23/2008
Invercoast Ltd – 11-17 Princes Street, Port Glasgow PA14 5JH

The Committee was asked to consider an application submitted by Mr James Semple of Invercoast Ltd to provide general pharmaceutical services from premises situated at 11-17 Princes Street, Port Glasgow PA14 5JH 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 Invercoast Ltd agreed that the application should be considered by oral hearing.

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

The Applicant was represented in person by Mr James Semple ("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 Nisith Nathwani (Lloydspharmacy), Mr John Boyd (David Wyse Ltd), assisted by Mr Cian Lombard ("the Interested Parties").

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

Prior to the hearing, the Panel had collectively visited the vicinity surrounding the Applicant's premises, pharmacies, GP surgeries and facilities in the immediate area and the surrounding areas of: Woodhall; Greenock Road; old shipyards; Gibshill; Lilybank; Mid Auchinleck; Bardrainnet; Park Park; Kilmacolm Road and the town centre.

The Committee noted that the premises were currently being used as a charity shop and that the current tenant was unaware of the pharmacy application. The

Committee externally viewed the premises, which provided a good indication on its size.

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 Semple reminded the Committee that this was not the first time they had considered an application for premises in this area, and as such he would try and keep his presentation as brief as possible.

He advised that in consideration of previous applications, there had emerged two possible neighbourhoods. One interpreted Port Glasgow as a single neighbourhood; one divided Port Glasgow into two distinct neighbourhoods with the hill being the dividing line. The single neighbourhood concept had been favoured at the last PPC hearing in November 2007 and had been reiterated by the National Appeal Panel (NAP) in November 2008.

Mr Semple could not accept this definition as being rational. He advised that the distance, as the crow flew, from the furthest north-west part of the area at Park Farm to the furthest south-east part at Ladyburn was 4.5 km or 3 miles. The same distance by the shortest vehicular/walking route was 5.5 km or almost 3.5 miles. This was not a rural area; it was a densely populated urban town. By comparison in Glasgow this was the same as the distance between Byres Road in the west end to the Gallowgate in the east end. In Edinburgh it was comparable to the distance from Leith Walk to Morningside.

It was inconceivable, in Mr Semple's opinion, that a resident of Gibshill would consider himself a neighbour of someone who lived in Park Farm. This fact alone precluded the area from being considered one neighbourhood.

Mr Semple then turned his attention to what he defined as the neighbourhood.

The town of Port Glasgow comprised two neighbourhoods, divided by the steep hill, which in some parts could be described as a cliff. There were sub-neighbourhoods such as Broadfield, Park Farm, Bardrainnet, Devol and Mid Auchinleck towards the top of the town. Lower Port Glasgow stretched in a narrow strip through Woodhall, the town centre, the new developments at the shipyards Lilybank and Gibshill.

The houses in upper Port Glasgow were almost all of a similar type i.e. post-war council built, and were arranged in small settlements. The houses in lower Port

Glasgow were of a more eclectic mix of early 20th century tenements, 19th century villas, modern developments, high rise flats and council houses.

Upper Port Glasgow had a very narrow demographic range, whilst lower Port Glasgow was a more traditional Scottish town with a wide demographic range. This reflected the way local industry was managed when everyone from welders to senior managers would live in the town.

Services also matched the divided nature of the town, with upper Port Glasgow having its own health centre, shops etc while in lower Port Glasgow there was a wider range of services. Mr Semple's opinion was that it was no more rational to call Port Glasgow a neighbourhood as it would be to call Motherwell, Coatbridge or even Glasgow a single neighbourhood.

Mr Semple advised that within Port Glasgow there were three existing pharmacies. Two were located in lower Port Glasgow (both David Wyse Ltd) and one located in upper Port Glasgow (Lloydspharmacy). He suggested that it would be unlikely for people from the lower neighbourhood to access services provided by Lloydspharmacy in the upper neighbourhood. It would be more likely for people in the upper neighbourhood to travel down the hill to access services in the lower area as this was a natural direction of travel for many other amenities.

Mr Semple advised that Port Glasgow was a town undergoing significant regeneration. The area of Gibshill had been virtually flattened while there was significant development taking place in West Langbank. The population of the area might not, in Mr Semple's opinion, be rising significantly but there was no evidence to suggest that the population was in decline. He pointed to the opening of the Tesco Tesco Extra supermarket which was bringing in population from surrounding areas such as Greenock, Bridge of Weir and Kilmacolm. In addition there were several developments planned in the vicinity of the Tesco store on the periphery of the street where the proposed premises were situated.

The level of resident population was in Mr Semple's opinion not important but lay in the region of between 10,000 – 15,000. It was Mr Semple's assertion that the needs of everyone using the neighbourhood on a daily basis be taken into consideration, and this number was significantly higher than the residential population.

In Mr Semple's opinion, the important figure for the PPC to consider was the dispensing figures of the two pharmacies currently situated in the area of lower Port Glasgow. This would be the minimum number of people utilising services in the neighbourhood. Minimum, because Mr Semple suggested, there would be some people who for various reasons would not access services in the neighbourhood. They would prefer to travel to Tesco in Greenock, or another Greenock town centre pharmacy. However the needs of these patients still required to be taken into consideration when determining the application. Taking the national average population per pharmacy (4,400) and using the estimate of one item per month for every person within the area. The figure for Port Glasgow is I pharmacy per 7,000 population. . The pharmacies in the area would be

dispensing a higher than average number of prescriptions, and in Mr Semple's opinion the services were currently inadequate.

He questioned whether the services would be adequate without the granting of another contract. He felt they might if a major refit of the existing premises had taken place. In his opinion, such an action might have resulted in the establishment of two adequate pharmacies. He advised that Mr Boyd had been promising improvements to his premises for a significant period of time and suggested that the point had been reached where these promises should be considered "empty". He advised that had he been the owner of the two existing pharmacies he would have undertaken a full scale refit and not just made cosmetic changes. Mr Semple felt that Mr Boyd had been questioned robustly over the condition of his pharmacies by the NAP when they last considered an application in this area. Mr Semple felt the NAPs decision had been close and on this basis Mr Semple had decided to submit a further application safe in the knowledge that Mr Boyd would do as he had done in the past when he objects to an application; not a great deal.

In Mr Semple's opinion, services were inadequate to meet the needs of the resident and transient population. It was necessary and desirable to grant the application. Mr Semple advised that this was an unusual case. It would not be normal for someone to apply for a new pharmacy at proposed premises where there were two existing pharmacies only a short distance away. He pointed to the fact that lower Port Glasgow was almost unique in the size of population served, the prescription volume and the fact that a single contractor had held a monopoly since 1987. If this contractor had used the significant profits to maintain the pharmacies at an acceptable standard, there would be no reason to make this application, however he had not. There had been no market forces to make it economically sensible to do so. Patients had no comparison to make, as the pharmacies in Port Glasgow hadn't changed for some time and therefore the patients did not know the kind of service they could receive.

Mr Semple advised that he was relying on the PPC to think for the patient. The only driver for improvement in the existing premises had been applications since 2002 made by various applicants. Even this was not enough, in Mr Semple's opinion as the recent changes made were cosmetic.

Mr Semple intended to establish a thriving community pharmacy at the proposed premises which would be at negligible cost to the NHS, but would provide patients with an improved service. The new pharmacy would not close any existing pharmacy and Mr Semple concluded his presentation by inviting the Committee to draw their own conclusions from the existing dispensing figures. This was a win – win situation for the NHS and the people of Port Glasgow.

The Interested Parties Question the Applicant

In response to questioning from **Mr Nathwani**, Mr Semple advised there was no reason to believe that the existing pharmacies in lower Port Glasgow were not providing the full range of pharmaceutical services, but reiterated that the size and layout of the premises were not suitable for the size of the population they served.

Just because a service was being provided did not mean it was being provided appropriately.

There were no questions to the Applicant from Mr Boyd.

The PPC Question the Applicant

In response to questioning from **Dr Johnson**, Mr Semple confirmed his statistics around average prescription figures and number of items. He advised that it was difficult to extract accurate figures and he had used these statistics as a best estimate to gauge the number of population served by the existing network in lower Port Glasgow.

In response to further questioning from Dr Johnson, Mr Semple confirmed his assertion that the population of lower Port Glasgow would be unlikely to travel uphill for any services.

In response to further questioning from Dr Johnson, Mr Semple advised that in his opinion Lloydspharmacy provided adequate services to the population of upper Port Glasgow.

In response to further questioning from Dr Johnson, Mr Semple reiterated his assertion that few people would travel from the lower area of Port Glasgow to the upper area for pharmaceutical services. The direction of travel encouraged travel towards the town centre for those wishing an alternative or to Tesco in Greenock.

In response to final questioning from Dr Johnson around his proposed opening times, Mr Semple advised that he felt there would be sufficient business generated from visitors to Tesco to justify the opening hours included in his application. He would evaluate the opening hours after the pharmacy had been open for a time and decide whether these hours would continue.

In response to questioning from **Mr Irvine**, Mr Semple clarified his western boundary to be Gibshill Road.

In response to further questioning from Mr Irvine, Mr Semple confirmed that he believed residents in Gibshill would travel west to Greenock or east to Port Glasgow to access their day to day amenities.

In response to questioning from **Professor McKie**, Mr Semple confirmed that the boundary between upper and lower Port Glasgow could be identified from the annotated yellow line appearing on his map (map circulated to all in attendance for reference). He confirmed that the boundary comprised the road (Parkhill Avenue/High Carnegie Road) and the cliff (stretching from Clune Brae to cycle track to the south of Roseyard Place).

In response to questioning from **Mrs McDonald**, Mr Semple confirmed that many residents of Port Glasgow would travel to Greenock for their everyday amenities.

Greenock was considered the hub of the Inverclyde area and was well used by residents from areas such as Port Glasgow, Inverkip and Wemyss Bay. Now Tesco had established a Tesco Extra in Port Glasgow there was less reason for residents to travel to Greenock.

In response to final questioning from Mrs McDonald, Mr Semple confirmed that he would provide a collection and delivery service from his proposed premises.

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

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 Semple should be rejected as the granting of another pharmacy contract in the Port Glasgow neighbourhood was neither necessary nor desirable. This was a decision that had been verified on several occasions by both the PPC and NAP over the past few years. The most recent being in August 2008 by the PPC and November 2008 by the NAP.

He began his presentation by defining the neighbourhood:

North: the River Clyde;
West: the road separating Port Glasgow and Greenock;
East: Open fields; and
South: Open fields.

Within the defined neighbourhood there were three pharmacies, Lloydspharmacy in Dubbs Road, and the two David Wyse pharmacies in Port Glasgow town centre.

The Lloydspharmacy branch in Dubbs Road had short waiting times, provided supervision of methadone with capacity for more patients, provided free diabetes and blood pressure testing, and was fully involved in aspects of the new pharmaceutical contract. They had received no complaints about their service that they were aware of either in terms of pharmaceutical service provision or in opening hours. They were also in negotiations with the local council regarding a possible relocation to bigger premises.

The other two pharmacies in the town centre had both been modernised recently and now had consultation areas. They offered a wide range of pharmaceutical services including methadone supervision, oxygen provision and a 24 hour emergency prescription service. Although the Fore Street pharmacy was busy, as you would expect any pharmacy directly adjacent from a busy Health Centre to be, the service levels were adequate. The John Wood Street pharmacy, 100 yards or so away, had low waiting times and also offered a more than adequate service. Both pharmacies offered a collection and delivery service.

Mr Nathwani advised that Mr Semple had in previous applications and in this most recent application constantly referred to the lack of modernisation carried out at the

two aforementioned pharmacies. It was apparent that this had now been completed at both stores.

Lloydspharmacy agreed that Port Glasgow was being regenerated; however this was with more affluent housing, which would only increase the social status of the town.

Mr Semple had mentioned about providing an extended hours service from Port Glasgow. The Greenock Tesco Pharmacy which was only 3-4 miles away already provided this service and as previously mentioned the Wyse pharmacy in John Wood Street operated a 24 hour emergency prescription service. Mr Semple had also mentioned in previous hearings about Tesco's regenerating Port Glasgow and the need for new business. Mr Boyd's submission at a previous hearing regarding his comparative decrease in turnover since Tesco opened showed that the large superstore was actually driving business away from the town centre.

This was basically the same application that was submitted and rejected last year. Nothing significant had changed in the interim period apart from the modernisation of premises by Mr Boyd at John Wood Street Pharmacy. The PPC and NAP were aware of the regeneration of Port Glasgow at the previous hearings and took this into consideration when making previous decisions.

It was the Applicant's duty to provide inadequacy of existing service provision and in our eyes this had not happened, and therefore the application should fail.

The Applicant Questions Mr Nathwani

In response to questioning from **the Applicant**, Mr Nathwani advised that Bardrainnet was not included in his neighbourhood and therefore he could not say whether a resident living in Gibshill would consider themselves a neighbour of someone living in Bardrainnet. He reiterated his assertion that someone living in one of the red sandstone villas in West Langbank would consider themselves a neighbour of someone living in upper Port Glasgow.

In response to further questioning from the Applicant, Mr Nathwani advised that much of the new development in Port Glasgow was attracting more affluent buyers. He reiterated his belief that this section of the population would have less need to access pharmaceutical services, but accepted that this did not mean this population would not experience illness.

In response to final questioning from the Applicant, Mr Nathwani advised that the transient population coming in to Port Glasgow would know the location of the existing pharmacies. He countered Mr Semple's suggestion that the pharmacies were not known by reminding Mr Semple that his proposed pharmacy would be located in the same place.

There were no questions to Mr Nathwani from Mr Boyd.

The PPC Question Mr Nathwani

In response to questioning from **Dr Johnson,** Mr Nathwani advised that Lloydspharmacy provided a range of pharmaceutical services from its branch in Dubbs Road. The consultation room within the branch was adequate for the premises; however Lloyds had been looking in to developing a nearby site to allow them to extend their services. He advised that Lloydspharmacy collected prescriptions from Port Glasgow Health Centre, but didn't deliver to the lower Part Glasgow area.

In response to questioning from **the Chair**, Mr Nathwani advised that it could be argued that Mr Semple's definition of the neighbourhood was correct, but even if Port Glasgow was considered to be two neighbourhoods, the lower area of the town remained adequately served by the existing pharmacies. He confirmed that his neighbourhood was consistent with that defined by the NAP in previous hearings.

There were no questions to Mr Nathwani from Mr Irvine, Professor McKie, Mrs McDonald or Mr Gillespie.

The Interested Parties' Case – David Wyse Pharmacy (Mr John Boyd)

Mr Boyd advised the Committee that the population of Port Glasgow had declined from 20,000 at the last Census to around 12,000. During that time the number of community pharmacies had remained constant. A recent report suggested there would be a further reduction in the population by 2013. The same report had sought opinion from responders if they would chose to move to certain areas. Most had said they would not move to the Port Glasgow area.

He advised that the application should not be granted as it was neither desirable nor necessary to grant an additional contract. David Wyse Pharmacies offered a comprehensive range of services. Everyone had access to these services throughout the community of Port Glasgow. Two full time pharmacists were employed in the pharmacy in Fore Street. The pharmacies delivered the following services to the community;

Substance Misuse

- Currently supervised 120 patients between two pharmacies. Had unlimited space;
- Fore Street completed a health questionnaire with all new patients who received methadone. Questionnaire devised by pharmacist who has completed Part II of the substance misuse course by the RCGP. This questionnaire covered dental health, contraception, chronic healthcare needs, nutrition, smoking, drinking, Hep B injections and Hep C and HIV testing. Pharmacy signpost to other healthcare services and facilities appointments if required. This service was not funded by the Health Board;
- John Wood Street offered a needle exchange service with 40 regular users. A private area was set aside for exchanges.

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Chronic Health Disease

- Service provided to approximately 30 patients. Capacity to take on five new patients each month;
- Pharmacist providing this service was planning to undertake the Independent Prescribing Course and specialise in this area.

Compliance Aids

- Provided to 200 patients. There was no waiting list for patients who were taken on immediately upon request.

Blood Sugar and Diabetes Testing

- Both offered free of charge;
- Details forwarded to the GP;
- No appointment necessary.

Oxygen delivery was provided.

Sexual health – offered all services (EHC, soon Chlamydia, C-card).

Smoking Cessation

- Offered every day. No appointment required;
- All staff trained in delivering the service;
- No upper limit.

Cholesterol testing – offered free of charge.

Asthma check

- Questionnaire and peak flow based;
- Information forwarded to doctor. Exception reporting used.

Deliveries

- Deliveries are made to all households across Inverclyde;
- Prescriptions are picked up from all surgeries in Inverclyde twice daily and when required;
- Three delivery drivers were employed managing deliveries across a wide geographical area.

Staff Training

- Two counter med assistants;
- Two NVQ 3 dispensers. One is training to be a checking technician;
- Two NVQ 2. One training to NVQ 3.

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Retail Focus

- Phase in phase out of retail stock being undertaken;
- Phasing out less healthcare related stock at the Fore Street Pharmacy and dedicating more space to healthcare products;
- Already tripled space dedicated to GSL medicines.

Refit has

- Given Fore Street a 3m x 2m consultation area to RPSGB standards;
- New area for P and GSL medicines;
- Discreet area for methadone consumption;
- Increased size of dispensary;
- Increased privacy of dispensary;
- Increased size of window that can be used for health promotion;
- The new consultation area has improved privacy and services provision in the John Wood Street branch;
- New computer to facilitate improved work flow in the Fore Street branch.

The Applicant Questions Mr Boyd

In response to questioning from **the Applicant,** Mr Boyd advised that the refit undertaken at John Wood Street had resulted in the pharmacy being closed for around 2 ½ months. The refit was not totally complete with some items still to be addressed. They had finished all work that would be visible by the customer. They hadn't used one of the well known shopfitting companies.

There were no questions to Mr Boyd from Mr Nathwani.

The PPC Question Mr Boyd

In response to questioning from **Dr Johnson**, Mr Boyd advised that during the closure of the John Wood Street pharmacy, the company had provided dispensing services only from temporary accommodation in another shop unit close by. Prescription numbers had fallen during that time despite the placing of notices in prominent places advising patients of the new arrangements.

In response to questioning from **Mr Irvine**, Mr Boyd advised that he had no strong feelings regarding definition of neighbourhood. He was aware that two definitions had been offered in the past, but reiterated that the Applicant could not argue both ways. If Port Glasgow was accepted to be one neighbourhood then the existing pharmaceutical network provided adequate services to this neighbourhood. If the definition was two neighbourhoods then the existing pharmacies provided adequate services to both neighbourhoods.

In response to further questioning from Mr Irvine, Mr Boyd advised that some of the services provided were health board driven and some driven by GP request.

In response to questioning from **Mr Gillespie** around the Minor Ailment Service (MAS) statistics for both David Wyse Pharmacies, Mr Boyd accepted that the numbers were lower than average, but assured the PPC that this area was being addressed and that numbers would improve.

In response to questioning from **Professor McKie**, Mr Boyd confirmed that he would be able to extend the dispensing areas in his pharmacies to address the above concerns, if this was required. But he added that there would need to be a significant increase before current facilities needed expanding.

There were no questions to Mr Boyd from Mrs McDonald or the Chair.

Summing Up

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

Mr Nathwani advised that the application should fail. This was the same application as before. The Application should show inadequacy and this had not been done. Regardless of what neighbourhood was defined existing services were adequate. The Application should be rejected.

Mr Boyd advised that Mr Semple's application was to all intents and purposes the same application as already presented by Mr Semple under Mr Houlihan's name. It was for the same extended hours and even for the same shop premises.

He advised that since the majority of the population of Port Glasgow lived well outside walking distance of the town centre most people would require to travel by car or bus to get to a pharmacy. Since parking at Greenock Tesco was assured, and sheltered (unlike Princes Street) and since the bus stopped opposite Tesco (unlike Princes Street) the few people who required to access pharmacy services outwith normal hours would probably go to Tesco by choice. They could even do other shopping at the same time.

Port Glasgow town centre was usually deserted after 6 p.m. in the evening apart from customers for the fast food outlets and the local bars. David Wyse Ltd also operated a first class collection and delivery service.

The John Wood Street and upper Princes Street area of the old town centre had been in serious decline for some years now and the opening of the Port Glasgow Tesco had made the situation worse. The John Wood Street pharmacy OTC turnover had declined in less than ten years from over £5,000 per week to just over £1,000 per week. A trend that had accelerated since the Port Glasgow Tesco opened. The opening of a pharmacy closer to the Tesco end of the town centre would be a disaster for his John Wood Street pharmacy and staff.

As the company were fully committed to the new pharmacy contract they had upgraded the shop fronts including wheelchair access, created large well equipped consultation areas, and provided additional pharmacist cover. It would be

unfortunate if this financial commitment were to result in a reduction in staff numbers and even the possible closure of a pharmacy.

Mr Boyd believed that this application was an abuse of the system. Mr Semple and Mr Denis Houlihan had a business relationship to the extent that during the previous NAP hearing Mr Semple was on record as saying that if he didn't win on that occasion he wouldn't apply again. By applying under his own name on this occasion he was in effect appealing the appeal. This must be wrong.

Mr Semple pointed out that had Lloydspharmacy been situated in the lower Port Glasgow area he would not have submitted an application as Lloyds provided an exemplary service to their neighbourhood. By contrast the services already provided in the lower Port Glasgow area were not adequate. Mr Boyd had attempted to paint a gloomy picture of business in Port Glasgow when the reality was that NHS turnover for community pharmacies had increased significantly in the past few years. It was true to say that OTC revenue was in decline but this was happening to all community pharmacies and not only those in Port Glasgow.

He advised that Mr Boyd had claimed his pharmacies were coping well with the workload and volume of prescriptions and Mr Semple could not make any judgement. He instead asked the PPC to consider those patients who didn't use the pharmacies in Port Glasgow town centre, who travelled outwith the area to access services, because they didn't have access to an alternative service in Port Glasgow.

He considered MAS to be an important proxy as to how community pharmacies were engaging with the new contract and services. He suggested that Mr Boyd's statistics were low because the pharmacies were so busy dispensing prescriptions that the pharmacists did not have time to spend with patients requiring a MAS consultation. He invited the PPC to give serious consideration to this issue.

Mr Semple agreed that this application was similar to those submitted in previous years and this was because on each occasion the PPC had refused the application and had been willing to give Mr Boyd an opportunity to revamp the pharmacies and make them suitable for delivering the new pharmacy contract. This might have been achieved if Mr Boyd had undertaken a total refit of his premises, but this had not happened. He asked the PPC to grant his application to secure adequate services in the neighbourhood, unusual though it may be.

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 parties confirmed 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 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, namely:

- David Wyse Ltd – 12 John Wood Street, Port Glasgow PA14 5HU;
- David Wyse Ltd – 11/13 Fore Street, Port Glasgow PA14 5EE;
- Lloydspharmacy – 2/4 Dubbs Road, Port Glasgow PA14 5UA

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

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

The Committee also considered;-

d) The location of the nearest existing pharmaceutical services;

e) The location of the nearest existing medical services;

f) Demographic information regarding post code sectors PA14.5 and PA14.6 (the part that falls within NHS GG&C);

g) Information from Inverclyde Council's Department of Environment and Community Protection regarding future plans for development within the area;

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

j) Patterns of public transport in the area surrounding the Applicant's proposed premises; and

k) A map tabled by the Applicant showing his defined neighbourhood.

DECISION

Having considered the evidence presented to it, and the PPC's observation from the site visit 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 NAP in relation to previous applications for premises in this area. Taking all information into consideration, the Committee considered that the neighbourhood should be defined as follows:

North: the River Clyde;
West: Gibshill Road to its meeting with the A8 and the River Clyde;
East: Park Hill, Park Farm to Kilmacolm Road;
South: Behind residential area at High Auchinleck through Mid Auchinleck crossing Port Glasgow golf course to its meeting with the cycle track.

The Committee agreed that the river Clyde was a significant physical boundary. Gibshill Road was a significant trunk road leading to the main arterial road through the town. The eastern boundary marked the separation of open fields and residential settlements, and the same could be said for the south boundary.

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 several occasions over a period of approximately six 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 November 2008 lodged by another Applicant. The Appeals Panel had concurred with the PPC's original decision and the Appeal was therefore rejected after oral hearing.

The Committee noted that within the neighbourhood as defined by the PPC there were three 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 noted the improvements that had been made to the two pharmacies in Port Glasgow town centre.

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 Kenny Irvine and Board Officers were excluded from the decision process:

DECIDED/-

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

The Chemist Contractor Member of the Committee Kenny Irvine and Board Officers rejoined the meeting at this stage.

5. ANY OTHER COMPETENT BUSINESS

None.

6. DATE OF NEXT MEETING

The next scheduled meeting would take place on Wednesday 29th April 2009.